Meeting Title	EVV Monthly Stakeholder Meeting (Meeting #1 – June)
Date	June 27, 2018
Time and Location	1:00 p.m. – 4:00 p.m.
Location	Water Development Authority Building
Meeting Facilitator	BerryDunn

Meeting Purpose:

- To update the Electronic Visit Verification (EVV) stakeholders on the EVV project's progress and to give an overview of components, schedule, and key considerations

Agenda Items

Item No.	Topic and Description	Responsible
1.	Introductions and Welcome	Sarah Ratliff
2.	Take Me Home (TMH) Support Acknowledgement	Dr. Frances Clark
3.	Survey Results • 21st Century Cures Act (Cures Act) • Cures Act Requirements • Impact on the State • EVV Models	Dr. Frances Clark
4.	EVV Model Selection Considerations	Brandon Lewis
5.	Next Steps	Sarah Ratliff
6.	Future Meeting Schedule	Sarah Ratliff
7.	Q&A	BMS, MIS, BerryDunn

Introductions and Welcome

- Sarah Ratliff called the meeting to order at 1:32 p.m. and introduced the key stakeholders for West Virginia (the State).
    - Sarah Ratliff stated the stakeholder group consists of 71 individuals: 48 provider/agency representatives, 7 members or family of members, and 16 State contractors.
- Sarah Ratliff stated the purpose of the meeting is to inform the stakeholders on the EVV project's progress and to give an overview of components, schedule, and key considerations.
- Sarah Ratliff told the group the session would be recorded.

TMH Support Acknowledgement

- Sarah Ratliff stated the development and implementation of the State EVV system is supported in part with rebalancing funds from Take Me Home (TMH), West Virginia. TMH, West Virginia is a

Money Follows the Person Rebalancing Demonstration Grant (West Virginia Department of Health and Human Resources [DHHR] Grant Number 1LICMS330830) from the U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS).

Survey Results

- Dr. Frances Clark introduced herself as a contractor with Bureau for Medical Services (BMS) since the fall of 2017. She said her focus is the implementation of the EVV system.
- Dr. Frances Clark stated there were 41 responses to the survey that was sent to the stakeholder group. These responses came from 37 provider/agency representatives and 4 members or family members.
- Dr. Frances Clark gave a breakout of the topics by percentage that showed the level of interest by respondents:
    - 98% were interested in EVV technology solution options that comply with the 21st Century Cures Act (the Cures Act).
    - 88% were interested in the impact EVV will have on provider's cost to deliver services.
    - 76% were interested in an overview of the Cures Act, EVV Requirements, and the impact of those items on the State impact of these items.
    - 59% were interested in additional benefits that EVV systems can provide beyond Cures Act compliance.
    - 59% were interested in enhanced Federal Medicare Assistance Percentage (FMAP) described in the Cures Act.
    - 59% were interested in EVV system best practices.
    - 46% were interested in additional services that could benefit from EVV systems.
    - 20% were interested in efficiencies afforded to stakeholders from EVV system implementation.
    - 7% were interested in other topics, such as:
        - Cost for training and equipment
        - Continued use of provider's current system
- Dr. Frances Clark stated the Cures Act requires that an EVV system be in place by January 1, 2019, unless there is an extension granted by CMS. She added there is a bill circulating in the House and Senate to extend the deadline of EVV implementation.

Today's Topics

- Dr. Frances Clark stated based on the responses from the survey, the topics that will be discussed in detail today are:
    - The Cures Act
    - The Cures Act Requirements
    - The impact on the State
    - The six EVV models
- Dr. Frances Clark stated additional topics will be addressed during the upcoming monthly stakeholder meetings.

21st Century Cures Act

- Dr. Frances Clark explained that on December 13, 2016, the Cures Act was enacted into law.

    - The Cures Act is designed to improve the quality of care provided to individuals through further research, enhanced quality control, and strengthened mental health parity.
    - EVV applies to services rendered in the home and in the community under Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
    - Section 12006 of the Cures Act requires states to implement an EVV system for:
        - Personal Care Services (PCS) by January 1, 2019
            - PCS is defined as hands-on direct care services, such as those provided in any of the following programs:
                - Aged and Disabled Waiver (ADW)
                - Traumatic Brain Injury (TBI) Waiver
                - Intellectual/Developmental Disabilities Waiver (IDDW)
                - State Plan Personal Care Program
        - Home Health Care Services (HHCS) will be added by January 1, 2023.
            - HHCS is defined as any in-home visit for any of the following programs:
                - Home Health Services
                - Private Duty Nursing
                - Hospice Care
- EVV is required when an in-home provider visit includes:
    - Personal care home health service, even if the service has a different name
    - Services supporting ADL, such as movement, bathing, dressing, toilet, and personal hygiene
    - Services supporting IADL, such as meal preparation, money management, shopping, and telephone use
    - A medical supply set-up
- EVV does not require:
    - Capturing each location as the individual is moving throughout the community
    - The exclusive use of global positioning services (GPS) to verify location
- EVV is not required when services are provided without an in-home visit, such as:
    - PCS that do not require an in-home visit and those provided in congregate 24-hour residential settings, hospitals, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and institutions for mental diseases.
    - Medical supply delivered through the mail or picked up at the pharmacy.
- The EVV system must electronically verify the following:
    - Date of service
    - Location of service
    - Individual providing service
    - Type of services
    - Individual receiving service
    - Time the service begins and ends

Impact on the State

- Dr. Frances Clark explained the State may be eligible for 90% federal match of State funds for planning, designing, implementing, installing, configuring, and integrating the system, as well as for system software acquisition.

- The State may also be eligible for 75% federal match of State funds for operating and maintaining the system, as well as for any associated upgrades/modifications to customize the system.
- Federal match of State funds is NOT available for State expenditures on administration or tools necessary for EVV implementation—such as phones, internet access, fobs, tables—for providers or individuals receiving services.

Cures Act

- Dr. Frances Clark stated the Cures Act requires that states not in compliance by the applicable deadlines will have their FMAP gradually reduced.
    - Personal Care funding will be reduced by 0.25% in 2019 and 2020, 0.50% in 2021, 0.75% in 2022, and 1% in 2023 and thereafter.
    - FMAP for HHCS will be reduced by 0.25% in 2023 and 2024, 0.50% in 2025, 0.75% in 2026, and 1% in 2027 and thereafter.
    - The FMAP reduction for the first year will not apply if the state has made a "good faith effort" to comply with the requirements to adopt the technology used for EVV. The state must prove a "good faith effort" has been made and "unavoidable delays" were encountered while designing and/or implementing the system.
- **Question**: What happens if EVV is not implemented by January 1, 2019?
    - Dr. Frances Clark stated the State could lose up to $1.2 million in federal funding if EVV is not implemented by January 1, 2019. She added this loss of funding can be avoided if the State can prove that a "good faith effort" was made and that "unavoidable delays" were experienced.

EVV Models

- Dr. Frances Clark stated there are six EVV system options:
    - Provider Choice Model
    - Managed Care Organization (MCO) Choice Model
        - Dr. Frances Clark mentioned the State does not have these benefits in Managed Care, so this option will not be discussed.
    - State-Procured Vendor Model
    - State-Developed Solution Model
    - Open Vendor/Hybrid Model
    - Provider Audit Model

EVV Models – Benefits and Challenges

- Provider Choice
    - Benefits:
        - Providers have flexibility to select best system for their needs.
        - The state does not have to procure and administer an EVV system.
    - Challenges:
        - Smaller providers may struggle with resource and capacity to procure EVV.
        - Interoperability must be addressed.
        - The state may need to have some way to aggregate information and ensure compliance.
        - The state cannot claim enhanced FMAP for provider implementation costs.

- State-Procured Vendor Model
    - Benefits:
        - The state can secure enhanced match for information technology (IT) development and installation.
        - Providers have a centralized platform to use without running their own procurements, alleviating burden.
        - Centralized platform facilitates linking EVV with Medicaid Management Information System (MMIS) claims data.
    - Challenges:
        - The state procurement processes can be lengthy and difficult.
        - Providers must have capacity/IT to access the state's system.
        - States with MCOs may have a disconnect between claims, encounter data, and EVV.
            - Dr. Frances Clark mentioned this last bullet is not relevant for the State.
- State-Developed Solution Model
    - Dr. Frances Clark stated this model is similar to the previous model.
    - Benefits:
        - The state can secure enhanced match for IT development and installation.
        - Providers have a centralized platform to use without running their own procurements, alleviating burden.
        - Centralized platform facilitates linking EVV with MMIS claims data.
    - Challenges:
        - States will need skilled IT and management personnel. It can be difficult to hire and retain these types of staff members.
        - Providers must have capacity/IT to access the state's system.
        - States with MCOs may have a disconnect between claims/encounter data and EVV.
            - This last bullet is not relevant to the State.
- Open/Hybrid Model
    - Dr. Frances Clark explained again the Open/Hybrid Model is similar to the State-Developed Solution Model and the State-Procured Vendor Model. However, with the Open/Hybrid Model, providers can use their own system, at the provider's cost, as long as it is compliant.
    - Benefits:
        - The state can secure enhanced match for IT development and installation of the state-run system.
        - Providers have a centralized platform to use without running their own procurements, alleviating burden if they choose.
        - Providers have the option to select their own EVV systems if they would prefer.
        - Centralized platform facilitates linking EVV with MMIS claims data.
    - Challenges:
        - The state procurement processes can be lengthy and complex.
        - Providers must have capacity/IT to access the state's system.
        - Need to ensure that all systems are interoperable, which could create challenges if systems are modified or upgraded.

- Provider Audit Model
    - Dr. Frances Clark stated this model has just been provided by CMS. Like the Provider Choice Model, the burden of cost lies with the provider.
    - Benefits:
        - There is not a need for statewide procurement for aggregation system or a state-provided EVV option.
        - Providers have ability to select the vendor that best suits their need.
        - EVV compliance is verified as part of a preexisting audit function.
        - No need to ensure that systems meet interoperability standards.
    - Challenges:
        - Providers may not have financial or administrative capacity to establish EVV, and no state-provided system is available.
        - The state cannot secure enhanced FMAP for IT development and installation.
        - The state does not have ability to link EVV with claims, and must perform a post-payment audit to verify compliance.
        - Inability to use EVV data for quality improvement processes.

- Dr. Frances Clark stated the State-Procured Vendor Model is the most popular option to date; 11 states have chosen or are using this option.

    - The following states have chosen each of the models:
        - Provider Choice Model
            - Missouri, New York, and Washington
        - MCO Choice Model
            - Iowa, New Mexico, and Tennessee
                - Dr. Frances Clark reminded the group that the State does not have MCOs providing benefits that fall within the scope of EVV.
        - State-Procured Vendor Model
            - Connecticut, Florida, Illinois, Kansas, Mississippi, Oklahoma, Oregon, Rhode Island, South Carolina, Texas
        - State-Developed Solution Model
            - No current examples
        - Open Vendor/Hybrid Model
            - Ohio (in development)
        - Provider Audit Model
            - No current examples
- **Question:** How many states have filed for an exemption or extension?
    - Dr. Frances Clark stated the State does not have this information at the moment, but should have this information in the next couple months. She added this information will be shared with the stakeholders when it is available.
- Dr. Frances Clark stated Ohio is sponsoring a bill that will delay the implementation of EVV. If this bill passes, it will give states an additional year to implement EVV.

EVV Model Selection Considerations

- Brandon Lewis with the Office of Management Information Services stated that the State must take multiple considerations into account when selecting an EVV model. He stated these considerations are as follows:
    - Assess EVV systems currently in use by providers
    - Evaluate existing vendor relationships
    - Define EVV requirements
    - Solicit stakeholder input
    - Understand technological capabilities
    - Assess state staff capacity to develop and/or support the EVV system
    - Integrate EVV systems with other state systems and data
    - Rollout EVV in phases and/or pilots (timeline permitting)
- Brandon Lewis stated the cost of EVV implementation will depend on which type of model the state chooses.
    - The provider pays for the Provider Choice Model, the MCO Choice Model, and the Provider Audit Model.
    - The state will bear the cost if the State-Procured Vendor Model, the State-Developed Solution Model, or the Open Vendor/Hybrid Model is selected.
        - For the Open Vendor/Hybrid Model, the State would pay for those who decided to utilize the State-Procured Vendor Model, and the provider would pay if it chooses to continue utilizing its current system.
- Brandon Lewis stated DHHR is responsible for the strategic decisions that will allow the State to be in compliance with the Cures Act. He added these decisions will be balanced by several factors in selecting and implementing the best overall solution for the State, providers, and members.
    - The global EVV requirements are based on:
        - Mandatory requirements from the Cures Act
        - Security and confidentiality
        - Ease of use
        - Configurability of the solution and related edits
        - Integration into existing processes
        - Implementation and on-going operational costs

Q&A

- **Question:** Is there a timeline as to when Next Steps will start to happen?
    - Sarah Ratliff stated the State and PMO team is working on a timeline and working with CMS regarding an extension. She added the State can request an extension in July. CMS has stated its goal is to provide a response within 30 days of receipt of an extension request.
- **Question:** Has the State chosen the State-Procured Vendor Model?
    - The State is leaning toward the Open/Hybrid Model, but a decision has not been made. Dr. Frances Clark added an Open/Hybrid Model is similar to the State-Developed Solution Model, but it allows providers to use their own EVV systems.
- **Question:** Regarding the Open/Hybrid Model, will there be a State option for small organizations with limited funding.
    - Yes.

- **Question:** Does the 2019 deadline impact HHCS providers?
    - The Cures Act does not mandate that HHCS utilize the EVV system prior to January 1, 2023. It is possible that the State may choose to implement these services prior to the mandatory start date.
- **Question:** Has the State talked to any vendors so far, and if so, which ones?
    - Shea Berry stated no vendors have been contacted. The State is leaning toward a Request for Proposal (RFP) and if this route is chosen, there will be a fair opportunity for anyone to bid.
- **Question:** Does the State have any plans to help providers implement technology to access the system?
    - Providers that choose to use their own EVV systems will bear the burden of cost to implement and integrate into the State's EVV system, but the State will bear the burden if the providers choose to utilize the State's EVV system. The federal match will not be provided for tablets, although some states have chosen to use them.
    - Providers could also choose to use an app free of charge on a mobile device. Under certain circumstances, Medicaid will pay for landlines in homes that providers can use to call in.
    - Shea Berry stated BerryDunn has been hired by BMS and Management Information Services (MIS). BerryDunn is performing market research to understand the different options. She added that BerryDunn is not making decisions for the State, but merely providing information so the State can make informed decisions.
- **Question:** Could someone please explain again the financial responsibility of providers versus the State for the Open Vendor/Hybrid Model?
    - A final decision is yet to be made, but if the State chooses the Open/Hybrid Model, then the State will bear the costs for the State-Developed Solution Model. If a provider chooses to continue using its own system, it will be responsible for the costs to operate, maintain, and integrate its system with the State's EVV.

- Sarah Ratliff told the stakeholders they will receive a link to an evaluation, and requested that each stakeholder respond to the survey.
- Sarah Ratliff stated the next EVV Stakeholder Meeting will take place at the Water Development Authority building on Wednesday, July 25, 2018 from 1:00pm – 4:00pm.
    - Dates were supplied for one meeting each month through January 2019; however, locations for each of these meetings will be confirmed at a later date.
- Sarah Ratliff communicated the State's contact information, and emphasized that any stakeholder questions or concerns should be sent to the DHHRBMSEVV@wv.gov email address.

Meeting Conclusion/Action Item Recap

- The meeting was adjourned at 2:44 p.m.