

ND Department of Human Services

Electronic Visit Verification (EVV)



Public Input Meeting 2018



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

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.

What Services Require EVV?

- ∞ Personal care services 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, are not subject to EVV.
- ∞ CMS interprets the reference to an “in-home visit” to exclude personal care services in congregate residential settings where 24 hour service is available. Therefore, these services are not subject to EVV.

Impacted Programs

EVV may 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

Impacted Programs

EVV may impact the following programs:

∞ DD Division

- Traditional IID/DD HCBS waiver
 - Day Habilitation
 - FSS – In Home Supports
 - SDS – In Homes Supports
 - Homemaker
 - Extended Home Health Care
 - Independent Habilitation

Impacted Programs

EVV may impact the following programs:

∞ 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 Providers

Providers who must use EVV:

- January 1, 2019
 - Agency Qualified Service Providers (QSPs) - 112
 - Individual QSPs - who provide personal care and other HCBS services (homemaker, respite etc.) - 1332
 - Licensed DD Providers – 35
 - Self Directed Support Staff - 190
 - Children’s Medically Fragile, Autism Spectrum, Children’s Hospice (Respite care providers) - 25
- January 1, 2023
 - Home Health providers enrolled with Medicaid - 23

Background – Why the need for an EVV?

- ∞ Office of Inspector General (OIG) has produced 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 that in many instances 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 questioned costs

21st Century Cures Act

- ∞ Dec 2016 “21st Century Cures Act” signed in to law
- ∞ The bill contains various components that will impact Medicaid and Long-Term Services and Supports
- ∞ 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, 2019** for **personal care** services; and **January 1, 2023** for **home health** services

YEAR	PCS	HHSC
2019	0.25%	
2020	0.25%	
2021	0.50%	
2022	0.75%	
2023	1.00%	0.25%
2024	1.00%	0.25%
2025	1.00%	0.50%
2026	1.00%	0.75%
2027 & thereafter	1.00%	1.00%

Available 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.

Exceptions for 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
- ∞ CMS has not yet outlined the details for requesting the exemption

Fair Labor Standards Act (FLSA)

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
- ∞ 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 (FLSA)

Home Care Final Rule

- ∞ The EVV system may 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 Requirements

Public Comment

- ∞ State's must seek comments and input from stakeholders to ensure that system is:
 - Minimally burdensome
 - Takes into account 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

21st Century Cures Act Requirements

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

EVV Design Models

1. Provider Choice
 2. ~~Managed Care Organization (MCO) Choice~~
 3. State Mandated External Vendor
 4. ~~State Mandated In-house System~~
 5. Open Vendor
- ∞ States can choose more than one model

1. Provider Choice Model

Definition

- ☞ Providers select their EVV vendor-of-choice and self-fund its implementation

☞ Overview

- States can recommend a preferred list of vendors that meet the requirements and standards set by the State Medicaid Agency (SMA)

☞ Considerations

- Single or small provider agencies may find it technologically or financially burdensome (this can be offset by rate construction)
- States will need to create a higher level system that collates data from multiple qualified vendors
- May be more beneficial for a state with high EVV utilization among providers

3. State Mandated External Vendor Model

Definition

- ∞ States contract with a single EVV vendor that all providers must use

Overview

- ∞ Model guarantees standardization and access to data for the state
- ∞ The state is directly involved in the management and oversight of the program

Consideration

- ∞ Providers with no existing EVV system may benefit from documentation efficiencies at no maintenance cost to them
- ∞ Providers already operating an EVV system might express concerns with having to adopt a new system

5. Open Vendor Model

Definition

- ∞ States contract with a single EVV vendor but allow providers to use other vendors

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

Consideration

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

Things to Consider

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
- ☞ Produce and submit “clean” claim

Things to consider

“Closed” versus “Open” EVV systems

- ∞ Closed system – All providers must use an EVV system as directed by State
- ∞ Open system – Does not require the use of a particular EVV system
 - Allows providers to use the EVV of their choice as long as it meets system requirements set by State

Things to Consider

- ⌘ What type of EVV system will work best in ND?
- ⌘ Do agency and individuals providers have access to smart devices such as a smart phone or tablet?
- ⌘ Do agency and individuals 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 clients about the use of an EVV?