



Meeting Title	EVV Stakeholder Meeting Notes	
Date	Tuesday, October 16, 2018	
Time and Location	Department of Environmental Protection Conference Room from 1:00 – 4:00 p.m.	
Dial-in	Dial: 1-669-900-6833, Meeting ID: 305 138 333	
Information	https://berrydunn.zoom.us/j/305138333	
Meeting Facilitator	DHHR BMS EVV Development Team	
Note Taker	BerryDunn	

## **Meeting Purpose:**

This meeting is being held to provide all stakeholders with a project update as well as familiarize project stakeholders with the different technologies associated with Electronic Visit Verification (EVV) and allow them to provide input and suggestions regarding technology for the EVV project through a hands-on working session.

## Agenda Items:

Item #	Topic and Description	
	STATUS UPDATE DISCUSSION:	
1.	<ul> <li>Sarah Ratliff, with BerryDunn, provided an overview of the agenda.</li> <li>Sarah Ratliff reviewed the mission statement.         <ul> <li>The Mission Statement is as follows: "The Stakeholder group, including Providers and Members, will be asked to participate in activities and provide feedback, suggestions, and ideas regarding the implementation of the EVV system. The State will use guidance from the Stakeholder group to make informed decisions about what vendor, system, and solution will best serve all those affected by the 21<sup>st</sup> Century Cures Act."</li> </ul> </li> <li>Brandon Lewis (MIS) explained the open/hybrid model and why WV chose this model, being it is the most flexible. If the provider currently has a system in place, they can choose to use their own system, but they will be responsible for all associated costs as well as ensuring their system is compliant with the Cure Act. The State will receive an enhanced match, which takes the burden from the providers who choose to use the State procured model. For any upgrades necessary for the EVV system, the State will ensure that these changes are in compliance with the interfaces defined by the State.</li> <li>Brandon Lewis mentioned the State has chosen to procure through a request for proposal (RFP) process. This process will allow the Bureau for Medical Services (BMS) to layout requirements and score all perspective vendors on their ability to deliver a system that adheres to these requirements as well as offers additional functionality.</li> </ul>	





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	<ul> <li>In July of 2018, the President signed H.R. Bill 6042 which delays Federal match reductions until January 1, 2020, for those states who have not implemented an EVV system. This delay affects personal care services but does not have any impact of the January 1, 2023, deadline for home health care services.</li> <li>Pat Nisbet stated several providers have voiced concerns about being penalized if the system is not in place and being utilized within the appropriate time period.         <ul> <li>Brandon Lewis explained the State will receive that penalty, not the providers.</li> </ul> </li> <li>Starah Ratliff reviewed next steps concerning the EVV project as well as the future meeting schedule. Sarah Rattiff stated the upcoming meeting dates will be finalized soon, but as of today, they are subject to change.</li> <li>Next Steps         <ul> <li>Stakeholder Meeting Evaluation</li> <li>Work with the Centers for Medicare and Medicaid Services (CMS), internal and external partners to obtain Federal and State funding</li> <li>Finalize acquisition strategy and solicit bids from vendors</li> <li>Select vendor and system</li> <li>Ongoing support</li> </ul> </li> <li>Future Meeting Schedule – These dates have been finalized and will be held at the Bureau of Senior Services office.         <ul> <li>January 23, 2019</li> <li>Jauy 31, 2019</li> <li>September 23, 2019</li> <li>Suly 31, 2019</li> <li>Serah Rattiff reviewed the contact information for the State representatives.</li> </ul> </li> <li>Sarah Rattiff tated there is an EVV open forum webinar presented by CMS that will be held on November 7, 2018. The information on how to join this web conference will be sent to the Stakeholder group from the DHHRBMSEVV@wv.gov mailbox.</li> </ul>		
	STATUS UPDATE Q&A:		
<ul> <li>Question – If the system is supposed to be in place and being utilized to January 1, 2020, what sort of timeline is the State looking at for procure</li> <li>Answer – The State is actively working on developing requirements and of the RFP. The State is also awaiting an approval from DHHR Purchas use the RFP process. The State plans to have a vendor in place by Feb 2019. Providers will be notified when the system is in place and ready to used.</li> <li>Question – What vendors will receive the RFP?</li> </ul>			





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	<ul> <li>Answer – The RFP will be released for public procurement. Once the RFP is released, there will be a blackout period and possible vendors will no longer be allowed to participate in stakeholder meetings.</li> <li>Question – Is there a way to see and interact with the activity in the room over the phone today?</li> <li>Answer – There is not, the work session is an in-room activity, but the results will be shared.</li> <li>At this time, the Zoom online meeting was disconnected, and the in-room break-out sessions began.</li> <li>GALLERY WALK DISCUSSION:         <ul> <li>Sarah Ratliff explained how the gallery walk will work and the Stakeholders were broken into groups.</li> </ul> </li> </ul>		
3.			
4.	PRESENTATIONS:         GROUP 1         • Group 1 reviewed stationary technology, including landlines and quick resp (QR) codes.         Landline         • Cost could be both an advantage and a challenge.         • Advantage: Easy to use, everyone can operate a landline.         • Advantage: Landlines are reliable, very few outages.         • Challenge: It is not a portable device.         • Challenge: Not everyone has a landline and usage is decreasing rapidly.         • Challenge: Concern of fraud with use of a landline, such as three-realling		





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		0	Challenge: Some challenges for the biometric technologies are high	
			cost, complexity, environmental requirements, and usage guidelines.	
		GROUP 3		
		Group	3 reviewed random number match devices, Voice over Internet Protocol	
		(VoIP)	, and onsite tablets.	
		0	Advantages: Random number option is secure.	
		0	<b>Challenge:</b> Random number option must be used with communication	
			and other technologies.	
		0	<b>Challenge:</b> Issues with lack of service. <b>Advantage:</b> BMS reimburses the shortest distance during travel. This	
		0	kind of technology can track the real time travel distance. If real time	
			GPS is an option, it should be considered.	
		0	Brandon Lewis stated there is a set rate for certain locations so GPS	
			would not affect reimbursements for all locations.	
		0	Dr. Francie Clark explained the State never planned on continually	
			tracking mileage. Check in and go offline with a GPS system.	
		0	Brandon Lewis added the State will do what the Cures Act allows.	
		0	A KEPRO representative explained how staffing and travel costs are handled for their organization. KEPRO explained within reason, mileage	
			is being paid. If there is documentation to support travel, then it would be	
			allowed.	
		0	Challenge: Limited internet availability. Have a mobile option w/GPS	
			and a backup option available.	
		0	Challenge: GPS devices with Geo-Fencing would only collect the	
			location and no other needed information.	
		0	The EVV system must provide multiple services and must verify what	
		0	services were performed. <b>Challenge:</b> Onsite tablet, negative shift changes offsite and who would	
		0	pay for the internet.	
		GROUP 4		
			4 reviewed mobile devices, Wi-Fi, caller ID verification and web clock	
		-	ithout GPS verification, and GPS verification solution.	
		0	Advantages: Enhancement abilities, update schedules in real time, can	
			check daily services quickly, caller ID advantage is more cost effective,	
			locates your provider with GPS, real time document uploads, and tracks	
			mileage through a mobile device.	
		0	Challenges: Lost hardware, malfunctions with device, mobile device	
			concerning rural areas and areas of no service, updates on devices,	
			learning curve for direct care staff (wide age range of providers and some may not understand the devices fully).	
		0	<b>Challenge:</b> If using personal device, there is cost per application	
			download.	
		0	The call center is already paid for as part of the service.	
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	<ul> <li>Sarah Ratliff stated the application cost would be taken into consideration within the RFP if this is the route the State chooses to go.</li> </ul>		
	PRIORITIZING TECHNOLOGIES:		
5.	Stakeholders, within their groups, prioritized each technology. BerryDunn created a table to view what technology group each team prioritized as 1, 2, 3, and 4. The Stakeholder's all came to an agreement with the technologies being prioritized as follows:		
	<ol> <li>Technology Group 4 was ranked the top priority</li> <li>Technology Group 1</li> <li>Technology Group 3</li> <li>Technology Group 2 was ranked the least popular choice</li> </ol>		
6.	Meeting concluded at 3:50 p.m.		