EVV Guidance from CMS: What We Know So Far

January 18, 2018

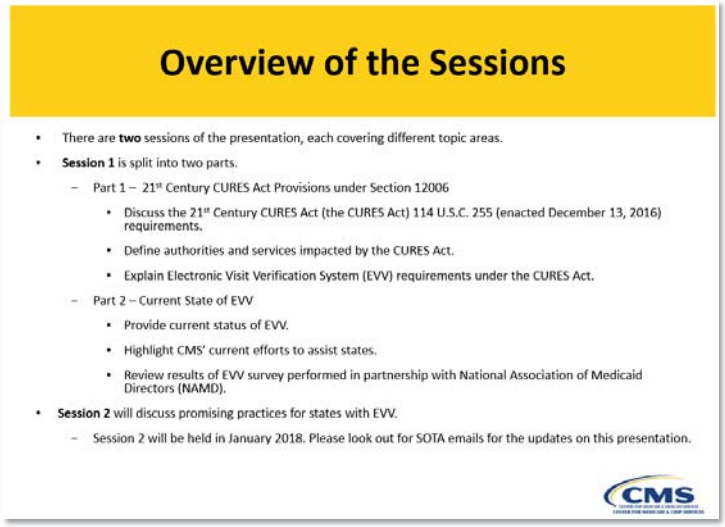
Agenda

- Overview of Timeline
- Review of Cures Act Requirements for EVV and Guidance
- Considerations for States
- Survey Highlights
- Promising Practices

Acknowledgement of CMS Resources

Slides in this format are from CMS training webinars.

Links to the complete presentations are included at the end of this webinar.



Overview of the Sessions

- There are **two** sessions of the presentation, each covering different topic areas.
- **Session 1** is split into two parts.
  - Part 1 – 21st Century CURES Act Provisions under Section 12006
    - Discuss the 21st Century CURES Act (the CURES Act) 114 U.S.C. 255 (enacted December 13, 2016) requirements.
    - Define authorities and services impacted by the CURES Act.
    - Explain Electronic Visit Verification System (EVV) requirements under the CURES Act.
  - Part 2 – Current State of EVV
    - Provide current status of EVV.
    - Highlight CMS' current efforts to assist states.
    - Review results of EVV survey performed in partnership with National Association of Medicaid Directors (NAMD).
- **Session 2** will discuss promising practices for states with EVV.
  - Session 2 will be held in January 2018. Please look out for SOTA emails for the updates on this presentation.

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Overview of Timeline

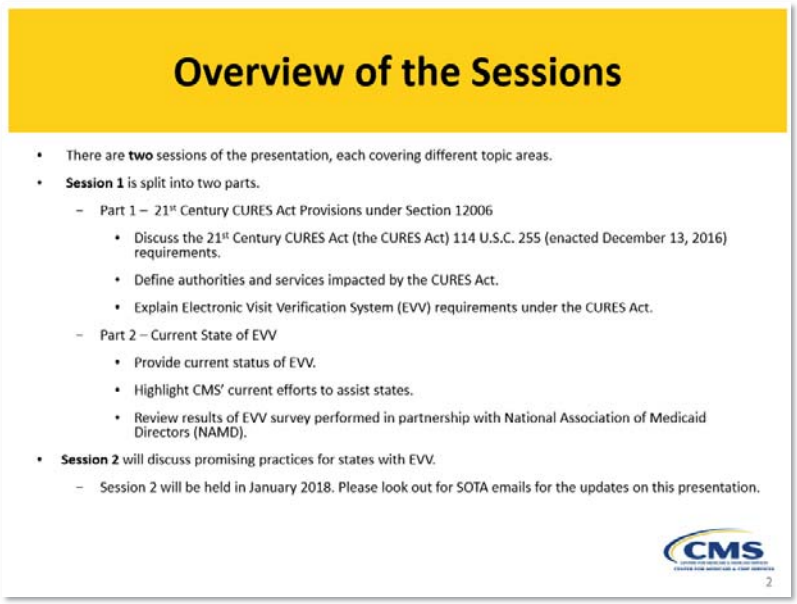
Timeline Overview

- December 2016: Cures Act signed
- July 2017: NAMD survey on EVV
- August 2017: Preliminary survey results presented at HCBS Conference
  - September 2017: Survey closed
- December 2017: Data analyzed and shared with states and other stakeholders during a State Operations and Technical Assistance (SOTA) webinar:
  - Section 12006 of the 21st Century CURES Act Electronic Visit Verification Systems – Session 1: Requirements, Implementation, Considerations and State Survey Results

SOTA Call

Content was almost identical to CMS' presentation at HCBS Conference with three exceptions:

- Updated survey data
- Reference to self-directed services
- Timeline



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Review of 21st Century Cures Act:

Considerations for Self-Directed Services [3]

The EVV system should:

- Accommodate PCS or HHCS service delivery locations with limited or no internet access.
- Avoid rigid scheduling rules as self-directed services are known for accommodating last-minute changes based on individuals' needs.
- Allow individuals to schedule their services between the individual and the provider.[3]
- Accommodate services at multiple approved locations for each individual (e.g., not only at home but near home or other community locations).
- Allow for multiple service delivery locations in a single visit.
- Include key stakeholders in the conversation, when states determine EVV strategies for self-direction and agency directed services.

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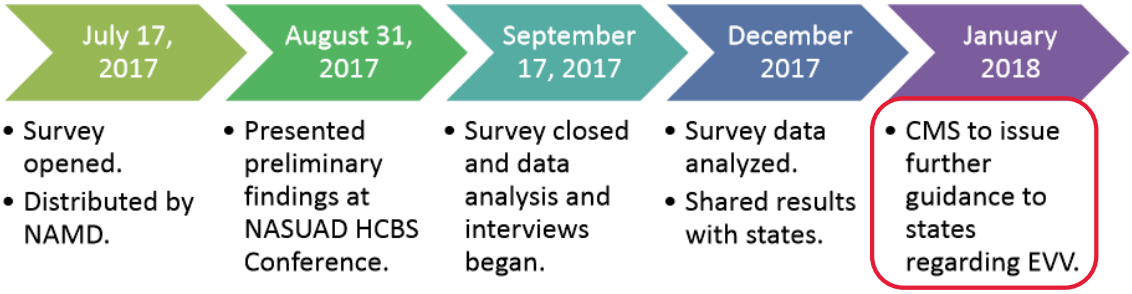
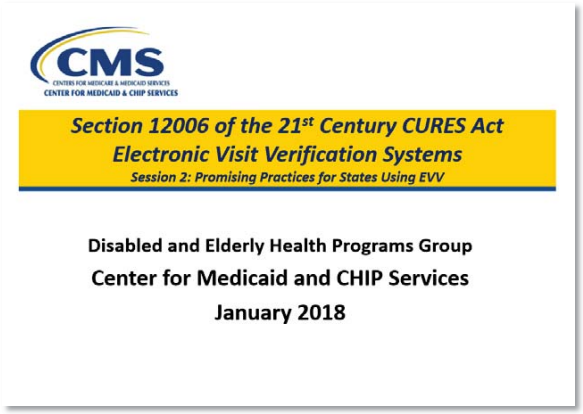
Survey Timeline

Survey Timeline



Timeline Overview

Question during the webinar: What is the status of the guidance to states that was going to be provided by January 1?



CMS Response: The two HCBS training calls are important parts of the guidance, and we are working on FAQs and another communication which may come out as an Informational Bulletin. In addition, a Q&A session has been scheduled for January 26th.

Timeline Overview

- Information on the January 26th Q&A session was included in the January 17th SOTA Update email
- Applied Self Direction will attend CMS' Q&A Session and then will hold a webinar on Friday, February 2nd, from 3-4 PM (EST) to share what CMS presented during the call
  - Registration information will be posted here.

Review of Key 21st Century Cures Act Requirements

Review of 21st Century Cures Act: Scope

- Comprehensive and wide-ranging legislation passed by Congress and signed into law in December 2016
- Provides funding for the National Institutes of Health
- Includes 18 Titles and over 200 Sections
- The bill is 312 pages long
  - Only 3 pages relate to EVV

Review of 21st Century Cures Act: Scope (continued)

CMS comment during the webinar:

- Because the Cures Act was passed by Congress and signed into law by the President, CMS doesn't have a mechanism to waive any or all of the requirements of EVV
- CMS has no authority to override a Congressional Act

Review of 21st Century Cures Act: EVV System Requirements

- Type of service performed
- Individual receiving service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

Review of 21st Century Cures Act: EVV System Requirements

Question during the webinar: Would attestation by the consumer be sufficient?

CMS response: No. The requirement is for ***electronic*** verification, so an attestation by the consumer would not be sufficient.

Review of 21st Century Cures Act: EVV System Requirements

Question during the webinar: What level of EVV monitoring is expected?

CMS response: EVV is required for all personal care services, and all six elements are required. Sampling would not be acceptable.

Review of 21st Century Cures Act: EVV System Requirements

Question during the webinar: Is it required that these elements are captured in real time? Can they be logged in later?

CMS response: Each of the six required elements needs to be captured when the services are rendered. However, it would be possible to capture the data in real time (for example, on a mobile device) and then exchange the information when the device has access to the system.

Review of 21st Century Cures Act: EVV System Requirements

Question during the webinar: What about areas with limited internet availability? What about rural areas with limited cell phone coverage?

CMS response: We have identified a number of states who have implemented EVV that have both urban and rural areas. We would suggest looking at what has been done in other states to address this issue.

Note: Applied Self Direction is developing resources that provide more specific information related to these and other technology-related questions in the near future.

Review of 21st Century Cures Act: EVV System Requirements

- Texas: Vendor options for verification
  - Smartphone app
  - Home phone line
  - Time clock token device
- Maryland: Vendor options for verification
  - Voice print verification phone system
  - Support for GPS-enabled device
  - One-time password device
- Connecticut: Vendor options for verification
  - Caregiver enabled smartphone app
  - Small in-home device
  - Telephone-based tracking system

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Review of 21st Century Cures Act: Applicability

- Personal Care Services: Deadline for EVV implementation is 1-1-2019
  - 1905(a)(24) State Plan Personal Care
  - 1915(c) HCBS waivers
  - 1915(i) HCBS State Plan option
  - 1915(j) Self-directed Personal Attendant Care Services
  - 1915(k) Community First Choice State Plan option
  - 1115 Demonstration
- Home Health Services: Deadline for EVV implementation is 1-1-2023

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Review of 21st Century Cures Act: Applicability

Question during the webinar: Does EVV apply to all HCBS?

CMS response: EVV applies to personal care services across state plan services and any waiver thereof. Some states have expanded the use of EVV beyond Congressional requirements.

Note: Applied Self Direction has been asked if EVV would apply to personal care provided within the PACE program. At this time, do not have a definitive answer but will continue to investigate.

Review of 21st Century Cures Act: Key Definition: Personal Care

- Services to *support individuals to accomplish* activities of daily living (ADLs) or instrumental activities of daily living (IADLs)
- ADLs are activities to meet fundamental needs on a daily basis, such as eating, bathing, dressing, movement, transfers from one position to another, and personal hygiene
- IADLs are day-to-day tasks that allow an individual to live independently but not considered necessary for fundamental daily functioning; would include meal preparation, light housework, and shopping for food and clothing
- State waivers may include broader and more flexible services, such as those that address behavioral issues

Review of 21st Century Cures Act: Applicability

Question during webinar: What about personal care services provided in a foster home or group home?

CMS response: We are looking into this question further and discussing within components of CMS to determine what flexibility we have with regard to this specific question.

Note: A number of states are moving forward with the understanding that EVV would apply in these settings; the Cures Act does not contain language that would indicate an exemption.

Review of 21st Century Cures Act: Applicability

Question during webinar: Is EVV required for respite care or companion services?

CMS response: The decision is to include under the EVV requirement services that have the component of support for ADLs and IADLs.

Note: Respite and companion services often include support for ADLs and IADLs, in which case they would be included. Reviewing the definition can be helpful.

Review of 21st Century Cures Act: Applicability

Question during the webinar: What about job aids and job assistance? Or day habilitation and supported employment? Would these services be included?

CMS response: It is important to look at how services are currently defined. The major definition for job assistance may not include support for ADLs or IADLs. However, we are not suggesting framing service definition specifically to eliminate ADLs or IADLs.

Review of 21st Century Cures Act: Applicability

Question during the webinar: How should states handle transportation that is a part of personal care that includes support for community integration?

CMS response: We generally see this as a "bundled service." An IADL to support community integration might include transportation, and we do not expect states to dis-aggregate a service if it is bundled. It would be too cumbersome to document ADLs for 15 minutes, then 20 minutes of transportation, etc.

Review of 21st Century Cures Act: Applicability

Question during webinar: Is case management a service under EVV?

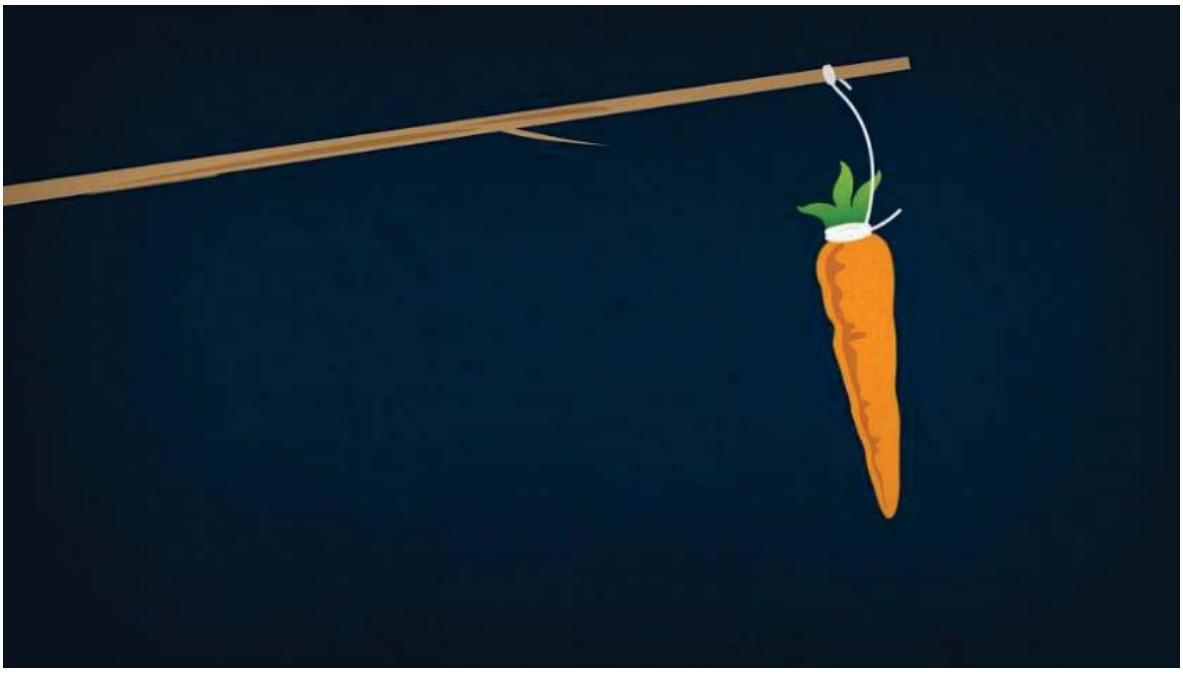
CMS response: No, since case managers do not provide personal care to support ADLs or IADLs.

Question during webinar: Does EVV apply to MCOs?

CMS response: Yes. All services that are personal care in nature are covered. It does not matter if they are provided in an MCO system or fee-for-service system.

Considerations for States

Considerations for States: A Carrot and a Stick



Considerations for States: The "Stick"

- Non-compliance by deadlines will result in a reduction of Federal Medical Assistance Percentage (FMAP)
- Reductions effective 2019 and start at 0.25%
- Penalties will be applied to the relevant personal care service

Considerations for States: The "Stick"

Exception for non-compliance (limit of one year):

- Must have made a "good-faith effort" to comply, which includes taking steps to adopt the technology
- Initiating the process of selecting a vendor will not be considered sufficient to meet the exception criteria
- Must be implementing a system and have encountered "unavoidable system delays"

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Considerations for States

Question during webinar: Can a state pilot EVV before implementing state-wide? Would a pilot satisfy the deadline requirement?

CMS response: States are encouraged to plan for a phased rollout or pilot; however, full implementation by January 1, 2019 is a Congressional requirement. The "good faith effort" extension could be granted if the state has a system in place and it has encountered a barrier ***during implementation***.

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Considerations for States: The "Carrot"

States may be eligible for Federal match:

- 90% for costs related to design, development and installation
- 75% for costs related to operation, maintenance, and system updates
- 50% for costs of administrative activities, education and outreach

Considerations for States: The "Carrot"

Based on survey results (September 2017):

- 24 states reported planning to apply for enhanced FMAP for EVV for personal care services
- 8 states reported that they have completed an Advanced Planning Document (APD) for personal care services

What Did We Hear?

- Everything we heard aligns with what is written in the Cures Act
- Requests for clarification related to specific examples were referred back to the requirements in the law
- Implementation is moving forward in a number states, and based on data from September, most states were still in the planning stages
- CMS continues to provide training and technical assistance as states move forward with their implementation plans
- No exemption for self-directed personal care is expected to be issued

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What Do We Think It Means?

- There is nothing to suggest that EVV will be "put on hold"
- States may put plans on "fast forward" during the next 11 months

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Survey Highlights

Survey Highlights: Implementation Status

- 11 states reported implementing EVV for PCS and/or HHS
- 29 states reported they have not implemented EVV for either PCS or HHS
- Of those 29 states, 19 plan to implement EVV for PCS by 1/1/19
- 3 states reported that they do not currently (September) have plans for implementing EVV for PCS

Survey Highlights: EVV Model Currently in Use (PCS)

- CMS identifies five models:
  - State Mandated External Vendor (4 states)
  - MCO Choice (2 states)
  - Open Vendor (2 states)
  - State Mandated In-House (1 state)
  - Provider Choice (1 state)

Survey Highlights: EVV Technology

- Survey responders indicate they are using a variety of methods to document service delivery, including:
  - Landlines
  - Smartphones and tablets, including GPS-enabled tablets, when landline are not available
  - One-time password generator when landlines are unavailable
  - Biometrics such as fingerprints or voice recognition to verify the worker checking in and out

Note: Applied Self Direction is developing resources that provide more specific information related to these and other technology-related questions in the near future.

Survey Highlights: Self Direction

- 7 of the 11 states currently using EVV indicate they require it for self-directed services
- 14 states plan to integrate their EVV system with self direction systems "which will allow states to build on the programs already established by Financial Management Services (FMS) providers as opposed to installing a new system."

Note: Applied Self Direction looks forward to hearing "success stories" from any of you who have been working with states to integrate their systems.

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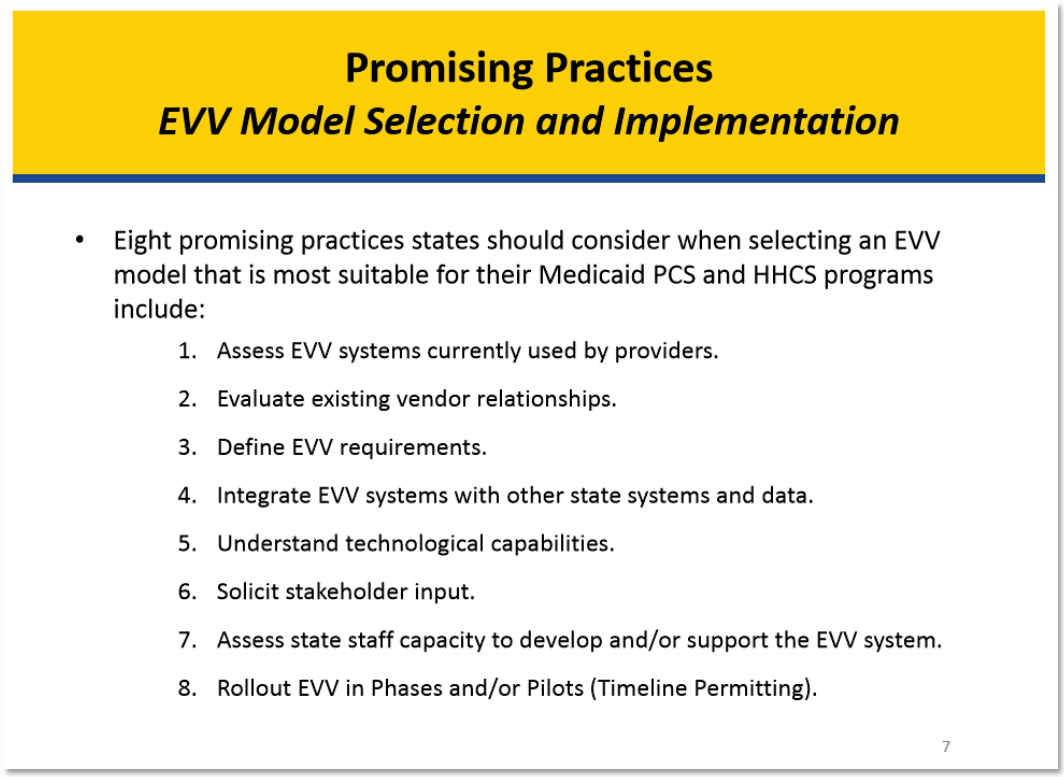
Promising Practices

Promising Practices



What Did We Hear?

- CMS is encouraging states to gather critical information as they make key decisions about EVV vendors:
  - Will it integrate with provider systems in use?
  - Does it respond meaningfully to any technology-related challenges?
  - Will the system under consideration interface with MMIS, FMS systems, and current prior authorization systems?
  - Will this help us monitor for fraud, waste and abuse?
- CMS is open to a variety of models for EVV implementation
- A phased rollout and/or pilots are encouraged and recommended, as long as the deadline for implementation can be met

Promising Practices

Promising Practices

Training and Education

- Seven promising practices states should consider when developing training for state staff, providers, individuals and their families include:
  1. Inventory all entities / individuals that will be interacting with EVV.
  2. Understand how training responsibilities will vary by EVV model.
  3. Establish a training plan.
  4. Assess state staff capabilities/capacity for developing and delivering training.
  5. Provide training and assistance on an ongoing basis.
  6. Establish an EVV website.
  7. Use multiple approaches for notifying and training individuals and their families.

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What Did We Hear?

- Although much of the early implementation discussion has focused on EVV models and vendor selection, moving forward training and education will become a much higher priority
- States are strongly encouraged to establish an EVV website; 5 states were identified as having EVV websites used to disseminate training and information:
  - Connecticut
  - Louisiana
  - Maryland
  - Massachusetts
  - Texas

What Did We Hear?

- The Cures Act specifically mentions training and education, and directs CMS to disseminate best practices information to state Medicaid Directors
- States are strongly encouraged to establish a training plan that includes providers, individuals providing and receiving services, and state staff
- Training needs to be ongoing, available in a multiple formats, and include options for technical assistance when necessary
- "Train, train, and train some more"

Promising Practices

Promising Practices
Ongoing EVV Operations

Monitor Service Delivery.

- States should clearly outline expectations regarding monitoring.
- Who, when and how providers will be monitored is essential for all parties to understand so services are provided timely and accurately and providers are compensated for those services.

Involve Providers in Decision-Making.

- Keeping providers involved and soliciting feedback, even after the EVV system has been implemented, will increase the likelihood of a successful implementation and ongoing success.
- Multiple states who participated in the survey and/or interviews repeated the positive results of engaging providers as early as possible and continuously throughout the program's evolution.
  - Texas conducts monthly EVV workgroups with their vendors, providers and MCOs to discuss how the program is operating and any issues that have arisen.
  - This feedback process also allows for continuous improvement to the state's EVV.

What Did We Hear?

- The "deadlines" are actually the beginning, not the end, of the most important work
  - How will implementation be monitored?
  - How will stakeholders be able to stay engaged once EVV is implemented?
  - How will challenges and issues be addressed?
- A successful implementation depends on ongoing involvement from key stakeholders

Questions?

- www.appliedselfdirection.com
- Section 12006 of the 21st Century CURES Act Electronic Visit Verification Systems Requirements, Implementation, Considerations, and Preliminary State Survey Results – HCBS Conference Presentation (August 2017)
- Section 12006 of the 21st Century CURES Act Electronic Visit Verification Systems - Session 1: Requirements, Implementation, Considerations, and State Survey Results – December 2017
- Section 12006 of the 21st Century CURES Act Electronic Visit Verification Systems Session 2: Promising Practices for States Using EVV – January 2018

Thank You!

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