



**Electronic Visit Verification  
Learning Collaborative:**

# **ACHIEVING AND MONITORING COMPLIANCE WITH THE CURES ACT**

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

# Agenda

- 1:00 – 1:10 pm: **Introduction**
- 1:10 – 1:30 pm: **Timeline & Strategies for Compliance**
- 1:30 – 2:20 pm: **Panel Discussion**
  - Design and Implementation
  - Achieving Compliance
  - Monitoring Compliance
  - Takeaways for Success
- 2:20 – 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 strategies for communicating expectations surrounding compliance, achieving compliance with the Cures Act and state regulations, and monitoring compliance.

# 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.

## **CMS will not endorse a particular EVV model, solution, or vendor.**

- CMS released a [CMCS Informational Bulletin](#) on August 8, 2019, which includes policy guidance on, among other areas, the applicability of EVV to beneficiaries with live-in caregivers and web-based electronic timesheets.
  - See the *Additional Resources* slide at the end of this presentation.

# 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 you via email.
  - Please send any questions you would like **answered in writing following the session** to [HCBSEVVLC@navigant.com](mailto:HCBSEVVLC@navigant.com).

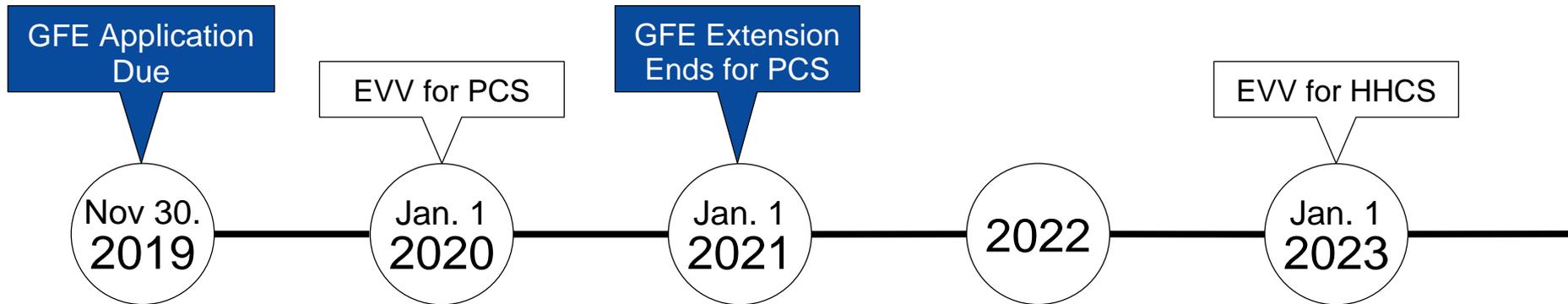
# Timeline and Strategies for Compliance

## 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.
  - the time the service **begins and ends**.

# Good Faith Effort



- **Section 12006(b) of the Cures Act (Cures Act)** allows up to 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.
- Beginning in **six weeks** – on January 1, 2020 – states which are not compliant with the Cures Act and have not yet received a GFE approval will face reduced federal match for personal care services.

# Trends from GFE Applications



Number of Applications



Timeline for Implementing



Stages of Implementation



Reasons for Unavoidable Delays

# Number of Applications



35 states have applied for, and 22 states have been approved for, a deferment in the FMAP reduction through a Good Faith Effort application as of November 8, 2019.



Timeline for Implementing



Stages of Implementation



Reasons for Unavoidable Delays

# Timelines for Implementing



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Most states with an approved extension will implement their solution in the latter half of 2020. Note that the approved GFE extends through the full year.



Stages of Implementation



Reasons for Unavoidable Delays

# Stages of Implementation



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Applicant states are in various phases of implementation. Some states are still selecting a model while others have rolled out their systems but request more time for piloting.



Reasons for Unavoidable Delays

# Reasons for Unavoidable Delays



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Applicant states are in various phases of implementation. Some states are still selecting a model while others have rolled out their systems but request more time for piloting.



The most commonly cited reason for a delay was for additional time to engage stakeholders, followed by procurement issues and system interoperability issues.

# EVV Compliance Survey

- States are required to update CMS on their progress toward meeting the requirements of Section 12006(a) of the Cures Act via a web-based attestation of compliance.
  - Access to the EVV compliance survey is restricted to State Medicaid Agencies and CMS.
  - CMS will use the information provided from these attestations as a basis for determining compliance with the Cures Act and for **assessing any FMAP reductions** for non-compliance, if applicable.
- The attestation may be completed at any time – however, the FMAP reduction is **per quarter during which the State is non-compliant**, therefore states should submit their attestation as soon as they become compliant.
  - States with a Good Faith Effort exemption can begin completing their attestation of compliance in November 2020.

# Contents of the Attestation

## The attestation asks the responding state to:

- **Confirm** that it has implemented EVV for all PCS under each authority specified in the Cures Act offered within the state.
- **Document** the implementation date and model for EVV for PCS under each authority offered within the state.
- **Describe** how the EVV solution is:
  - Minimally burdensome.
  - Accountable to a stakeholder engagement process.
  - Ensuring choice, in not limiting selection of providers or caregivers.
  - Respectful of the manner of care in which care is delivered.
  - Conducted in accordance with HIPAA privacy and security law.

# Training and Communication

- CMS conducted a training on October 23, 2019, for State Medicaid Directors on how to access and complete the compliance survey.
  - This training may be accessed at the following link: [Electronic Visit Verification Compliance Survey and Resources Web-Based Collaboration Tool State Medicaid Director \(SMD\) Walk-Through.](#)
- State Medicaid Directors will receive communications regarding their log-in credentials and other pertinent information for completing the EVV compliance survey on November 18, 2019. The survey will go live on November 19th.
  - State Medicaid Directors or their designees should submit their completed surveys on or by December 31, 2019, in order to avoid reductions to their FMAP for personal care services in quarter one.
  - Submitting the survey with more time before the implementation deadline will allow for direct communication with CMS about the application of FMAP reductions.

# Application of FMAP Reductions

- Federal match will only be reduced for payment for **personal care services** as described in Section 12006(a) of the Cures Act.
- Reductions are assessed quarterly – states will receive a reduced federal match for any quarter in which they are noncompliant for some part of the quarter.
- Personal care services are reimbursed under **different authorities**. States may have implemented EVV for some authorities, but not others, by the implementation deadline. Therefore, CMS will assess FMAP reductions based on **only the authority or authorities for which the state has not implemented a compliant EVV solution**.
  - If states have implemented EVV for specific waivers or HCBS State Plan Amendments (SPAs) under an authority but not others, they may work with CMS to determine how to apply FMAP reductions in a more targeted manner if possible.

# Furthering the Goals of this Collaborative

- CMS encourages states to use CMS resources (including the EVV and Collaborative mailboxes, trainings, and technical assistance) and state association resources.
- If a state has a specific question or obstacle, they may find it helpful to connect with other states which have encountered that issue. States should leverage their resources to be put in touch with their peers.
  - CMS will connect states with shared experiences on EVV implementation if requested.
  - This furthers the goals of the CMS HCBS EVV Learning Collaboratives, allowing states to **openly discuss** and **collaborate** on their experiences implementing and operating EVV solutions.
- Email [EVV@cms.hhs.gov](mailto:EVV@cms.hhs.gov) or [HCBSEVVLC@navigant.com](mailto:HCBSEVVLC@navigant.com) with any questions on how to participate, and the best path for doing so.

# Panel Discussion

## 50 Minutes

# Panelists

- From **Nevada:** **Kirsten Coulombe**  
Social Services Chief III  
Division of Health Care Financing and Policy  
Nevada Department of Health and Human Services
- From **Oklahoma:** **David Ward**  
Community Living Services Coordinator  
Oklahoma Health Care Authority
- From **Virginia:** **Tim Catherman**  
Program Manager  
Division for Aging and Disability Services  
Virginia Department of Medical Assistance Services

# Implementation Status

*Initial Planning*

*Rollout and Ongoing Operation*

**Virginia**

**Nevada**

**Oklahoma**

# EVV in Virginia



**Virginia**

**Nevada**

**Oklahoma**

# EVV in Nevada

*Initial Planning*

*Rollout and Ongoing Operation*

Virginia

**Nevada**

Oklahoma

# EVV in Oklahoma

*Initial Planning*

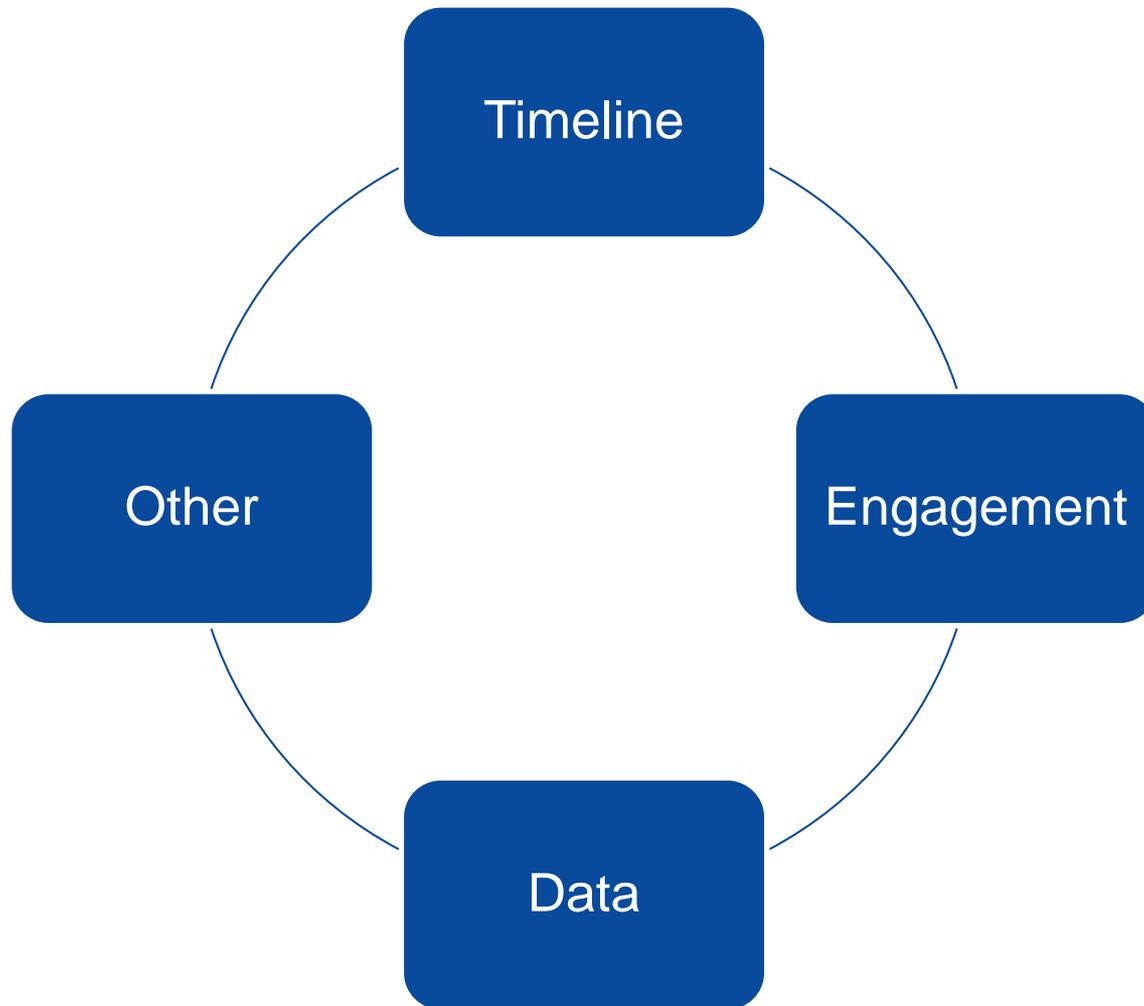
*Rollout and Ongoing Operation*

Virginia

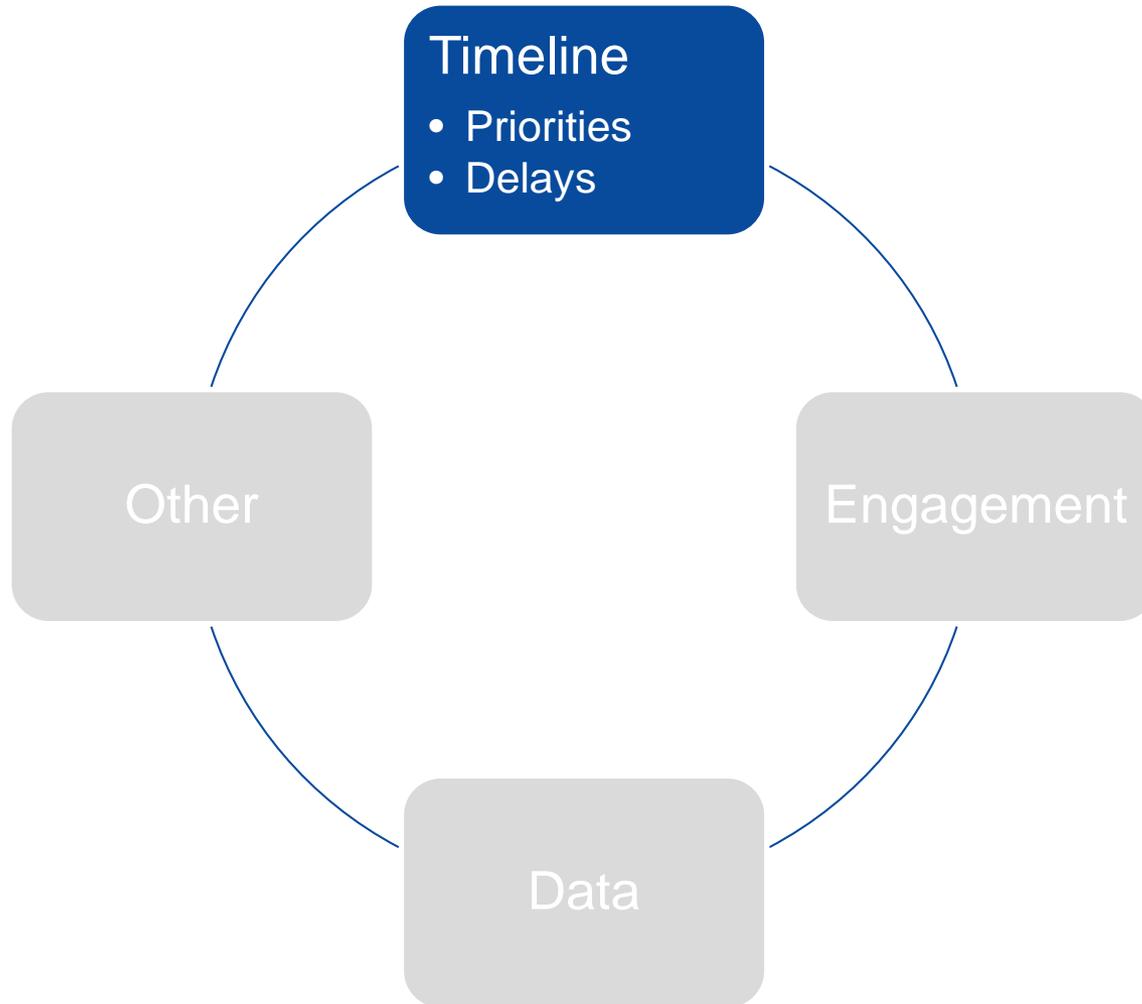
Nevada

Oklahoma

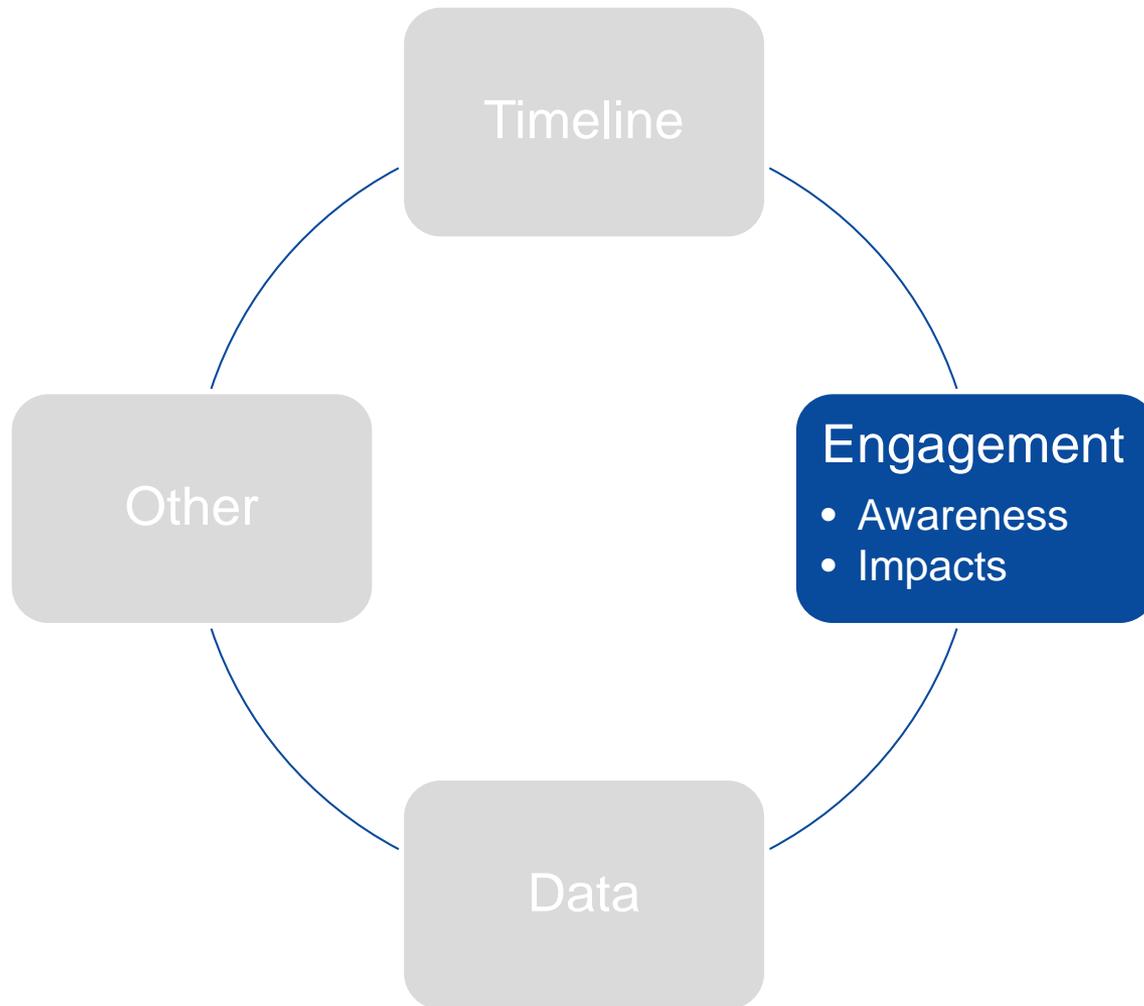
# Achieving Compliance



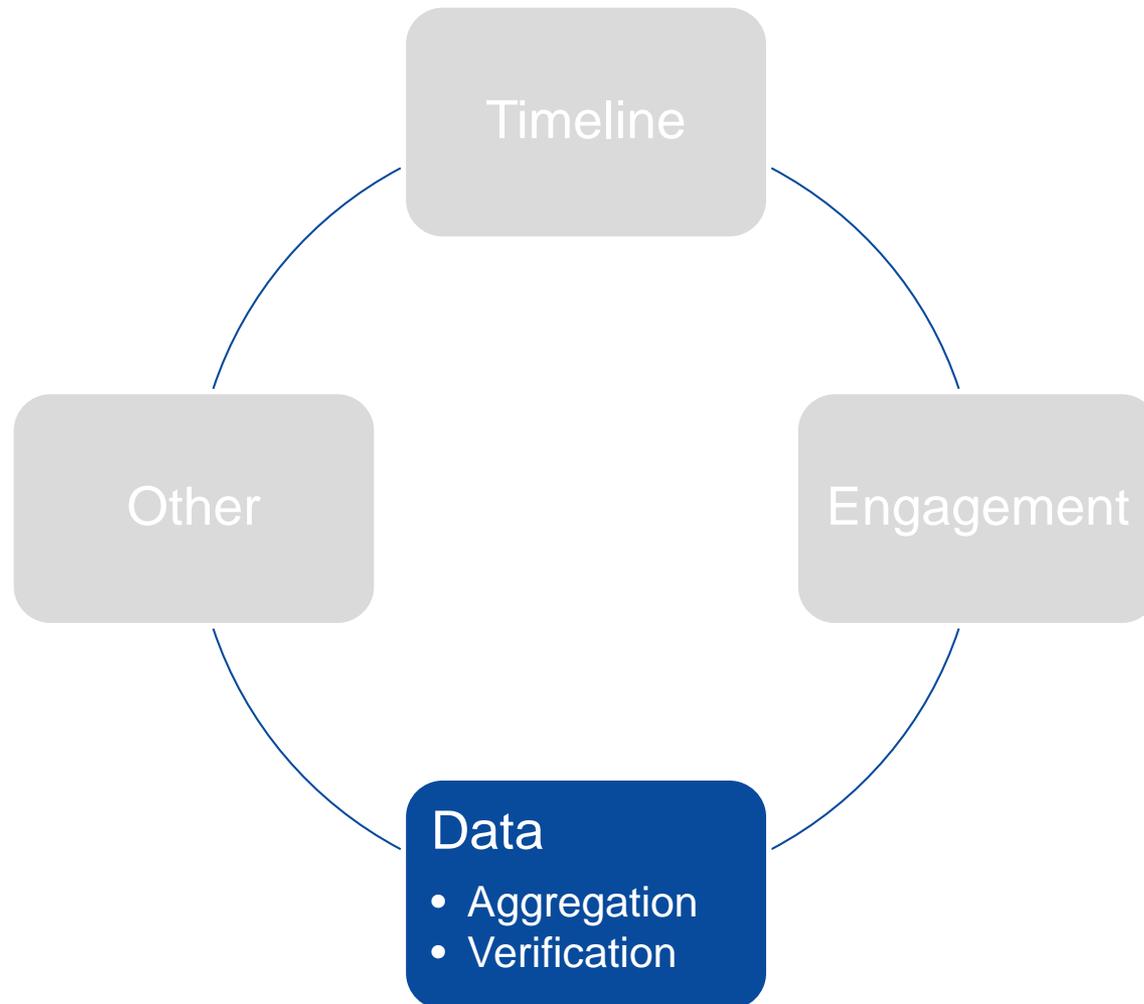
# Timeline for Compliance



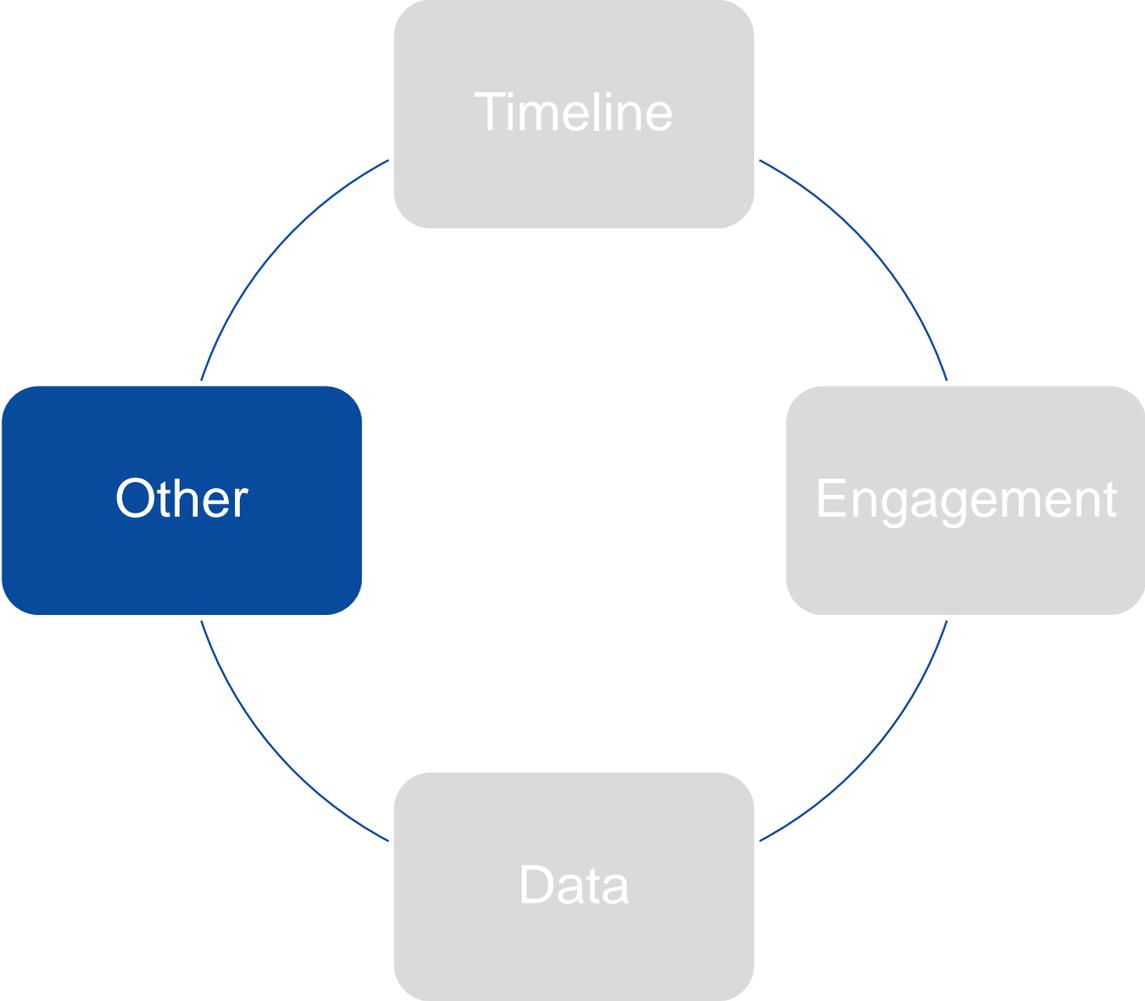
# Engaging Stakeholders



# Six Required Data Elements



# Other Requirements per the Cures Act



# Monitoring Compliance

## Assessing Providers' Systems

- *How can states determine whether providers are actually using an EVV system?*

## Reimbursing Providers

- *How can states' pre-payment or post-payment processes reflect compliance with EVV?*

# Assessing Initial and Ongoing Compliance

## Assessing Providers' Systems

- Verifying compliance of providers' systems with Cures Act requirements.
- Identifying non-compliant providers.
- Integrating systems to enhance monitoring.

## Reimbursing Providers

- *How can states' pre-payment or post-payment processes reflect compliance with EVV?*

# Paying Providers Accordingly

## Assessing Providers' Systems

- Verifying compliance of providers' systems with Cures Act requirements.
- Identifying non-compliant providers.
- Integrating systems to enhance monitoring.

## Reimbursing Providers

- Working with providers to attain and maintain full compliance.
- Reimbursing claims for verified services.
- Establishing a process to address conflicts between EVV and claims submissions.

# Takeaways for Success

- Describe any **promising practices** from your State's experience with achieving and monitoring compliance with EVV.
  - Are there areas in which your State has excelled?
  - How can other states replicate your State's experience?
- Describe any **lessons learned** from your State's experience with achieving and monitoring compliance with EVV.
  - Were there barriers or challenges which your State has faced?
  - How has your State overcome those barriers or challenges?

# Participant Questions and Discussion

## 35 Minutes

# 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.
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# Next Steps

- The next Learning Collaborative will be held in **early 2020**, following the Cures Act deadline for implementation of EVV for PCS without a GFE extension. Invitations and an agenda will be sent in advance.
- 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.
- You may email us at [HCBSEVVLC@navigant.com](mailto:HCBSEVVLC@navigant.com) if you have concerns about any information shared during this session being distributed beyond the Collaborative community.

# For Further Information

**For further information on the Collaboratives, contact:**

[HCBSEV VLC@navigant.com](mailto:HCBSEV VLC@navigant.com)

**For further information on EVV, contact:**

[EVV@cms.hhs.gov](mailto:EVV@cms.hhs.gov)

# Additional Resources

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

- [CMCS Informational Bulletin](#) from August 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