



**Electronic Visit Verification
Learning Collaborative:**

ACCESSIBILITY AND INCLUSIVITY UNDER EVV

**Division of Long Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services**

Agenda

- 1:00 – 1:15 pm: **Introduction**
- 1:15 – 1:35 pm: **Presentation: *Opportunities for Flexibility in States' Compliant EVV Solutions***
- 1:35 – 2:15 pm: **Panel Discussion**
 - Introduction of Key Constituencies
 - Solutions for Accessibility
 - Solutions for Inclusivity
 - Takeaways for Success
- 2:15 – 2:55 pm: **Participant Questions and Discussion**
- 2:55 – 3:00 pm: **Next Steps**

Goals for this Learning Collaborative

- The Centers for Medicare and Medicaid Services (CMS) Division of Long-Term Services and Supports (DLTSS) has launched quarterly EVV Learning Collaboratives.
- Learning Collaborative goals:
 - States, CMS, and other stakeholders **openly discuss system design and implementation** of EVV for PCS and HHCS, per the section 12006 of the Cures Act.
 - **Foster collaboration** across CMS, state agencies, and other stakeholders.
 - Provide a forum to **share information and discuss promising practices and policy guidance** related to the Cures Act and EVV.
- Participants will learn how, from the beneficiary and advocate perspective, states can design systems that will work to promote the protection of the beneficiary independence and dignity.

Rules for Engagement

- Engagement and participation is a critical part of these Collaboratives. Please be willing to share ideas, experiences, and concerns.
- Respect the perspectives of others.
- Attempt to leave prior perceptions at the door.
- Be committed to work on common objectives for successful EVV implementation.
- Please refrain from asking CMS for an endorsement of an EVV model, solution, or vendor or for final policy guidance.

Note on Policy Guidance

- CMS **will not endorse** a particular EVV model, solution, or vendor.
- Following input given during the EVV Open Forum and the Learning Collaborative Stakeholder Call, CMS is reviewing policy guidance related to, but not limited to, the following areas:
 - Participant direction of services.
 - Applicability of EVV to beneficiaries with live-in caregivers.
- CMS therefore cannot offer final policy guidance during this call but will provide that information to the Collaborative when it is available.

Directions for Submitting a Question

- To submit a question, please either:
 - **Ask** your question through the call operator by pressing *1 on your telephone keypad during the allotted time for Participant Questions and Discussion.
 - **Enter** your question in the WebEx chat box throughout the session.
- If we cannot accommodate your question during this session, we will work to answer in writing and share it with the Collaborative.
 - Please send any questions you would like **answered in writing following the session** to HCBSEVVLC@navigant.com.

Opportunities for Flexibility in States' Compliant EVV Solutions

20 Minutes

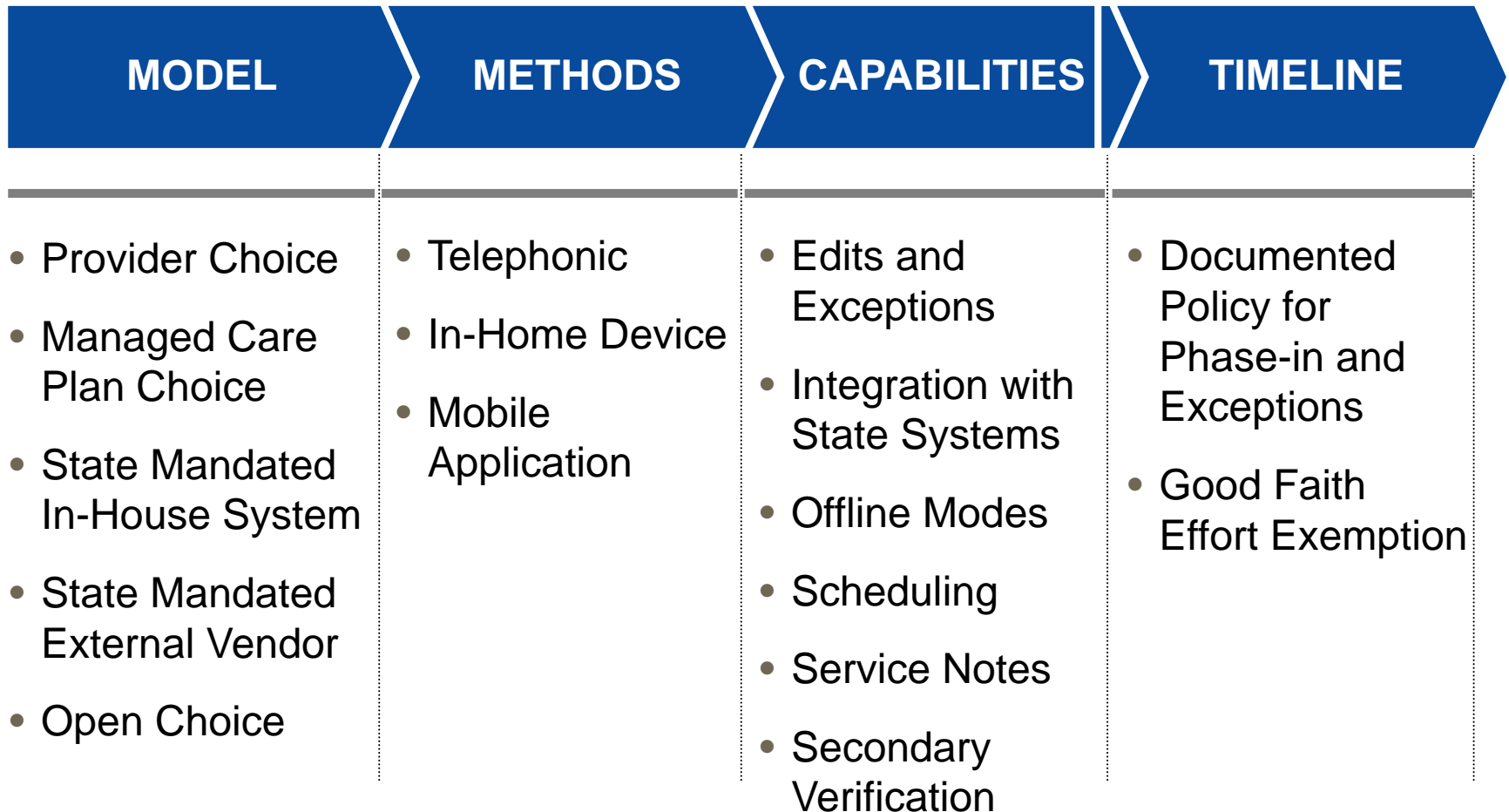
Electronic Visit Verification

- **Section 12006(a) of the Cures Act (Cures Act)** requires that states implement electronic visit verification (EVV) for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider.
 - PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115.
 - HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.
- For compliance with the Cures Act, each EVV solution must capture six required data elements: the **type of service** performed, the **individual receiving** the service, the **date** of the service, the **location** of service delivery, the **individual providing** the service, and the time the service **begins and ends**.

Flexibility for Accessibility and Inclusivity

- Implementation of a robust EVV solution may prove **challenging** to states – states have **options** which may help them accommodate the needs of their constituents and remain fully compliant with federal guidance.
- While states **cannot** discard the federal EVV mandate, they can enhance or improve their **technical systems, processes, and training** in a number of ways to ensure their EVV solution is accessible and inclusive.
 - States have flexibility in designing and contracting EVV technology, as long as the solution meets Cures Act requirements.

Flexibility in Compliance



Five Models

CHOICE MODELS

PROVIDER CHOICE

Providers select their EVV vendor of choice and self-fund implementation.

MCP CHOICE

Managed care plans (rather than providers) select and fund their EVV vendor solution.

STATE-MANDATED MODELS

IN-HOUSE SYSTEM

The state develops, operates, and manages its own system, allowing for standardization and access to data without aggregation from diverse external EVV systems.

EXTERNAL VENDOR

The state contracts with a single vendor to implement a single solution, requiring that all providers and managed care plans use that system to document service delivery.

OPEN CHOICE MODEL

The state contracts with at least one EVV vendor or operates its own EVV system while still allowing providers and MCPs with existing EVV systems to continue to use those systems. Providers have the option of using the state's system or continuing to use their own system.

Common Options for Verification

Telephonic

Service providers check-in and check-out by calling into the EVV solution from the member's landline or other phone and participating in interactive voice response (IVR).

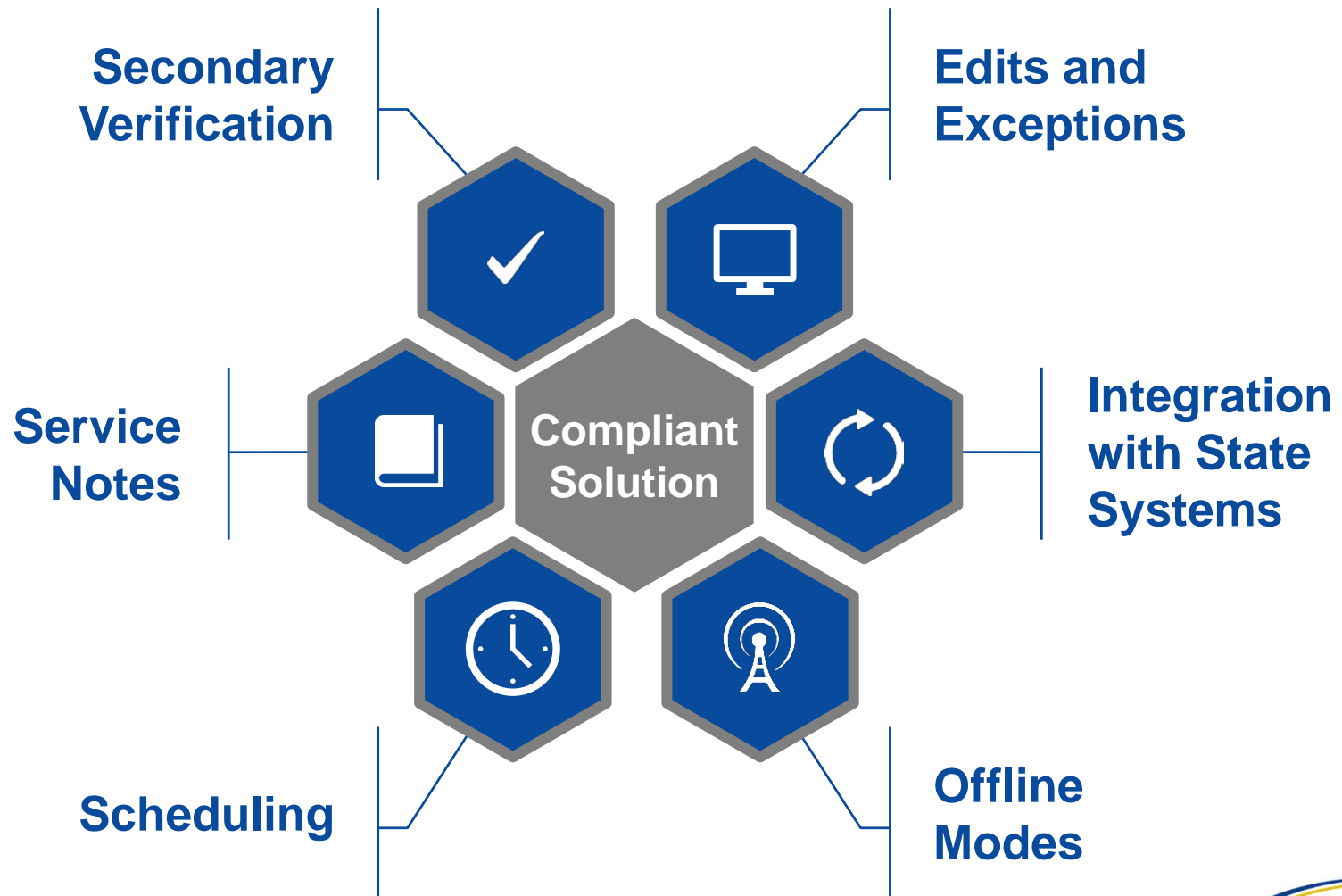
In-Home Device

A one-time password (OTP), fixed-object (FOB), or similar device in the member's home generates a random code at check-in and check-out, which service providers can then enter into the EVV solution through IVR from another telephone or an online portal. Some systems might offer a portable in-home device, such as a tablet, for verification, which might connect to GPS.

Mobile Application

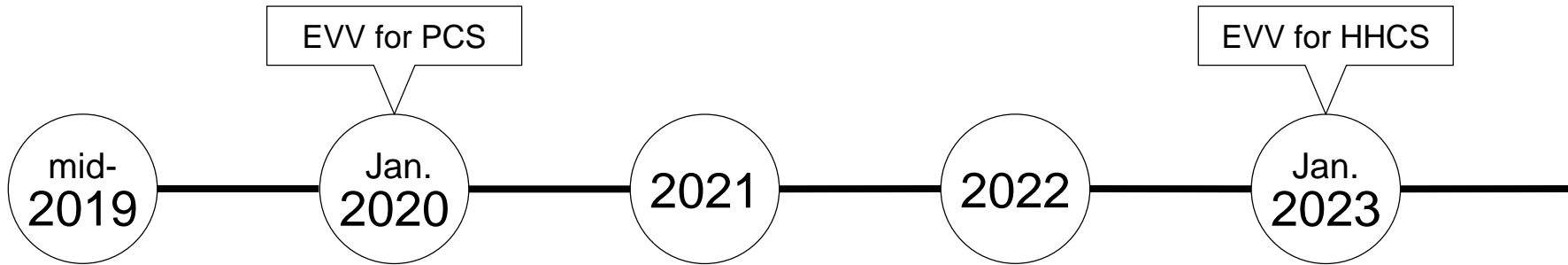
Service providers check-in and check-out through a mobile application, usually on the provider's personal or agency-provided smartphone. This application connects to the Internet and location services with GPS.

Selected Supplemental Capabilities



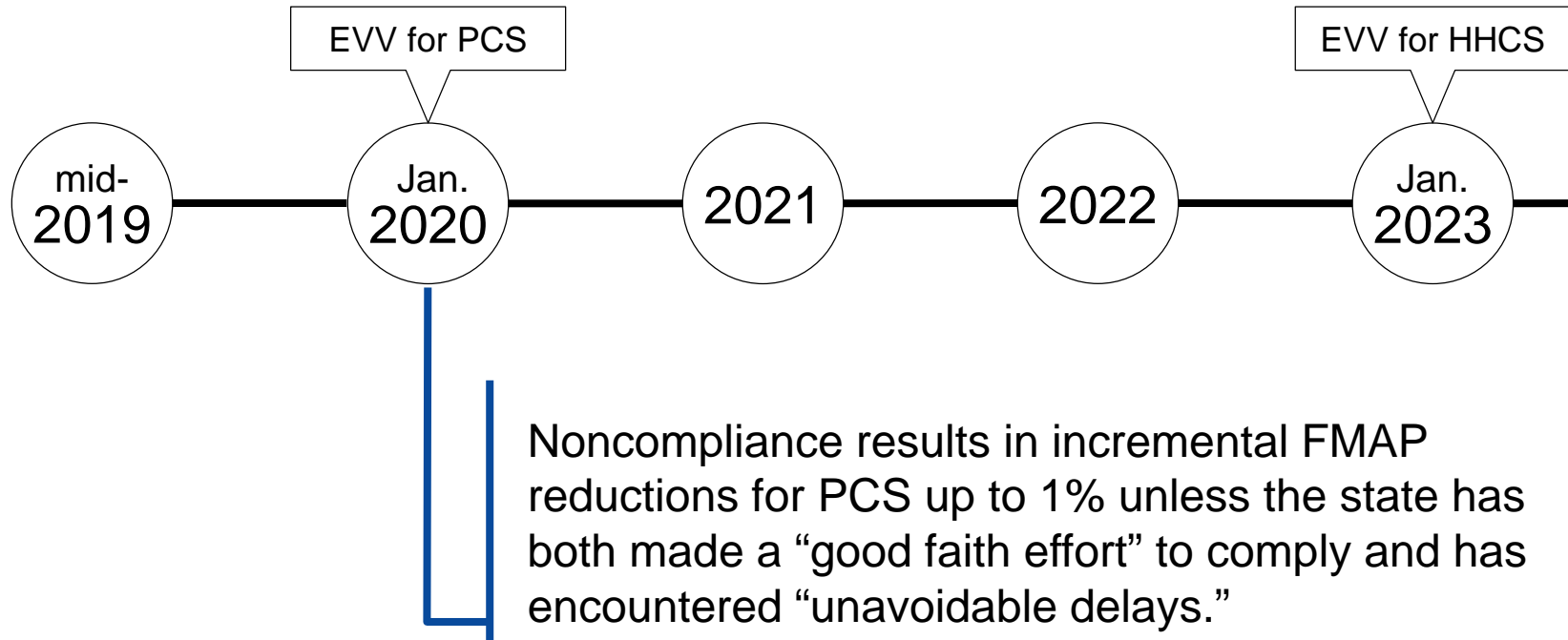
Implementation Timeline

States must require EVV based on the following timeline:



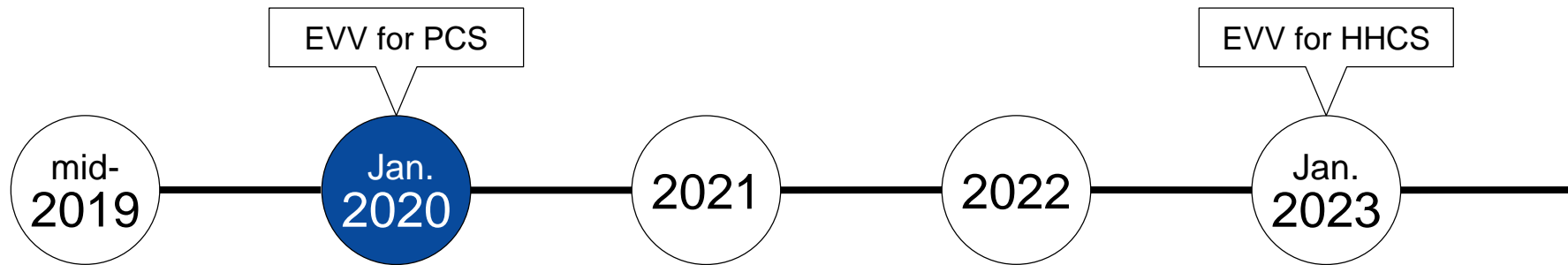
Incremental FMAP Reductions

States must require EVV based on the following timeline:



Implementation – 2020

States must require EVV based on the following timeline:

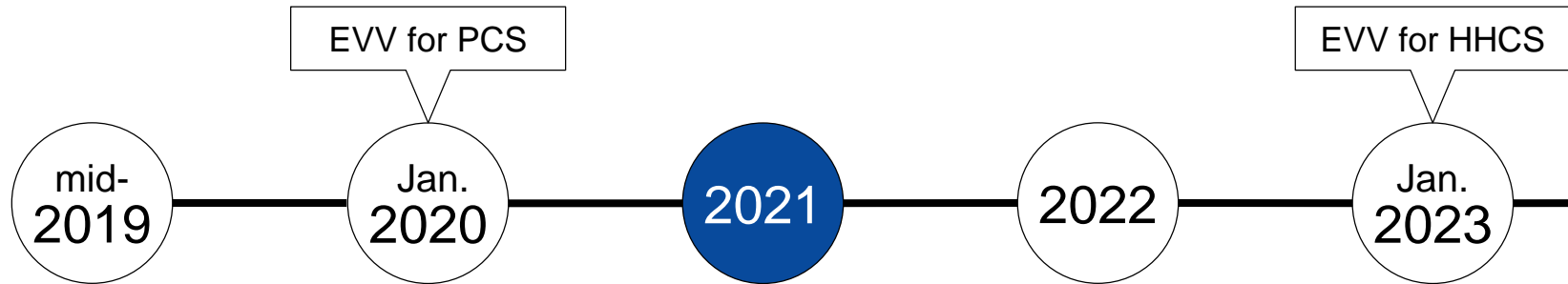


Noncompliance results in incremental FMAP reductions for PCS up to 1% unless the state has both made a “good faith effort” to comply and has encountered “unavoidable delays.”

- **0.25** percentage points for calendar quarters in **2020**.

Implementation – 2021

States must require EVV based on the following timeline:

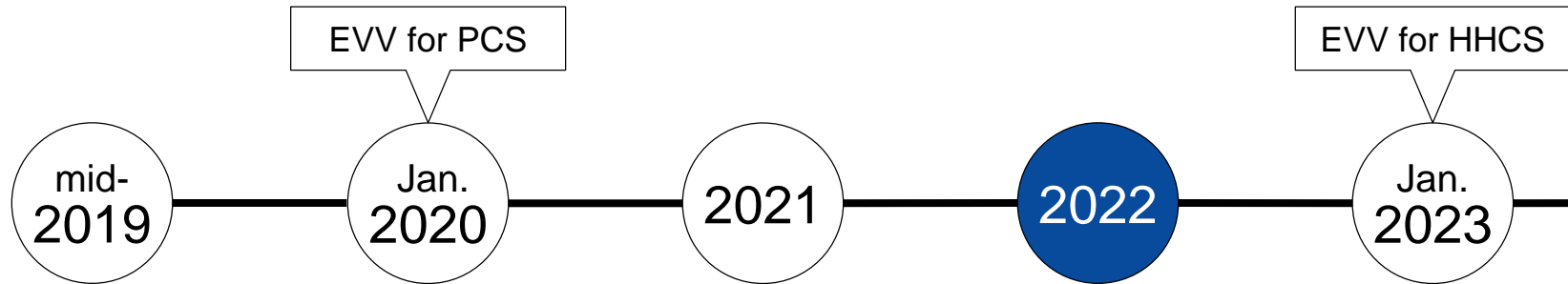


Noncompliance results in incremental FMAP reductions for PCS up to 1% unless the state has both made a “good faith effort” to comply and has encountered “unavoidable delays.”

- **0.25** percentage points for calendar quarters in **2020**.
- **0.50** percentage points for calendar quarters in **2021**.

Implementation – 2022

States must require EVV based on the following timeline:

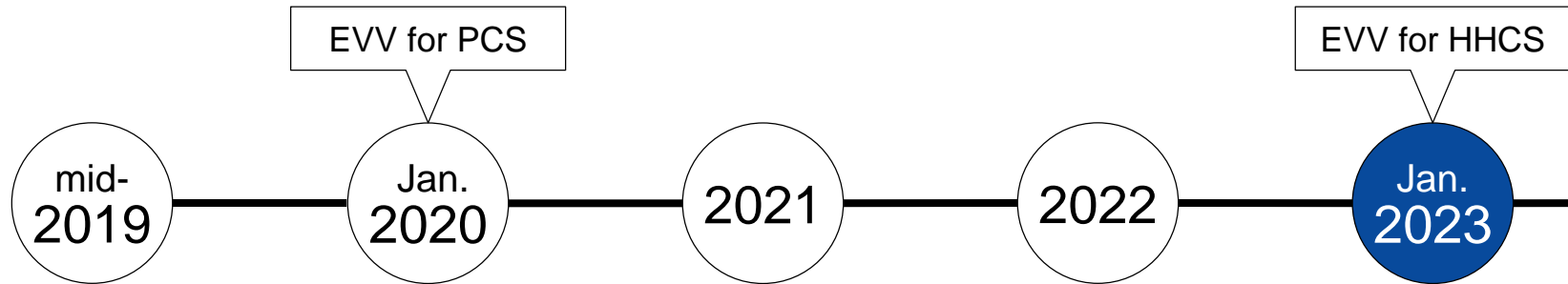


Noncompliance results in incremental FMAP reductions for PCS up to 1% unless the state has both made a “good faith effort” to comply and has encountered “unavoidable delays.”

- **0.25** percentage points for calendar quarters in **2020**.
- **0.50** percentage points for calendar quarters in **2021**.
- **0.75** percentage points for calendar quarters in **2022**.

Implementation – 2023

States must require EVV based on the following timeline:

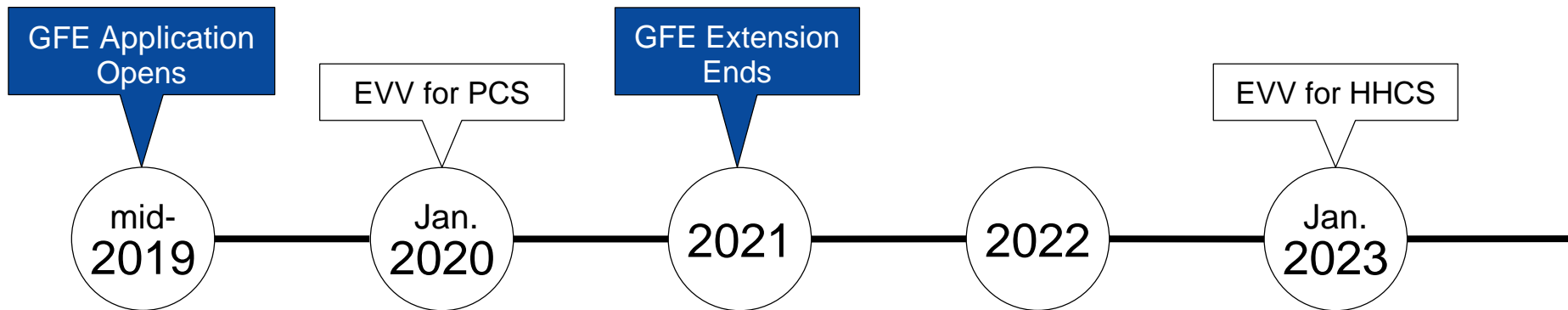


Noncompliance results in incremental FMAP reductions for PCS up to 1% unless the state has both made a “good faith effort” to comply and has encountered “unavoidable delays.”

- **0.25** percentage points for calendar quarters in **2020**.
- **0.50** percentage points for calendar quarters in **2021**.
- **0.75** percentage points for calendar quarters in **2022**.
- **1.00** percentage point each quarter thereafter.

Good Faith Effort

Beginning in July 2019, states can apply for a deferment in the FMAP reduction through a Good Faith Effort application.



- **Section 12006(b) of the Cures Act (Cures Act)** allows a one-year forgiveness of the 0.25 percentage point FMAP reduction if a state can demonstrate that it has both:
 - Made a **good faith effort** to comply with section 12006(a).
 - Encountered **unavoidable delays** in system implementation.

Good Faith Effort Exemption Request

Good Faith Effort (GFE) Exemption

- The [Good Faith Effort Request Form – Personal Care Services](#) may be submitted by the State Medicaid Agency director or his or her designee beginning in **July 2019**.
 - States should email EVV@cms.hhs.gov their completed requests.
 - CMS encourages states to submit requests by **November 2019**.
- The Cures Act provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year.

Additional guidance on the good faith effort provision and GFE exemption requests is available in a [May 2019 EVV Update](#) on the CMS website.

Panel Discussion

40 Minutes

Panelists

Esmé Grewal

Vice President of Government Relations
American Network of Community
Options and Resources

Mollie Murphy

President
Applied Self-Direction

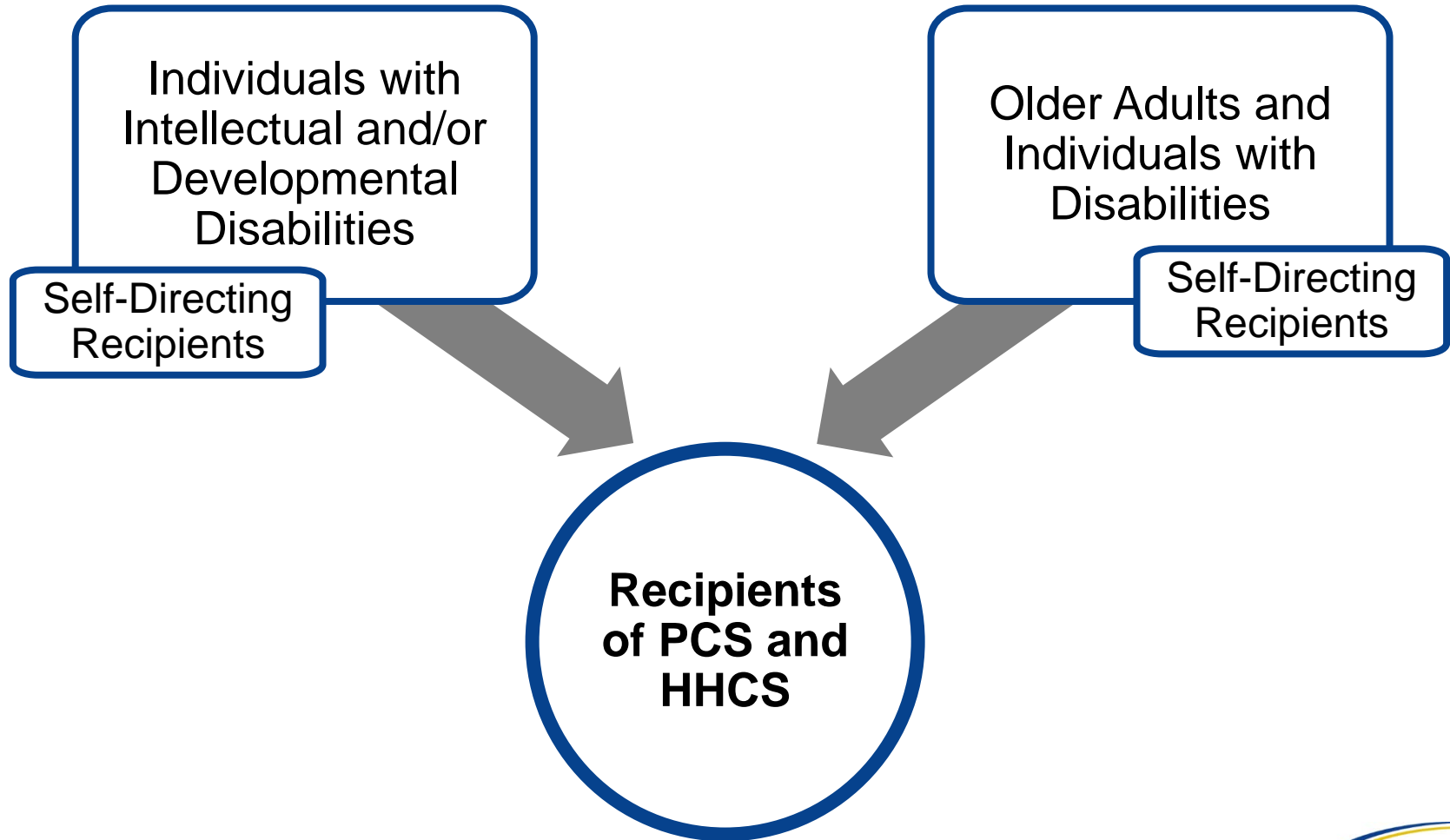
Katherine Murray

Director of Policy
Applied Self-Direction

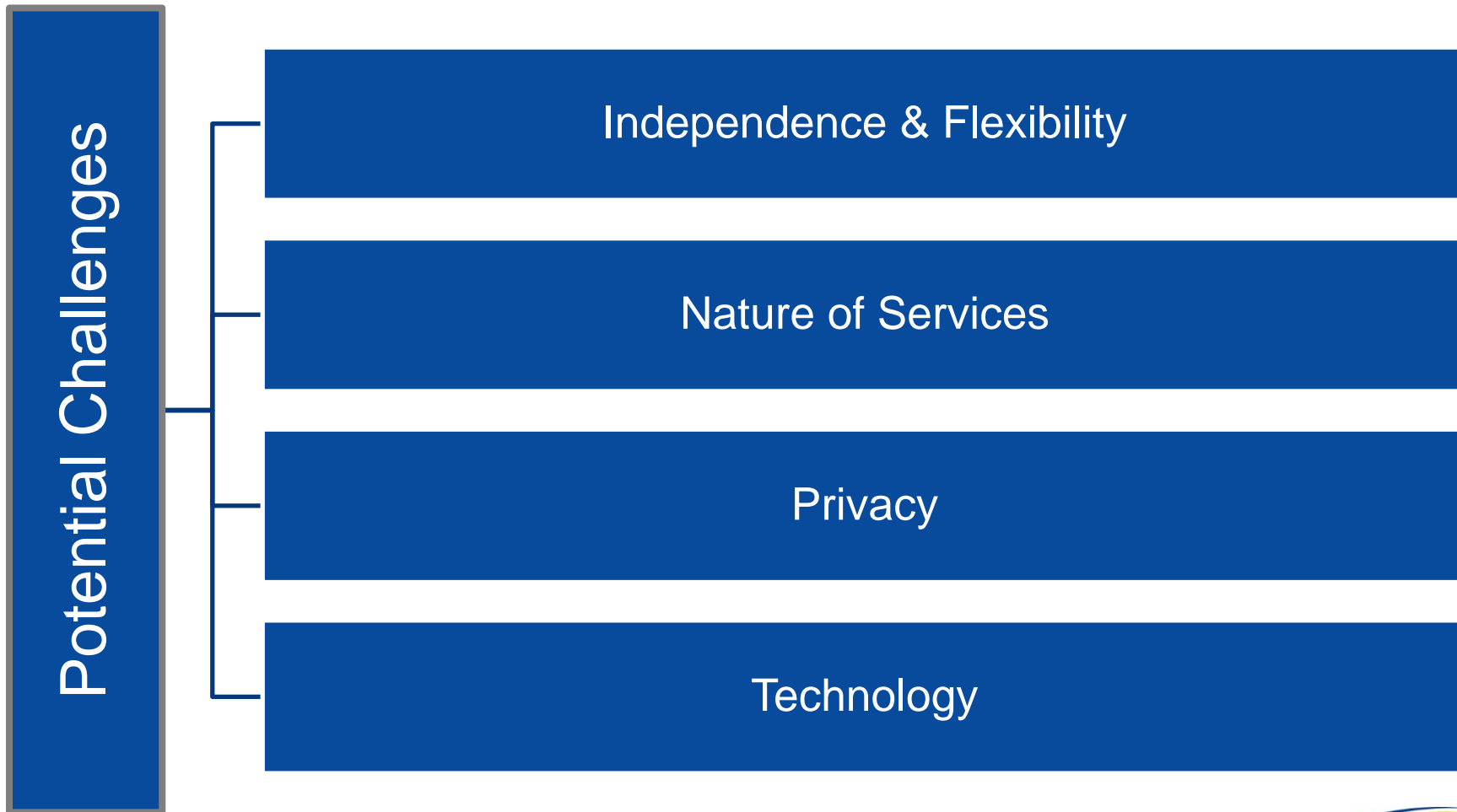
Claire Ramsey

Senior Staff Attorney
Justice in Aging

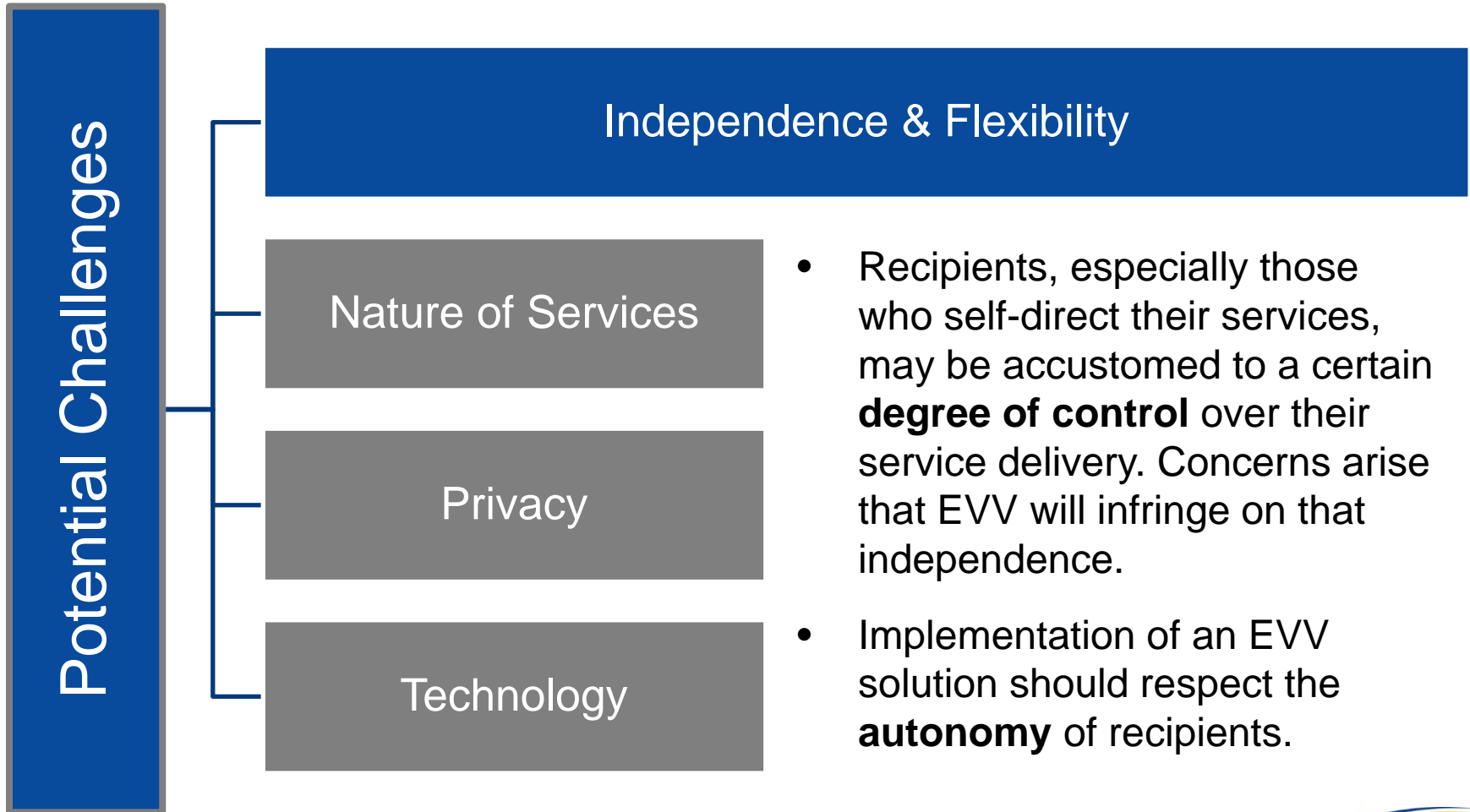
Introduction of Key Constituencies



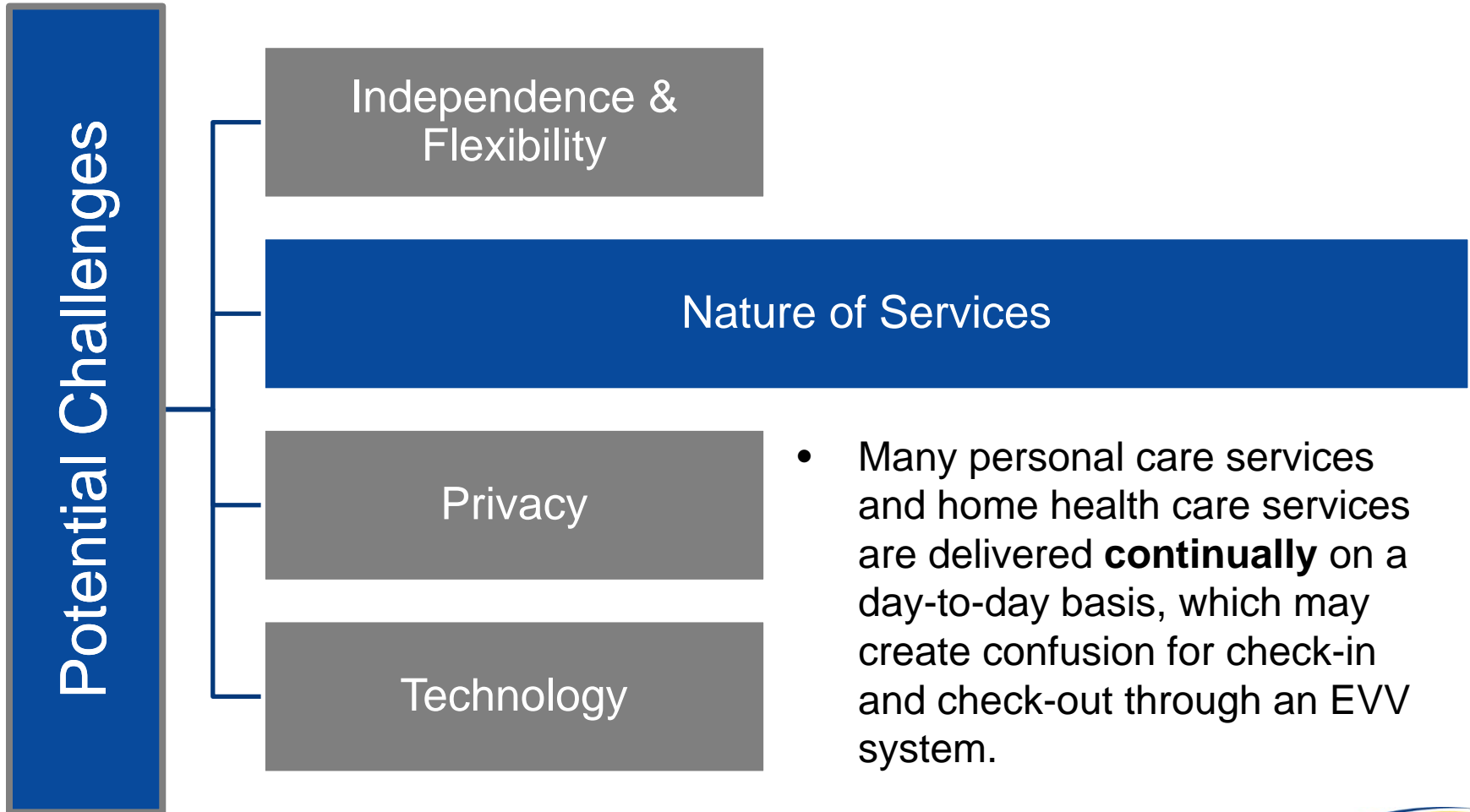
Challenges with EVV



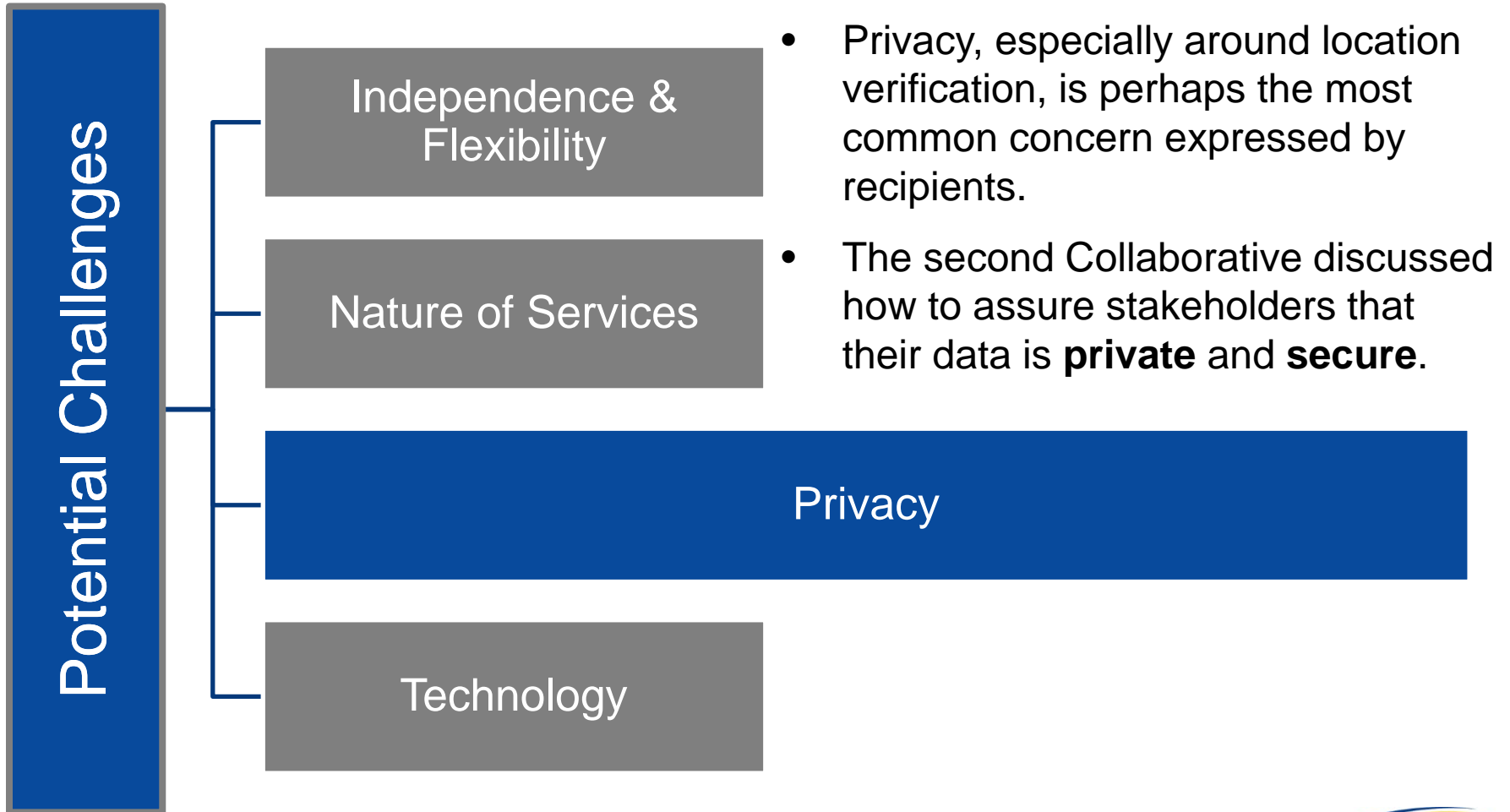
Challenges – Independence



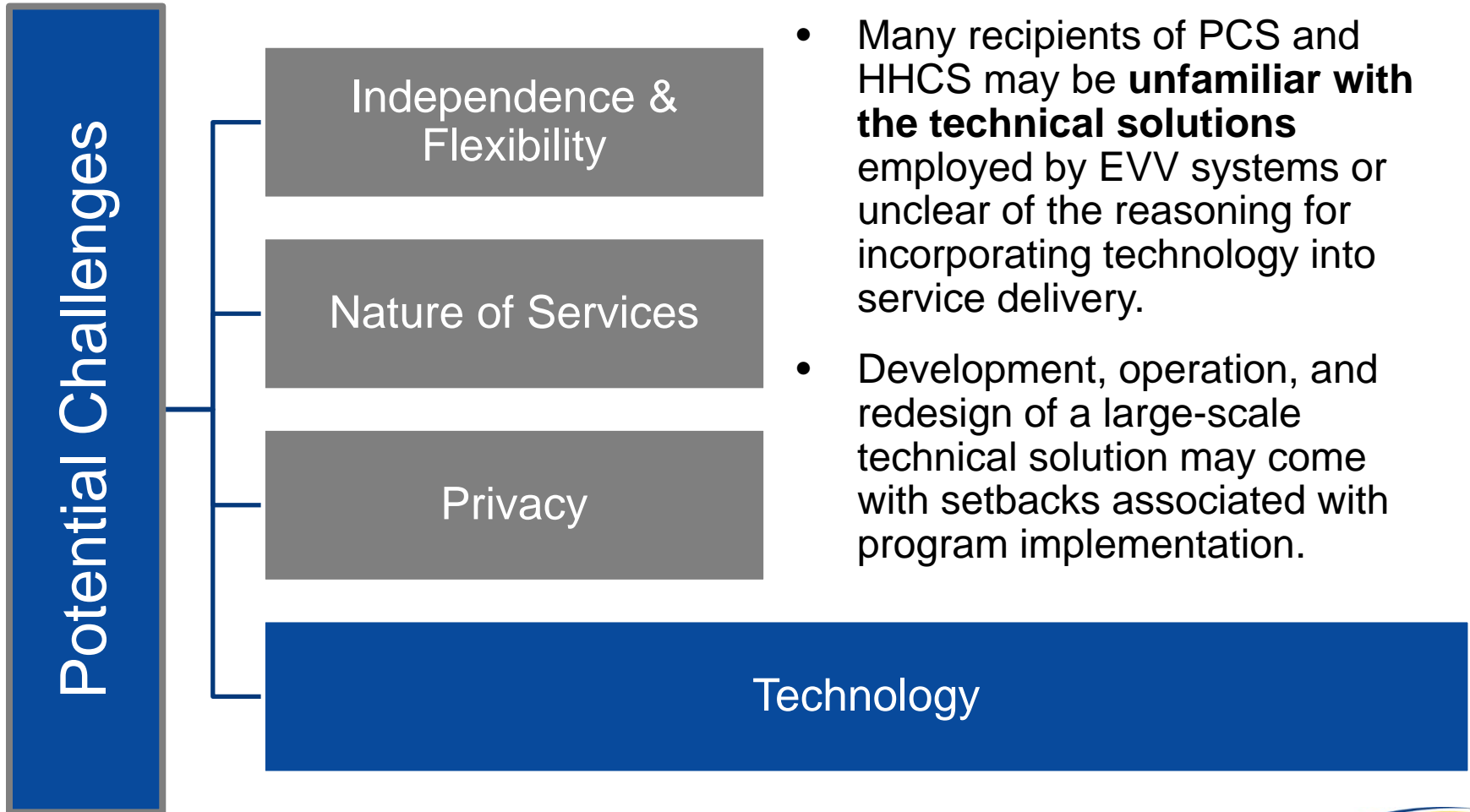
Challenges – Nature of Services



Challenges – Privacy



Challenges – Technology



Solutions for Accessibility

Accessibility – Methods for Verification

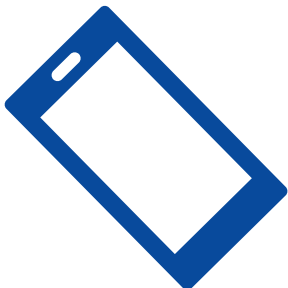
States should allow as much flexibility as possible when selecting a method for verification, as some solutions may not work for every recipient or provider. **Three common methods include:**



- **Telephonic:** A recipient may not have a landline, or may prefer that their provider not use their landline.

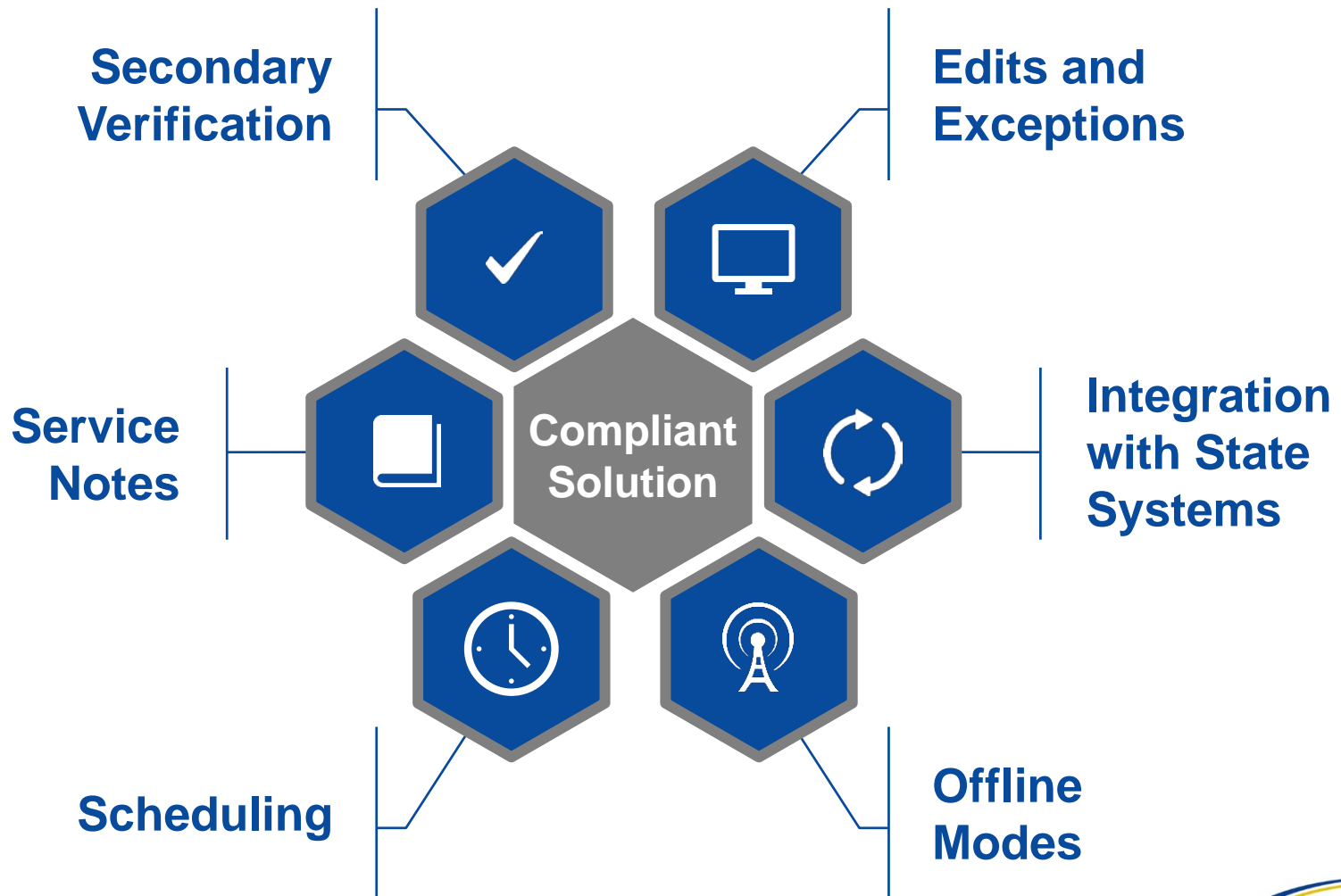


- **In-Home Device:** A recipient may prefer that a device not remain in their home. States which employ an in-home device for verification should be sure to communicate to stakeholders that the device is not “tracking” or recording them.

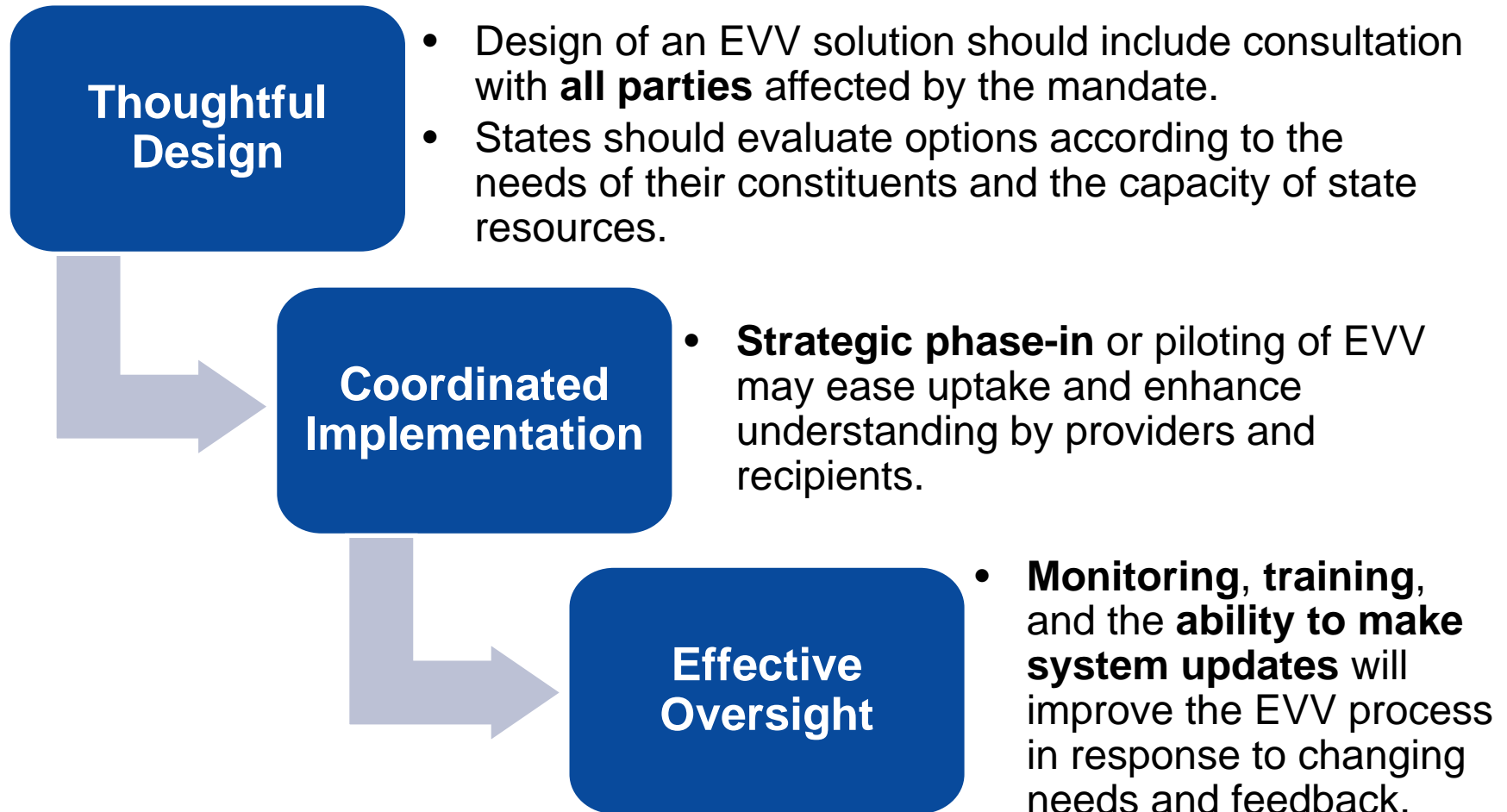


- **Mobile Application:** A provider may not own a smartphone, or may prefer not to use a personal device for their work. Individuals in rural areas may not be able to connect to a cellular network.

Accessibility – Supplemental Capabilities



Accessibility – Implementation



Solutions for Inclusivity

Inclusivity – Local Partners

Collaboration with Local Groups

Stakeholder Meetings and Webinars

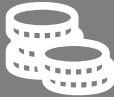
Publicly Posted Materials

Takeaways for Success

Potential Benefits from EVV



Greater Participant Control



Reductions in Fraud, Waste, and Abuse



More Robust Data



Improved Quality of Care

Promising Practices and Lessons Learned

- Describe any **promising practices** from states' experiences with designing and implementing EVV.
 - In which areas can states excel?
 - How can other states replicate the successes of their peers?
- Describe any **lessons learned** you have observed from states' experiences designing and implementing EVV.
 - Were there barriers or challenges which states have notably faced?
 - How can states overcome those barriers or challenges?

Participant Questions and Discussion

40 Minutes

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Next Steps

- The next Learning Collaborative will tentatively be held from 4:15pm – 6:15pm EST on **August 28, 2019**. Invitations will be sent in late July 2019, and an agenda will follow in mid-August.
- Please complete a **brief survey** following this Collaborative so that CMS can document feedback from participants. The survey link **will be emailed to all participants** following the close of this session.
 - The survey is available at the following link: [survey link](#).
- If you would like your name removed from our distribution list or would like to recommend a contact as a participant, please let us know at HCBSEVVL@navigant.com.
- You may also email us if you have concerns about any information shared during this session being distributed beyond the Collaborative community.

For Further Information

For further information, contact:

HCBSEV VLC@navigant.com

Additional Resources

Refer to CMS and other guidance for additional information regarding electronic visit verification:

- [Good Faith Effort Exemption Policy](#) from May 2019
- [CMS Update on EVV](#) from August 2018
- [NASUAD Pre-Conference Intensive](#) from August 2018
- [NASUAD Conference Workshop](#) from August 2018
- [CMCS Informational Bulletin](#) from May 2018
- [Frequently Asked Questions](#) from May 2018
- [Promising Practices for States Using EVV](#) from January 2018
- [Requirements and Considerations](#) from December 2017