



BUILDING ON SUCCESSES TOWARD IMPLEMENTATION OF EVV FOR HHCS

Disabled and Elderly Health Programs Group

Center for Medicaid & CHIP Services

Objectives

- Review federal guidance and statutory requirements for implementing electronic visit verification (EVV) solutions for personal care services (PCS) and home health care services (HHCS).
- Discuss how CMS, states, and stakeholders have collaborated to share and learn from successes, obstacles, and other experiences in designing, implementing, and operating EVV.
- Identify and explore how states can translate and build upon successes in implementing EVV for PCS when adapting their systems to also verify HHCS.

EVV – Background

What is Electronic Visit Verification?

- **Electronic Visit Verification (EVV):** A technological solution used to electronically verify that personal care providers and home health providers delivered or rendered services as billed.
- **EVV systems must verify the:**
 - **Type** of service performed;
 - **Individual receiving** the service;
 - **Date** of service;
 - **Location** of service delivery;
 - **Individual providing** the service; and
 - **Time** the service begins and ends.

Federal Statute and Related Guidance

- **Section 12006(a) of the 21st Century Cures Act** (the Cures Act) requires states to implement EVV for all Medicaid PCS and HHCS requiring an in-home visit by a provider.
 - States must have implemented EVV for PCS by January 1, 2020 and for HHCS by January 1, 2023, unless granted a one-year Good Faith Effort (GFE) exemption.
- **Personal Care Services (PCS):** Services supporting Activities of Daily Living (ADLs) or services supporting both ADLs and Instrumental Activities of Daily Living (IADLs) provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), or Section 1115.
- **Home Health Care Services (HHCS):** Nursing services and/or home health aide services delivered in the home provided under 1905(a)(7) of the Social Security Act or a waiver. At the state's option, HHCS may also include physical therapy, occupational therapy, and speech pathology and audiology services.

Implementation Timeline and GFE for PCS & HHCS



- **Section 12006(b) of the Cures Act (Cures Act)** allows up to a **one-year** exemption from the 0.25 percentage point FMAP reduction for both PCS and HHCS. All but one state submitted a GFE application for PCS, and states may submit GFE applications for HHCS through November 2022.
- GFE applications can be submitted now. States should submit GFE applications in order to avoid potential reductions to their FMAP for HHCS in 2023.
- States must submit a compliance survey by December 1, 2022 to meet the Cures Act deadline of January 1, 2023, or by December 1, 2023 if the state applies for a GFE extension is granted the extension by CMS.

Home Health Care Services

- Per guidance released by CMS in May 2018 and August 2019, EVV applies to all home health services requiring an in-home visit that are described in section 1905(a)(7) of the Social Security Act and provided under the state plan or under a waiver of the state plan.
- The Medicaid home health benefit is defined through regulation to include (a) nursing services, (b) home health aide services, (c) medical supplies, equipment, and appliances. At the state's option, the benefit may also include physical therapy, occupational therapy, and speech pathology and audiology services.
 - Therefore, any home health care services the state includes in its benefit which require an in-home visit are subject to EVV.
 - EVV does not apply to services delivered by a live-in caregiver, the delivery or set-up of medical equipment, or the Program of All-Inclusive Care for the Elderly (PACE).

EVV Compliance Survey for PCS and HHCS

- States are required to update CMS on their progress toward meeting the requirements of Section 12006(a) of the Cures Act via a web-based attestation of compliance. The compliance survey asks the state to:
 - **Confirm** whether the state has implemented EVV for all PCS & HHCS under each authority offered in the state.
 - **Document** the implementation date and model for EVV for PCS & HHCS under each authority offered within the state.
 - **Describe** aspects of the implementation of the EVV solution which demonstrate that the system follows requirements of the Cures Act.
- As some states submitted surveys for PCS and HHCS simultaneously, they should review and update their responses as needed to ensure they are accurate.

EVV System Models

States have flexibility in selecting an EVV model most compatible with their Medicaid program, contingent on the model meeting statutory requirements.

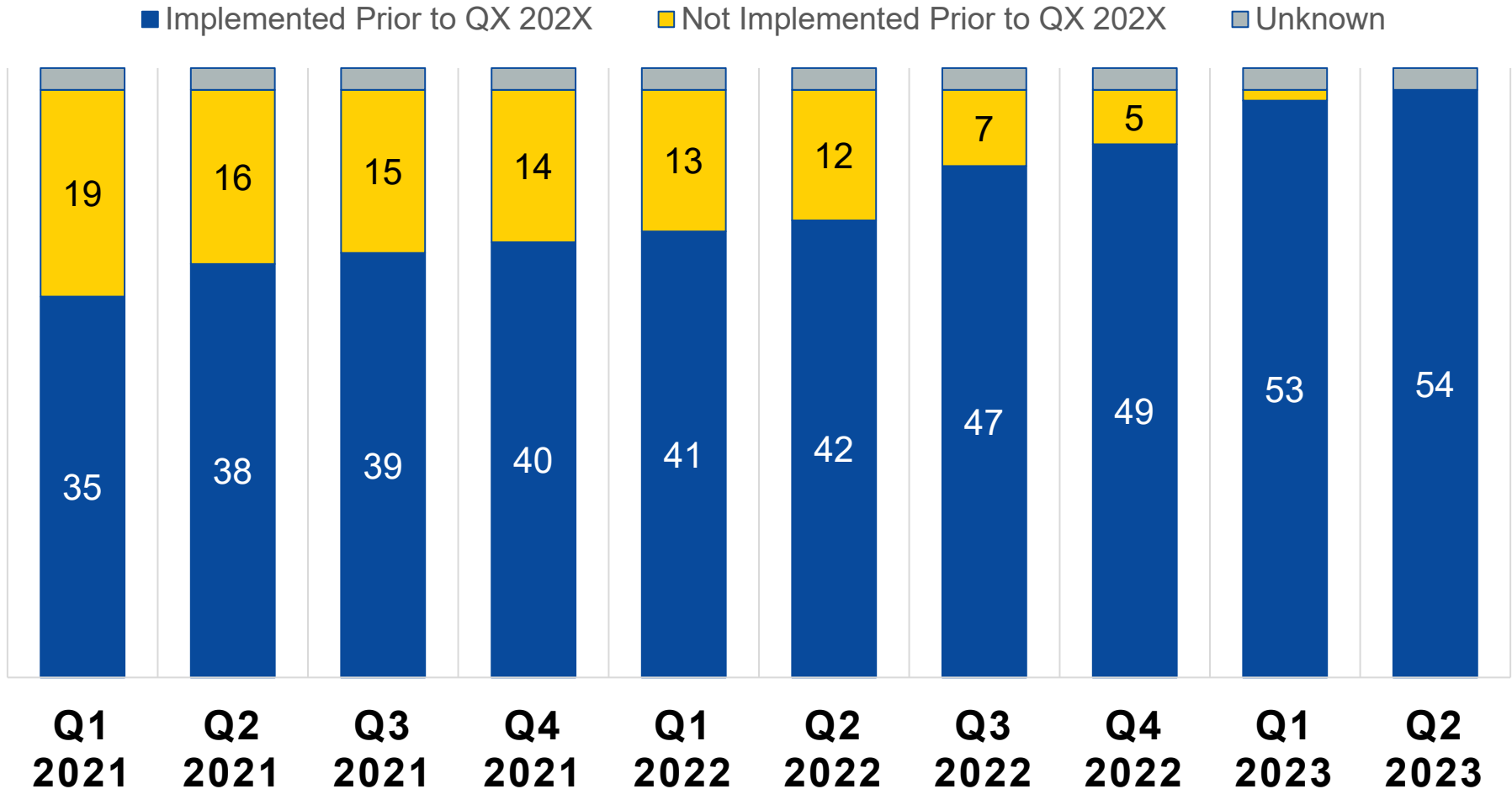
- **Provider Choice:** Providers (or managed care plans under an **MCP Choice** model) select their EVV vendor of choice and self-fund EVV implementation.
- **State Mandated External Vendor:** The state contracts with a single EVV vendor to implement a single EVV solution. Under a **State Mandated In-House System** model, the state develops and manages the system itself.
- **Open Choice:** The state contracts with at least one EVV vendor or operates its own EVV system while still allowing providers and MCPs with existing EVV systems to continue to use their systems.
 - More than a dozen states employ a “hybrid” model for PCS in which the state operates different models for different programs.

Common Options for Verification

States can use a variety of verification methods in their systems, and many states allow use of several methods. CMS identified three common methods used in EVV systems:

- **Telephonic:** Service providers check in and out by dialing the EVV solution from a landline and utilizing interactive voice response (IVR).
- **In-Home Device:** A one-time password (OTP), fixed-object device (e.g., fob), or similar device in the member's home generates unique codes at check-in and check-out. Service providers can then enter the codes into the EVV solution through IVR from another telephone or an online portal. Some systems might offer a portable in-home device, such as a tablet, for verification, which may also connect to GPS.
- **Mobile Application:** Service providers check-in and check-out through a mobile application, usually on the provider's personal or agency-provided smartphone. The application connects to the Internet and location services with GPS.

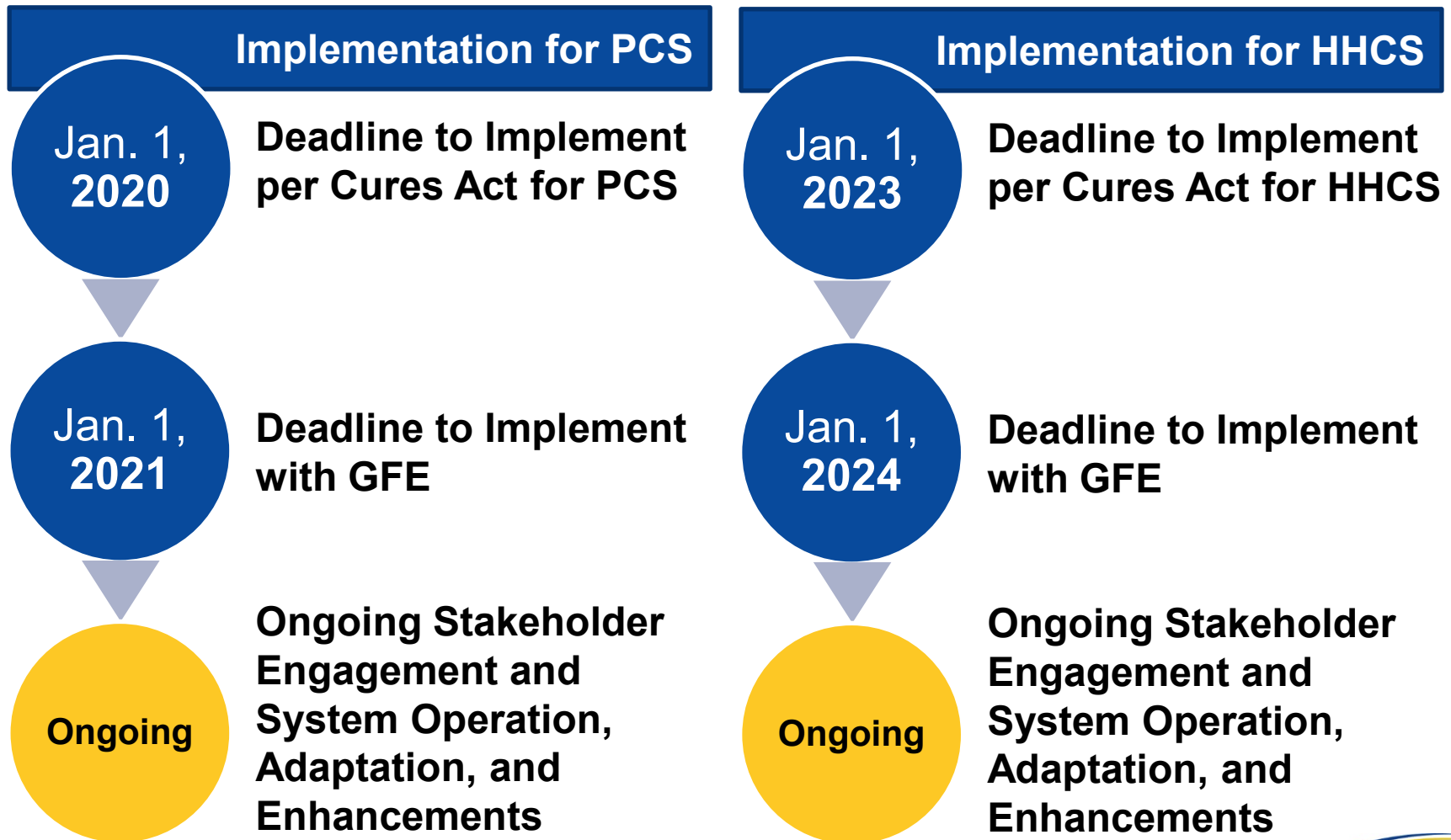
Reported / Projected Implementation of EVV for PCS by States and Territories



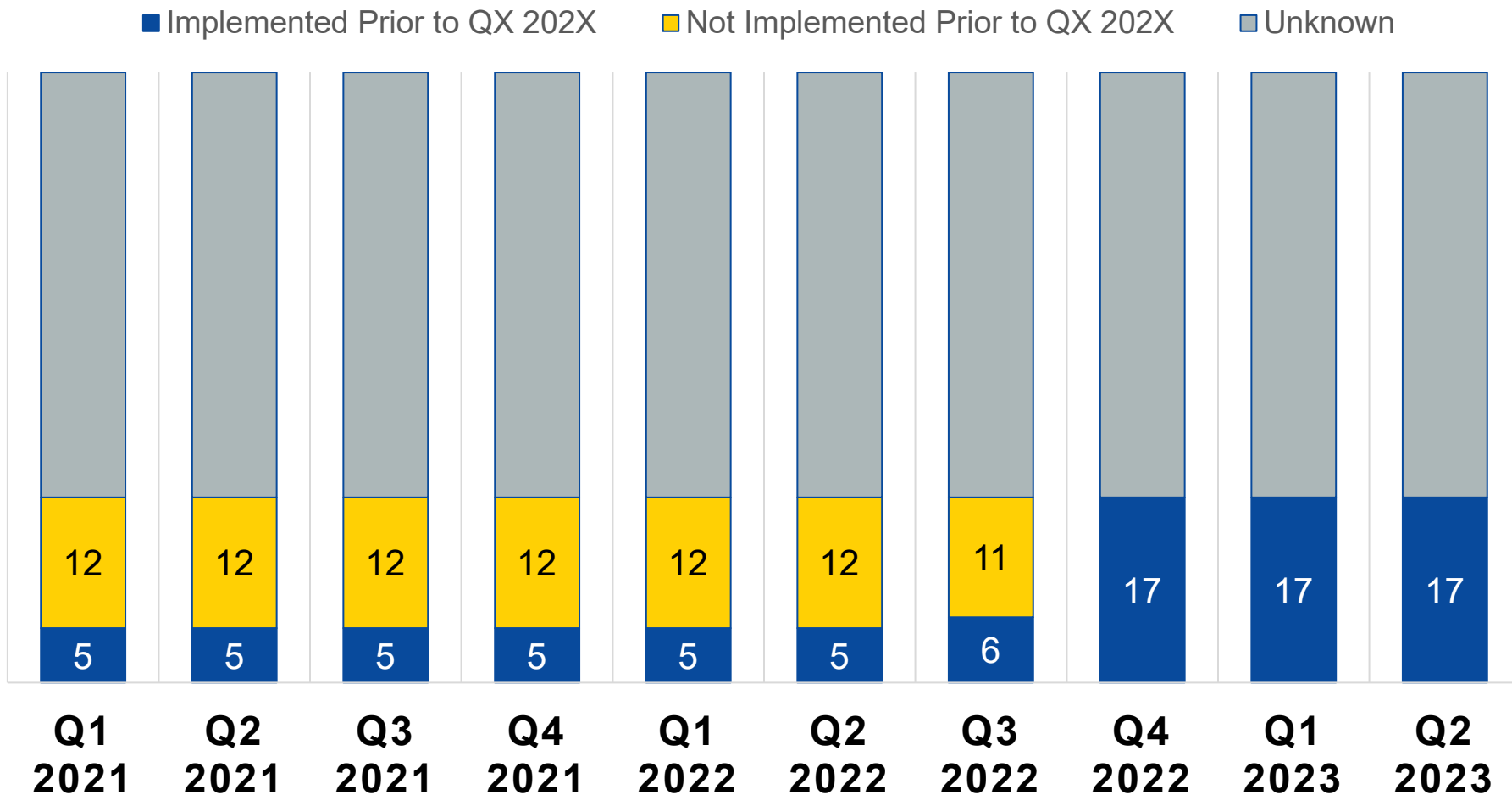
Quarters listed represent calendar year quarters (e.g., Q1 2021 includes January through March of 2021).

Source: EVV Compliance Survey Submissions as of May 1, 2022.

Key Timeline Steps for PCS and HHCS Implementation



Reported / Projected Implementation of EVV for HHCS by States and Territories



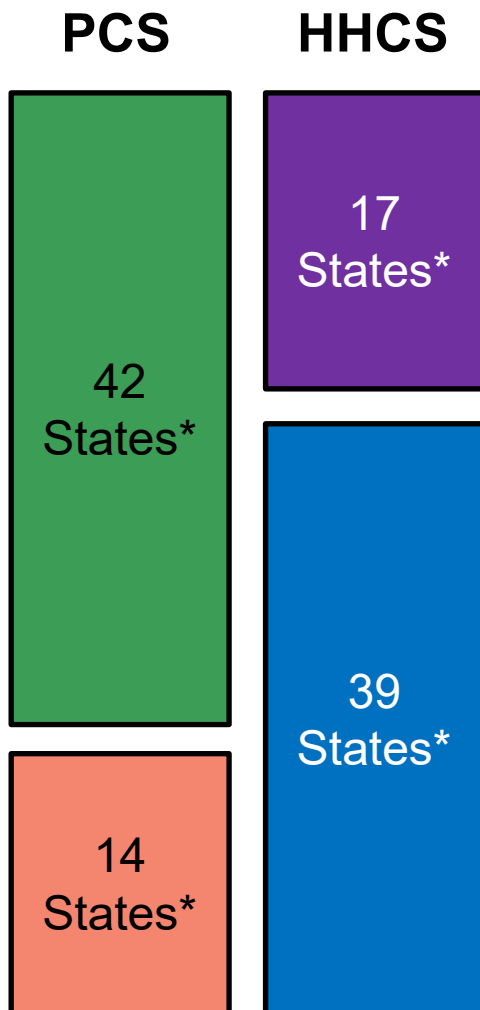
Quarters listed represent calendar year quarters (e.g., Q1 2021 includes January through March of 2021).

Source: EVV Compliance Survey Submissions as of May 1, 2022.

Compliance Surveys for HHCS

- CMS encourages states and territories to review their implementation plans for HHCS and submit or resubmit their compliance surveys accordingly.
- States should complete a compliance survey for HHCS “as of” January 1, 2023 based on anticipated implementation. For example, if your state plans to implement EVV for HHCS on January 1, 2023 and completes the survey in September 2022, the survey should indicate that your state has implemented EVV for “All” authorities.
- Submitting the survey early before the implementation deadline will allow for direct communication with CMS about the application of FMAP reductions.

Trends in Compliance Surveys



- CMS provided guidance to SMDs on how to submit Compliance Surveys. As of May 1 2022, 17 states have submitted compliance surveys for HHCS.
- Previous CMS guidance for completing surveys for HHCS have emphasized that SMDs should:
 - Ensure the open-ended responses are accurate and current for HHCS. If there are significant differences between PCS and HHCS operation, responses should describe these differences.
 - Authority-specific questions should be inclusive of all authorities and waivers or programs operated under those authorities.

Activities to Support Design & Implementation

EVV Engagement Activities

- CMS has engaged states in various ways to support their design, implementation, and operation of EVV in a manner compliant with the Cures Act. CMS has used these outlets to foster communication among states and stakeholders and to leverage their experiences for a more effective overall process.
- Ways CMS has engaged and supported states have included:
 - **Technical Assistance (TA)** for targeted support in specific areas of implementation.
 - **Online Published Resources** including trainings delivered during monthly training calls, informational bulletins, FAQs, and other materials to answer overarching questions about EVV.
 - **Learning Collaboratives** which allow states to hear directly from their peers and share experiences in real time.

Learning Collaboratives

- CMS conducts periodic EVV Learning Collaboratives during which states openly discuss system design and implementation. These sessions provide a forum for states to share information, promising practices, and policy guidance related to the Cures Act and EVV.
- Collaboratives are structured in three sections which include:
 - **Pre-presentation:** CMS presents briefly on data or guidance relevant to the topic of the Collaborative.
 - **Panel Discussion:** CMS moderates a conversation with panelists from pre-selected states and/or stakeholders related to the topic.
 - **Participant Questions:** Following the panel, CMS opens the conversation to participant questions, allowing for true collaboration between states and stakeholders on the Cures Act.
- To receive information about future EVV Learning Collaboratives, please email HCBSEVVLC@guidehouse.com.

Learning Collaborative Topics

1
EVV Models and Solutions

2
EVV Technologies

3
Accessibility & Inclusivity of
Populations Under EVV

4
EVV Implementation:
Approaching the Cures Act
Deadline

5
Achieving and Monitoring
Compliance with the Cures
Act

6
Operation of a Compliant
Solution

7
Billing Validation and
Oversight with EVV

8
Updating and Adapting
EVV Policies and Solutions

9
Considering Service
Recipients in Ongoing EVV
Operation

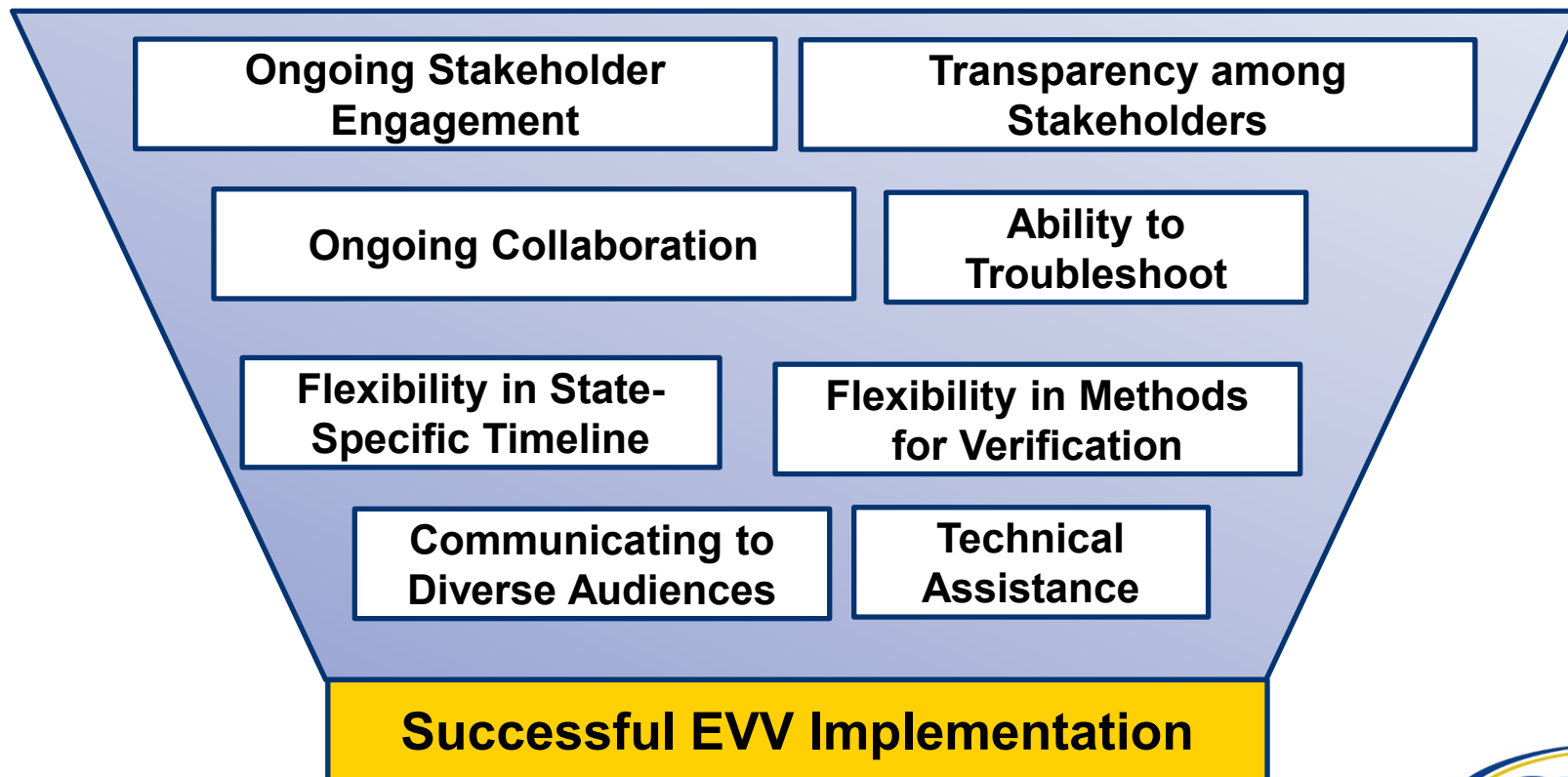
10
Overcoming Challenges to
Achieving Full Compliance
with the Cures Act

11
Opportunities for
Interagency Collaboration for
the Implementation and
Operation of EVV

Translating Successes from Implementation of EVV for PCS to HHCS and Ongoing EVV Operation

Successes Identified in EVV Engagement Efforts

In reviewing engagement activities, including Learning Collaboratives, CMS identified several successes and promising practices that may lead to a successful EVV implementation.



Translating Experience for Continued Success

- In reviewing previously published resources on EVV and the eleven EVV Learning Collaboratives, CMS identified several examples of how states may leverage successes from implementing and operating EVV systems for PCS into successful implementation for HHCS.



- Implementation is a checkpoint, not an endpoint. CMS encourages states to consider how past experiences may inform future endeavors and build on those lessons learned – from your own states as well as the successes of others – as your states continue to operate, adapt, and enhance EVV solutions.

Ongoing Stakeholder Engagement

Area of
Success

State
Examples

Opportunities to
Build on Success

Ongoing
Stakeholder
Engagement

- States have discussed holding regular meetings, even weekly, with various stakeholder groups or external parties. Meetings may have set agendas or open forums to discuss ongoing challenges.
- States have created direct lines from providers to vendors to troubleshoot challenges in using EVV systems.

**Continue
stakeholder
engagement
and support for
implementation
and operation of
EVV for HHCS.**

Stakeholder Transparency

Area of
Success

State
Examples

Opportunities to
Build on Success

Transparency
Among
Stakeholders

- Through robust request for information (RFI) and request for proposal (RFP) processes, meetings, and direct engagement, states can make implementation decisions based off user needs.
- Some states discussed their continued effort to broadcast information and updates relating to EVV, even using the EVV system.

As states update & enhance EVV, they should respond to stakeholder needs and communicate changes with all users.

Ongoing Collaboration & Vendor Support

Area of Success

State Examples

Opportunities to Build on Success

Ongoing Collaboration

- States continue to collaborate with their EVV vendor and other state agencies to support ongoing challenges.
- Several states discussed the shift in collaborative efforts when adapting systems such as discussing impacts of policy updates or innovative uses for EVV data.

States should leverage existing relationships with their vendors to identify new opportunities to use EVV data.

Ability to Troubleshoot & State Responsiveness

Area of Success

State Examples

Opportunities to Build on Success

Ability to Troubleshoot

- States have created direct lines from providers to vendors and/or the state to troubleshoot everyday challenges in using the EVV system at the point of service.
- Many states discussed their manual edit policy, which offers providers a “back-up” to update a certain number of visits as needed when EVV is not available due to system or access issues.

States should listen to users’ needs and take actions to improve the user experience during everyday use of the EVV system.

Flexibility in State-Specific Timeline

Area of
Success

State
Examples

Opportunities to
Build on Success

Flexibility in
Timeline

- All but one state applied for a GFE for PCS, and many states piloted, tested, and delayed implementation as appropriate to accommodate the needs of users.
- Several states discussed the impact of a phased implementation to support EVV compliance.

States should consider how and where to test and pilot implementation for HHCS prior to Cures Act deadlines.

Flexibility in Methods for Verification

Area of
Success

State
Examples

Opportunities to
Build on Success

Flexibility in
Methods for
Verification

- States allow various methods of verification which may help with addressing the needs of rural or less technologically-inclined users.
- One state highlighted the removal of a step in its verification process which added unnecessary burden on providers.

States should continue to determine how to adapt their EVV system and processes to user feedback.

Communicating EVV to Diverse Audiences of End Users

Area of Success

State Examples

Opportunities to Build on Success

Communicating EVV to Diverse Audiences

- States must consider how to publicize EVV resources and trainings to all users in their state, including by ensuring the portfolio of EVV materials is available in plain language and in different languages, and is responsive to cultural differences among key groups in the state.

States should understand and competently respond to all stakeholder groups' varying cultural and linguistic needs and differences.

Technical Assistance for States & Providers to Understand Requirements

Area of Success

State Examples

Opportunities to Build on Success

Technical Assistance (TA) and Understanding Requirements

- TA may be offered from CMS to states *and* from states to users.
- Several states had TA meetings with CMS to discuss policies and identify next steps.
- One state highlighted the TA it conducts with specific provider groups. This successful targeted outreach occurred when providers' claims match rate fell under a certain threshold.
- EVV Learning Collaboratives also offer a forum to share and learn.

States are advantaged in communicating with CMS and their users on the federal and state policies for operation of EVV.

CMS Recommendations for States Operating EVV

- In addition to offering the opportunities for success identified in previous slides, nearly every panelist in the Learning Collaboratives highlighted the imperative to accommodate and adjust to the needs of stakeholders. CMS highlights that **implementation is a checkpoint, not an endpoint.**
- In expanding EVV to verify delivery of HHCS, states offered several promising practices which may assist with effectively adapting the solution, such as:
 1. **Continue to engage stakeholders** including existing providers and participants in addition to newly onboarded end-users.
 2. **Collaborate with your state's EVV vendor** as operational needs progress and, when possible, build flexibilities into your contract.
 3. **Consider EVV system enhancements** to best integrate with other state systems, most effectively track service delivery, and fulfill other state goals as applicable.

System Enhancements and Integration

As states operate their systems, many have made enhancements to better build EVV into ongoing program activities, such as:

POLICY

Allowing for manual exceptions and error rate policy.

Updating service definitions or units to enhance service delivery based on data and feedback.

SYSTEM

Modernizing modes of verification.

Centralizing and trending data for quality improvement and program integrity.

INTEGRATION

Incorporating with billing, claims, and scheduling.

Linking to person-centered service plans.

Adapting Systems for HHCS and to the Needs of Stakeholders

- Drawing on the previously discussed considerations, states should identify the aspects of their systems which might require amendments or enhancements for the accommodation of HHCS and stakeholder needs. States have shared the need to:
 - **Amend an existing contract** with the EVV vendor to add HHCS, or other noted services, under services subject to EVV.
 - **Onboard new providers** to the EVV system, which involves initial outreach, training, and assistance.
 - One state also noted that their home health workforce was unionized, which required special collaboration and engagement.
 - **Modify technical aspects of their systems**, such as how services are identified, as PCS and HHCS may have different authorizations and EVV data could identify usage adjustments.

Upcoming 12th EVV Learning Collaborative

- CMS is hosting the 12th EVV Learning Collaborative next week on Thursday, September 22, 2022.
- The purpose of the upcoming session is to accompany this presentation, and participants will hear a moderated discussion with state panelists about how their states were able to build on successes from implementing EVV for PCS in order to become compliant with the Cures Act for HHCS.
- In order to register for the upcoming session, please email HCBSEVVL@guidehouse.com and you will be added to the EVV Collaboratives listserv. If you have attended a previous EVV Collaborative session, you should have already received an invitation to register.
- You may share the invitation for this and future EVV Collaboratives with other state staff or stakeholder groups in your state.

Summary & Resources

Summary

- The Cures Act deadline for states to implement EVV for HHCS is approaching, although states have several more months to submit GFE extension applications and compliance surveys.
- CMS has engaged states and stakeholders on EVV through a number of avenues, including EVV Learning Collaboratives.
- Through open discussions with states and stakeholders, CMS has identified key successes states have achieved in implementing EVV for PCS and translated those experiences into springboards from which to successfully implement EVV for HHCS.
- States should consider how they can build on their own successes and the experiences shared by other states to continue to operate and enhance their EVV system, especially focusing on ongoing stakeholder engagement and system adaptability.

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For Further Information

For further information, contact:

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