ELECTRONIC VISIT VERIFICATION: AN INTRODUCTION

New Hampshire Department of Health and Human Services EVV Advisory Council Meeting

March 10, 2020
AGENDA
WHAT WE WILL COVER TODAY

21st Century Cures Act
EVV System Models
Design Features
Q & A
How does the CURES Act apply to Home and Community Based Services (HCBS) programs?

- Section 12006 of the CURES Act requires states to implement an electronic visit verification (EVV) system for
  - Personal Care Services (PCS) by January 1, 2019
  - Home Health Services (HHS) by January 1, 2023
    - Legislation passed in July of 2018 extended the implementation deadline for personal care services to January 1, 2020

Failure to comply with requirements of the Cures Act results in penalties taken as reductions in Federal Medical Assistance Percentage (FMAP) for services subject to EVV.

Penalties increase over time the longer the State is non-compliant with EVV requirements. Penalties are leveraged at the State level and do not directly impact providers.
The Cures Act contains a provision to exempt States from penalties if the State has made a “good faith effort” to comply with requirements and has encountered “unavoidable system delays”.

The Centers for Medicare & Medicaid Services (CMS) has approved almost all State requests.

New Hampshire’s Good Faith Effort extension provides additional time to come into compliance through January 1, 2021.
PERSONAL CARE SERVICES

MEDICAID COVERS PCS FOR ELIGIBLE INDIVIDUALS

MEDICAID State Plan options

Medicaid Waivers

CMS-approved Demonstration authorities

CONSISTS OF SERVICES SUPPORTING ADL’S

Such as assistance with movement, bathing, dressing, toileting, transferring and personal hygiene

ALSO INCLUDES SUPPORT FOR IADL’S

Such as meal preparation, money management, shopping, and telephone use
MEDICAID COVERS HHS’ FOR ELIGIBLE INDIVIDUALS

Mandatory benefit through the Medicaid State Plan and/or through a Waiver as an extended state plan service approved by CMS

Known as the home health benefit referenced in section 1905(a)(7) of the Social Security Act

CMS equates it to HHS as described in the Cures Act

Includes home health aide, home health nursing and skilled therapies (OT, PT, ST)
At a minimum, EVV systems must collect the following information:

- 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
The Act does not:

- Limit the services provided
- Limit provider selection
- Constrain individuals’ choice of caregiver
- Impede the way care is delivered including how self-directed services are delivered
- In any way establish an employer/employee relationship
States are required to work with agencies and other entities that provide personal care and home health services to ensure that the EVV System is:

- Minimally burdensome
- HIPAA compliant
- In alignment with best practices
- Developed and implemented with stakeholder (members, providers, families, advocates, etc.) input
The Cures Act requires that the State provide training to providers and individuals who use the EVV system.
**EVV SYSTEM MODELS**

- **Provider Choice**
  - Alaska
  - Missouri

- **Managed Care Plan Choice**
  - New Mexico
  - Tennessee

- **State Mandated In-House System**
  - Georgia

- **State Mandated External System**
  - Connecticut
  - South Carolina

- **Open Vendor**
  - Louisiana
  - Texas
Direct Service Provider (DSP) arrives at the individual’s home

DSP logs into the EVV system to verify arrival/start time, DSP name, individual being supported and place of service

Personal Care or Home Health service is provided

DSP logs back into the EVV system to verify service provided and departure/finish time
GOALS FOR NEW HAMPSHIRE'S EVV SYSTEM

To ensure individuals receive the services that they are authorized to receive in order to stay healthy and safe in the community.

To comply with the requirements of the 21st Century Cures Act.
EVV PROPOSED DESIGN FEATURES

• Today we will discuss and receive your feedback about EVV design features that DHHS is considering.

• This is not your only opportunity to provide your feedback. This will be an on-going dialogue.
## EVV PROPOSED DESIGN FEATURES

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<thead>
<tr>
<th>System Model</th>
<th>Open Model</th>
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<td>• The open or “hybrid” model allows providers who have existing systems to maintain them as long as the system complies with Cures Act and also provides a system for providers who do not have one</td>
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<td>• All EVV data is sent to a central location “data aggregator” where it is processed</td>
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| Timing of Implementation of Home Health Services | • Home Health Services be implemented early, at the same time as Personal Care Services |
## EVV Proposed Design Features

| Data Collection Method | • Telephony  
|                        | • Fixed Device  
|                        | • App on Smart Phone or Other Device |

| Services Subject to EVV | • The State is choosing not to make other services subject to EVV at this time  
|                         | • Other services beyond Personal Care and Home Health Services may be added in the future |

| Task List | • System functionality that would allow for a list of tasks that the DSP can choose from as a means to document what activities were performed during the visit |
## EVV Design Features

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<th>Feature</th>
<th>Description</th>
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<td>Reporting and Dashboards</td>
<td>• Dashboards and reporting are available at various user levels (provider, MCO, DHHS)</td>
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<td>• Canned and ad-hoc reporting functionality</td>
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<td>Individual and Provider Portals</td>
<td>• Portal that enables individuals and providers to see visit data and make corrections as needed</td>
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<td>Interfaces with Other Systems</td>
<td>• Possible interfaces with:</td>
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<td></td>
<td>• Case management systems</td>
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<td>• Prior authorization systems</td>
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<td>• MMIS systems</td>
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<td>• Provider payroll systems (at provider expense)</td>
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FOR MORE INFORMATION ABOUT EVV IN NH

• The DHHS EVV web page found at https://www.dhhs.nh.gov/dcbcs/beas/evv.htm includes information about:
  • Federal regulations governing EVV
  • EVV Advisory Council meetings
  • Community Stakeholder Forums/Listening Sessions
  • The EVV dedicated email box for submitting feedback or asking a question: EVV@dhhs.nh.gov
QUESTIONS
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