

ND DHS Electronic Visit Verification System PUBLIC INPUT 2019

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MEETING OBJECTIVES

Background EVV

- What is it?
- Why do we need it?
- Who needs to use it?
- When will it start?

Project Update

Public Input



MEETING GUIDELINES

Please sign in

Please say your name and who you represent

Verbal comments from today's meeting will be documented

Input will be considered as we implement the system



EVV DEFINITION

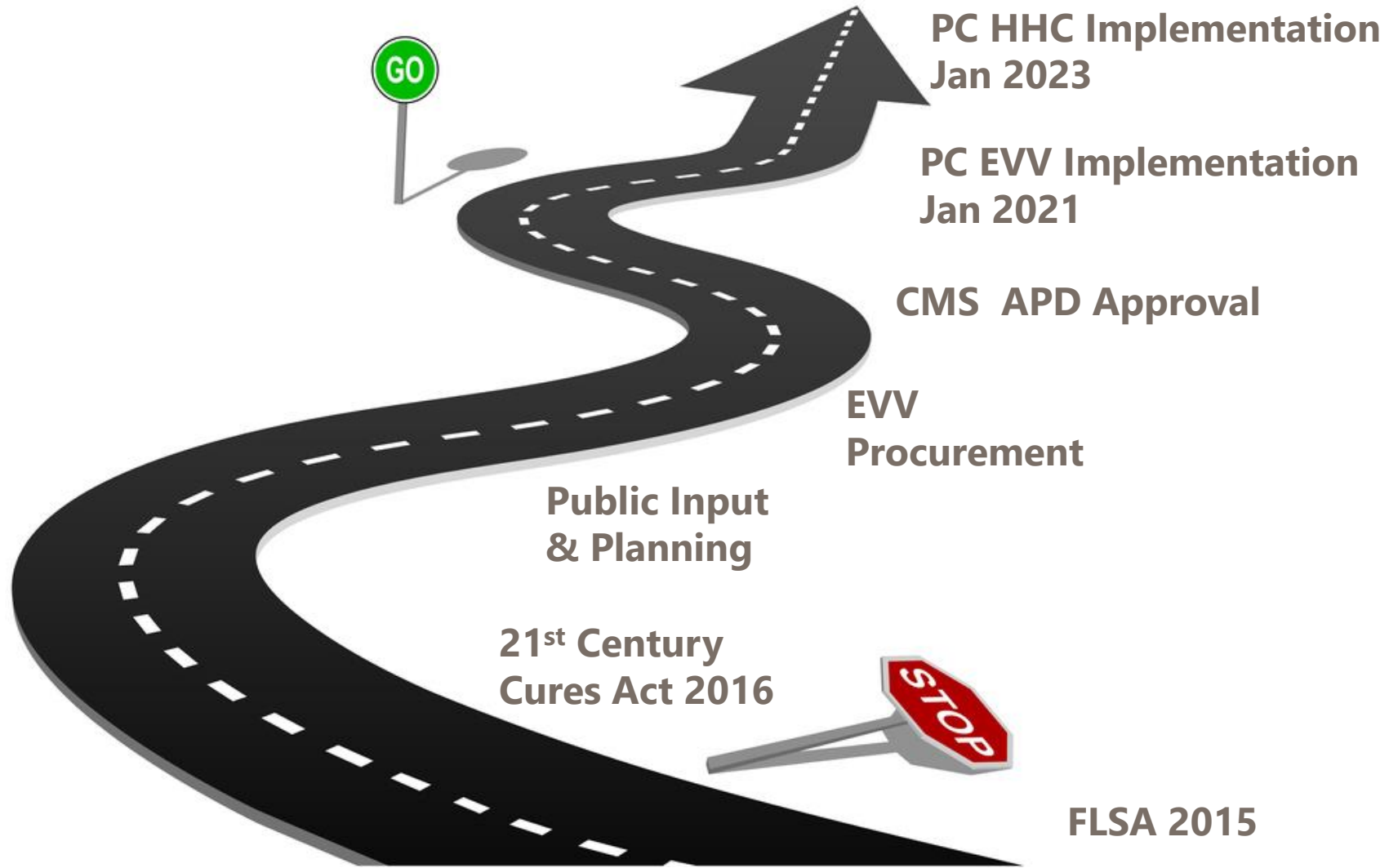
EVV System

- Used to electronically verify that personal care, home health, and other home and community-based services (HCBS) are being provided
- Documents the provider, service location, and precise time service delivery begins and ends
- Common types of EVV systems
 - Electronic random number match devices
 - Biometric recognition (facial, voice, fingerprint)
 - Telephone based systems (landline or cell phone)
 - Mobile devices (GPS, smart phones, tablets)
 - Internet (Native) Apps – work in areas with poor/no connection

WHY THE NEED FOR EVV

- Office of Inspector General (OIG)
 - 23 audit and evaluation reports focusing on personal care services since 2006
- November 2012
 - OIG published Personal Care Services “Trends, Vulnerabilities, and Recommendations for Improvement”
 - Study found some personal care payments were improper because:
 - Were not provided in compliance with State requirements
 - Were unsupported by documentation indicating they had been rendered
 - Were provided during periods when beneficiary was in the hospital, nursing home etc.
 - Were provided by attendants who did not meet State qualification requirements
 - OIG concluded there are inadequate controls to ensure appropriate payment and quality of care and made several recommendations
 - Since 2009, seven of the eight completed audits have identified over \$582 million in questionable costs

EVV JOURNEY



FAIR LABOR STANDARDS ACT

Home Care Final Rule

- The FLSA is a federal law that governs workers wage and overtime protections
- The rules regarding how this law applies to home care workers has been updated
- Law now requires that most home care workers (including some individual Qualified Service Providers) be paid at least minimum wage and overtime for all hours worked over 40 per week
 - ❖ This includes the time spent traveling between clients

FAIR LABOR STANDARDS ACT

Home Care Final Rule

- The EVV system will also be used to document and track the time in home providers spend providing services and traveling between clients for purposes of FLSA compliance
- This information may also be used to document and submit service units for claims payment

21ST CENTURY CURES ACT

Dec 2016 “21st Century Cures Act” signed into law

- The Act requires Electronic Visit Verification (EVV) of Medicaid home health and personal care services requiring an in-home visit

EVV Systems Must Verify:

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

21ST CENTURY CURES ACT

- Reduces a state's Federal Medical Assistance Percentage (FMAP) for such services provided without EVV beginning **January 1, 2020** for **personal care** services; and **January 1, 2023** for **home health** services
- Unless granted a “good faith exception”

EXCEPTIONS NON-COMPLIANCE

- Per Section 12006(a)(4)(B) of the CURES Act, FMAP reduction will *not apply* if the state has both:
 - Made a “good faith effort” to comply with the requirements to adopt the technology used for EVV; **and**
 - Encountered “unavoidable delays” in implementing the system
- DHS will be submitting a “good faith exception” request to CMS for a 1-year extension of EVV for personal care
 - Extends EVV PCS deadline to 1-2021

21ST CENTURY CURES ACT

Rules of Construction

- No employer-employee relationship may be construed by the required use of an EVV system
- No particular or uniform EVV system is required
- Not meant to impede the way in which care is delivered
- No prohibition on states ability to establish quality measures for EVV systems

FEDERAL SUPPORT FOR STATES

- If the EVV system is operated by the state or a contractor on behalf of the state as part of a state's MMIS the state may be reimbursed through the Advanced Planning Document (APD) prior approval process
- The “Federal Match” of state costs are the following:
 - 90% Federal Match for costs related to the:
 - Design, development and installation of EVV.
 - 75% Federal Match for costs related to the:
 - Operation and maintenance of the system.
 - Routine system updates, Customer service, etc.
 - 50% Federal Match for:
 - Administrative activities deemed necessary for the efficient administration of the EVV.
 - Education and outreach for state staff, individuals and their families.

WHICH SERVICES REQUIRE EVV

- **Personal Care Services (PCS) – Requiring and in-home visit**
 - Consists of services supporting Activities of Daily Living (ADL), such as movement, bathing, dressing, toileting, transferring, and personal hygiene.
 - Offers support for Instrumental Activities of Daily Living (IADL), such as meal preparation, money management, shopping, and telephone use.
- **Home Health Care Services (HHCS) – Requiring in-home visit**
 - Medicaid covers HHCS for eligible individuals as a mandatory benefit through the Medicaid State Plan and/or through a waiver as an extended state plan service approved by CMS.

WHICH SERVICES DON'T REQUIRE EVV

- **PCS** that are provided to inpatients or residents of a hospital, nursing facility, intermediate care facility for individuals with intellectual disability, or an institution of mental diseases, and personal care visits that do not require an in-home visit
- CMS also interprets the reference to an “in-home visit” to exclude personal care services in congregate residential settings where 24-hour service is available

WHICH SERVICES DON'T REQUIRE EVV

- EVV requirements do not apply when the caregiver providing the service and the beneficiary live together.
 - PCS or HHCS rendered by an individual living in the residence does not constitute an “in-home visit”
 - However, states are encouraged to apply appropriate oversight to services provided in these circumstances to curb fraud, waste and abuse.
 - States may choose to implement EVV in these instances, particularly when using discrete units of reimbursement, such as on an hourly basis.

WHICH SERVICES DON'T REQUIRE EVV

- EVV requirements do not apply to the component of home health services authorizing the provision of medical supplies, equipment or appliances
 - The delivery, set-up, and/or instruction on the use of medical supplies, equipment or appliances do not constitute an “in-home visit.”

IMPACTED PROGRAMS

EVV will impact the following programs:

- Aging Services
 - Medicaid State Plan Personal Care
 - HCBS Medicaid waiver
 - Technology Dependent Medicaid waiver
 - National Family Caregiver Support Program
 - Service Payments for Elderly & Disabled (SPED)
 - Expanded-Service Payments for Elderly and Disabled (Ex-SPED)
- Medical Services Division
 - Medically Fragile Children's waiver
 - Children's Hospice waiver
 - Medicaid funded Home Health Services - requiring home visit
 - Autism Spectrum Disorder Birth through Age 11 waiver

IMPACTED SERVICES

EVV will be required for the following services:

Aging Services

- Attendant care
- Extended personal care
- Homemaker
- Personal care (SPED & Medicaid State Plan)
- Respite care
- Supervision
- Transitional living

IMPACTED SERVICES

FLSA may also require EVV to be used for the following services if they are provided by an individual QSP

Aging Services

- Chore – snow removal
- Chore – labor
- Family home care
- Non-medical transportation
- Non-medical transportation – Escort
- Nurse management
- Nurse education
- Family personal care
- Transition coordination

IMPACTED SERVICES

EVV will be required for the following services:

- Medical Services Division
 - Autism Spectrum Disorder waiver
 - Respite
 - Medically Fragile Children's waiver
 - In-home supports
 - Children's Hospice waiver
 - Respite
 - Medicaid funded Home Health Services - requiring home visit

IMPACTED PROGRAMS

EVV will be required for the following services

DD Division

- Traditional IID/DD HCBS waiver
 - Family support services – In home supports
 - Self directed services – In homes supports
 - Homemaker
 - Extended home health care
 - Independent habilitation

IMPACTED PROVIDERS

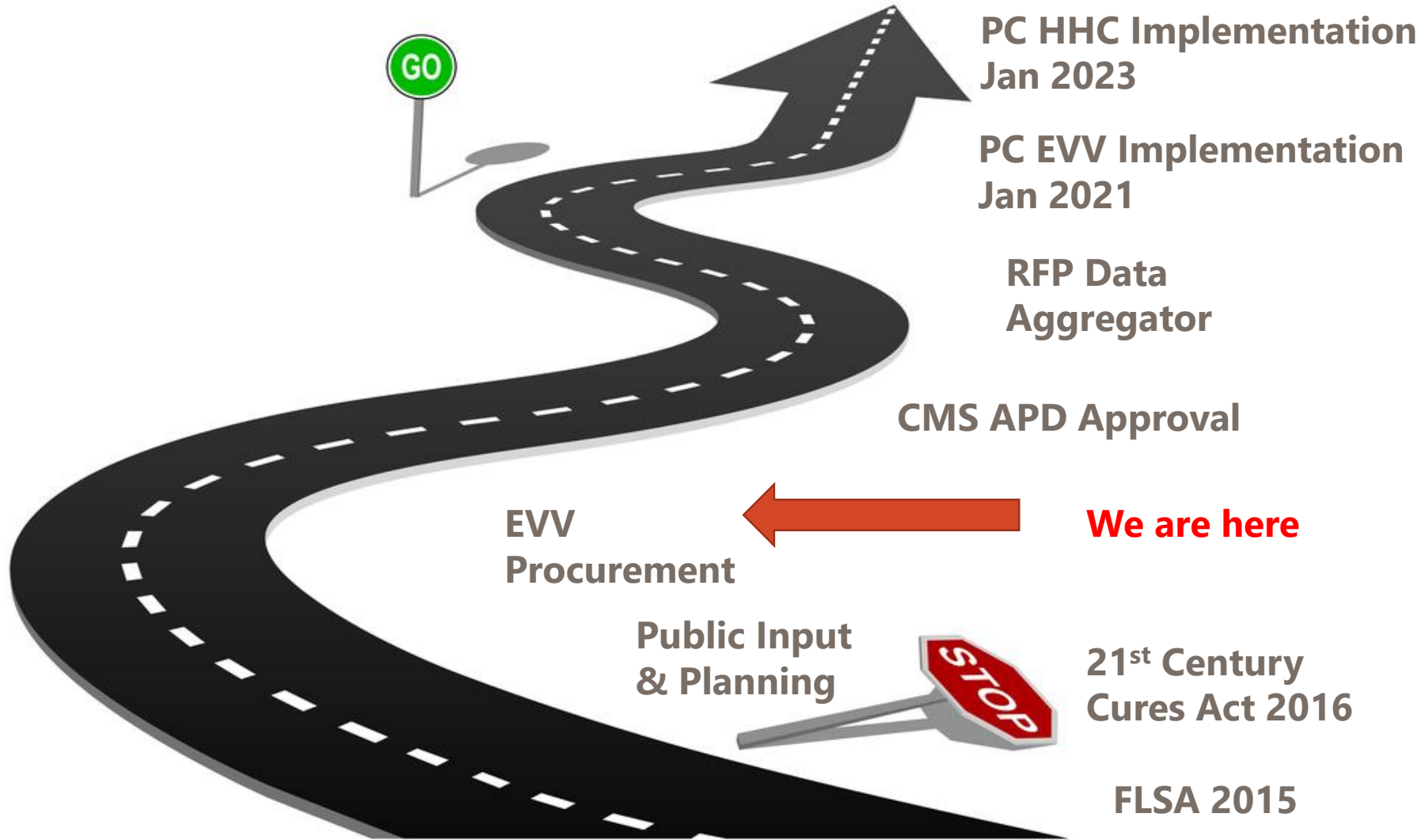
Providers who must use EVV:

- January 1, 2021
 - Agency QSPs
 - Individual QSPs
 - Licensed DD Providers
 - Children's Medically Fragile, Autism Spectrum, Children's Hospice (Respite care providers)
- January 1, 2023
 - Home Health providers enrolled with Medicaid

PROJECT UPDATE



EVV JOURNEY



PROJECT GOALS

Ideally an EVV system should:

- ❖ Verify that visit took place
- ❖ Confirm that the caregiver provided the care they were authorized to provide
- ❖ Document the activities performed during the visit
- ❖ Improve ability to respond to audit requests
- ❖ Improve audit outcomes
- ❖ Reduce manual effort
- ❖ Assist with documentation
- ❖ Produce and submit “clean” claim

CHOSEN EVV MODEL

Open Hybrid Model

Definition

- States contract with a single EVV vendor but allow providers to use other vendors if they agree to use State's data aggregator

Overview

- States maintain oversight and receive funding for implementation while also allowing vendor choice for providers who already have an EVV system in place
- The state-contracted vendor/in-house system serves as the default system for the state
- No charge for providers who use the State system
- Providers who chose to use their own EVV must agree to send information to the data aggregator

Consideration

- States can choose to implement an “open model” in which a system aggregates EVV data from both the state-contracted vendor/in-house system and third-party vendors

STATE EVV VENDOR

State EVVS awarded to Therap Services LLC

- DHS contracted with Therap for a case management system since 2010
 - System is currently used by DD and Medical Services and includes an EVV function that meets federal requirements and is available to current users for a nominal fee
 - State staff, providers and consumers familiar with system
 - Aging Services is the only Division that does not use Therap
- It would not be in the best interest for the state to maintain two separate EVVS
- Adding a solution to current system will result in time and cost savings for state
- Added value is the availability of case management functions for Aging Services Division
- Previous public input in support of using Therap as the State's EVVS

STATE EVV VENDOR



Therap's Long Term Services and Support software assists providers in collecting data from the point of service by the person who is directly providing the services.

Scheduling/EVV Check-In Options

- Web
- Mobile Application – Android / IOS device
- Offline Application
- Interactive Voice Response – Telephone

DATA AGGREGATOR VENDOR

Will be chosen via RFP process



DRAFT KEY PROJECT DATES

September 30, 2019 - Approval alternate procurement with Therap

Dec 1, 2019 – Approval “Good Faith” Exception

June 1, 2020 – Issue RFP Data Aggregator

September 2020 – Pilot EVVS with personal care providers

January 1, 2021 – Implement EVVS PCS statewide

January 1, 2023 – Implement EVVS Home Health statewide

PUBLIC COMMENT

Public Comment

- State's must seek comments and input from stakeholders to ensure that system is:
 - Minimally burdensome
 - Considers best practices in use in the State
 - Is conducted in accordance with HIPAA privacy and security law
 - Assures providers are provided opportunity for training on the use of EVV system



CMS VISIT LOCATION & EVV GUIDANCE

EVV is only required for the portion of the service rendered in the home; however, states may choose to require more information to control fraud, waste, and abuse.

EVV methods states can use for capturing services rendered partially in the home may include:

- a) Capturing the specific location where the service starts and stops, regardless if that location is in the home or community.
- b) Using the terms “home” and/ or “community” as the designation in the EVV system for location. The location data element transmitted to the state is indicated as either “home” or “community” depending on the location of the check-in/out. The specific community location (e.g., coordinates, address, etc.) would not be transmitted.
- c) Capturing only the specific home location, but the start and stop times for the full-service unit. For example, if a service visit starts in the community and ends in the home, the caregiver would check in from the community to note the visit’s start time (without recording location), check in again when they enter the home to begin recording the location, and then check out when they leave the home to note the visit’s end time.

THINGS TO CONSIDER

- How much interest is there from agencies to use the State's EVVS?
- Do agency and individual providers have access to smart devices such as a smart phone or tablet?
- Do agency and individual providers have access to a landline or regular cell phones?
- What is the best way to verify the client was present during the visit?
- What is the best way to provide training to providers about the use of an EVV?
- What is the best way to educate consumers about the use of an EVV?

OTHER THOUGHTS



Public Comment Period

Oct. 22, 2019, until 5 p.m. CT on Nov. 21, 2019

Comments can be sent to:

North Dakota Department of Human Services

Aging Services Division

Attn: HCBS

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PUBLIC COMMENT