Electronic Visit Verification (EVV) Systems

On December 13, 2016, the 21st Century 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.

Section 12006 of the Cures Act requires states to implement an EVV system for:

- Personal Care Services (PCS) was amended to January 1, 2020. Personal Care Services are defined as any 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 (I/DD) Waiver
    - State Plan Personal Care Program

- Home Health Care Services (HHCS) by January 1, 2023

- 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)

- ***As noted above the PCS implementation deadline has been moved forward 1 year.***

The State Procured Solution:

- The burden and cost of procurement is the responsibility of the State.
- The State is responsible for maintenance and updates to the system.
- The upgrade options may be available for providers to implement, at cost to them.

The Provider Owned Solution:

- The burden and cost procurement is the responsibility of the provider.
- The providers are responsible for providing evidence that their system complies with the requirements of the Act, DHHR, and the data aggregator, as well as any associated costs.

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Some Open/Hybrid Model Benefits

- **The State can secure enhanced match for IT development and installment of state-run system.**

- **The providers have a centralized platform to use without running their own procurements, alleviating burden, if they choose.**

- **The providers have the option to select their own EVV system if they would prefer.**

- **The centralized platform facilities linking EVV with the Medicaid Management Information System (MMIS) claims data.**

Additional Benefits

State benefits include:

The least disruptive environment, most complexity for the State.

The approach qualifies for CMS enhanced match 90% and 75%.

Provider benefits include:

The maximum flexibility - use free system or system of their choice.

The Open/Hybrid Model is best suited for small and large providers.

The Open/Hybrid Model will require integration with the State aggregator solution.

Quality Monitoring:
You can expect a high level of compliance.
there is real-time visit data available to the payers and providers.
the alerts can be configured for quality assurance.

Open/Hybrid Model Challenges

- **The State procurement processes can be lengthy and arduous.**

- **The providers must have the capacity/IT to access the State system.**

- **The need to ensure that all systems are interoperable, which could create challenges if the system is modified or upgraded.**

- **The State of West Virginia is currently taking the following steps to further implementation of EVV:**

- **Working with CMS, internal and external partners to obtain federal and state funding.**

- **Finalizing acquisition strategies and will solicit bids from vendors.**

- **Selecting a vendor and a system.**

"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 21st Century Cures Act."

Stakeholders October Meeting

- The primary focus of the October meeting was to review the different types of technologies/solutions available.

- Members in attendance were divided into 4 groups.

Each group reviewed and discussed, through a Gallery Walk, the different technologies/solutions and prioritized the technologies/solutions as follows :

1st Priority: Group 4 - Mobile Devices, Wi-Fi, Caller ID Verification and Web Clock with/without GPS verification, and GPS verification solution.

2nd Priority: Group 1 – Landlines & QR Codes

3rd Priority: Group 3 - Random Number Devices, Voice over Internet Protocol (VoIP), and Onsite Tablets.

4th & Last Priority: Group 2 – Biometrics (i.e. Voice & Fingerprints)

EVV Process Next Steps

- Work with the Centers for Medicare and Medicaid Services (CMS), internal and external partners to obtain Federal and State funding

- Develop and Publish RFP

- Finalize acquisition strategy and solicit bids from vendors

- Select vendor and system

- System testing, training, and rollout

- Ongoing support

EVV Key Connections/Resources

CMS EVV Guidance: http://njacp.org/government/federal/cms-releases-evv-guidance

CMS Frequently Asked Questions: Section 12006 of the 21st Century Cures Act: https://www.medicaid.gov/ federal-policy-guidance/downloads/faq051618.pdf

WV EVV Website: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/EVV/Pages/default.aspx

WV DHHR BMS EVV Mailbox: DHHRBMSEVV@wv.gov