

READY FOR NEXT

Together...We Are Ready For What Comes Next

# MERCER GOVERNMENT HUMAN SERVICES CONSULTING

## ELECTRONIC VISIT VERIFICATION AN INTRODUCTION

**New Hampshire Department of  
Health and Human Services**

Feedback Sessions

MAKE TOMORROW, TODAY



# AGENDA

## WHAT WE WILL COVER TODAY



21<sup>ST</sup> Century Cures Act

EVV Models

Design Features

5 Feedback Questions

Q & A

# 21<sup>ST</sup> CENTURY CURES ACT

## How does the CURES Act apply to Home and Community Based Services (HCBS) programs?

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- 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 implementation deadline for personal care services to January 1, 2020

# 21<sup>ST</sup> CENTURY CURES ACT

**Failure to comply with requirements of the Cures Act results in reductions in FMAP for services subject to EVV.**

.....  
**Penalties increase over time the longer the State is non-compliant with EVV requirements.**  
.....

**Timelines for personal care penalties are as follows:**

- .....
- 0.25 percentage points for calendar quarters in 2020
  - 0.5 percentage points for calendar quarters in 2021
  - 0.75 percentage points for calendar quarters in 2022
  - 1 percentage point for calendar quarters in 2023 and each year thereafter

# 21<sup>ST</sup> CENTURY CURES ACT

## Timelines for Home Health Services penalties are as follows:

.....

- 0.25 percentage points for calendar quarters in 2023
- 0.25 percentage points for calendar quarters in 2024
- 0.50 percentage points for calendar quarters in 2025
- 0.75 percentage points for calendar quarters in 2026
- 1 percentage point for calendar quarters in 2027 and each year thereafter

## GOOD FAITH EFFORT EXEMPTION

Cures Act contains provision to exempt States from penalty if the State made a “good faith effort” to comply with requirements and who have encountered “unavoidable system delays”

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 waiver

CMS-approved demonstration authorities

CONSISTS OF  
SERVICES  
SUPPORTING ADL



Including movement, bathing, dressing, toileting,  
transferring and personal hygiene

OFFERS SUPPORT  
FOR IADL



Including meal preparation, money management,  
shopping, and telephone use

# HOME HEALTH SERVICES

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)

# MINIMUM REQUIREMENTS FOR AN EVV SYSTEM



Type of services provided



Individual receiving the services



Date of the services



Location of services



Person providing the services



Time the services begin and end

## 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

## 21<sup>ST</sup> CENTURY CURES ACT

The State shall work with Agencies and Entities that provide personal care and home health services to ensure that the EVV System is:

- Minimally burdensome
- HIPAA compliant
- Takes into account best practices
- Developed and implemented with stakeholder (members, providers, families, advocates, etc.) input.

## 21<sup>ST</sup> CENTURY CURES ACT

The Cures Act requires that the State provide training to providers and individuals who use the ECV system



# EVV SYSTEM MODELS

## Provider Choice

- Providers choose their own EVV vendors

## Managed Care Plan Choice

- State allows for each MCO to choose an EVV vendor for their providers to use

## State Mandated In-House System

- State builds/manages their own EVV system that all providers must use

## State Mandated External System

- Providers must use an EVV vendor identified by the State

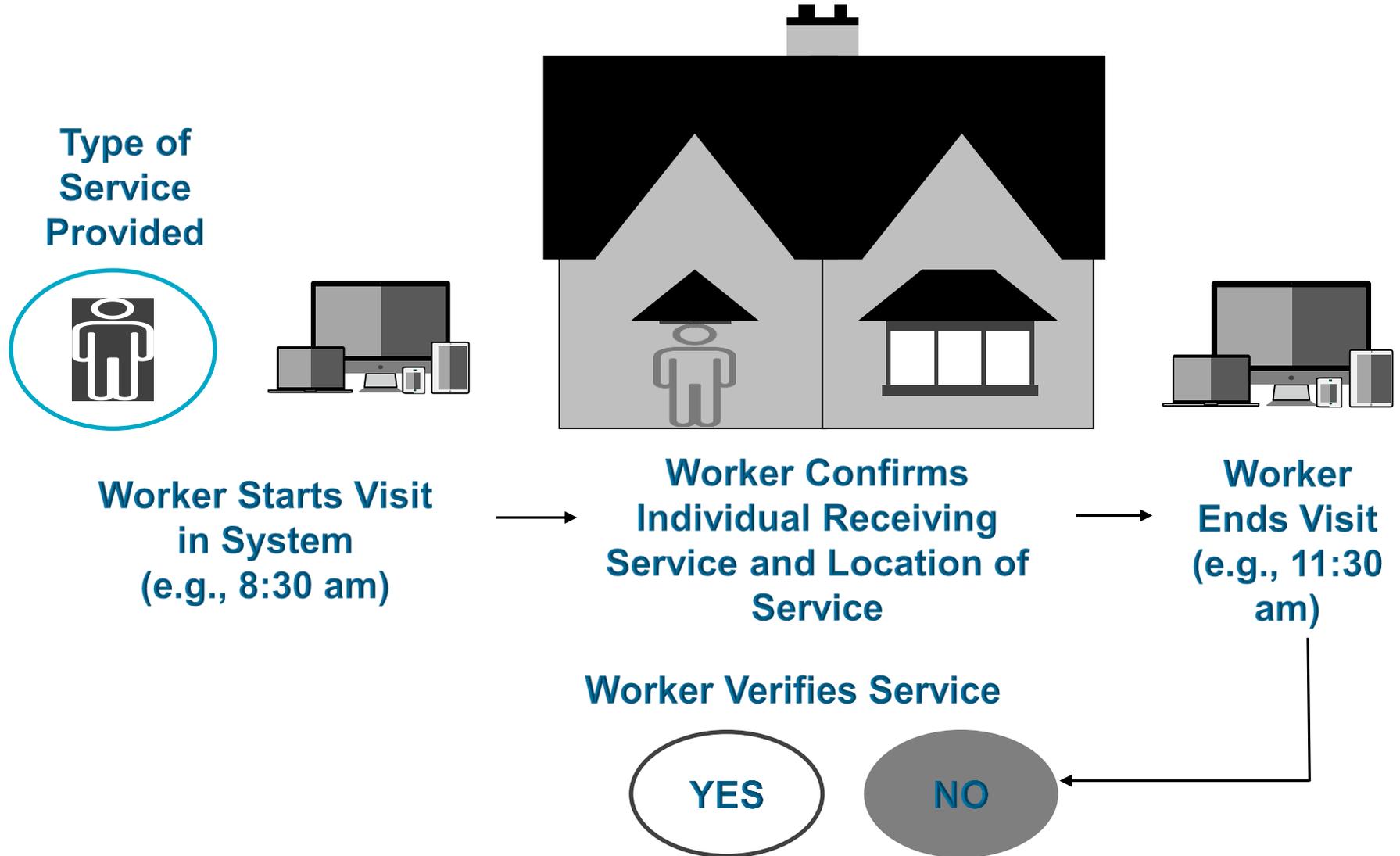
## Open Vendor

- State selects a single vendor
- Also allows providers/MCOs to use their own EVV system

# NEW HAMPSHIRE HAS CHOSEN THE OPEN OR “HYBRID” EVV MODEL

- This model allows providers who have existing systems to maintain them, if the system complies with the 21<sup>st</sup> Century Cures Act.
- This model also provides a system for providers who do not have one currently.
- All EVV data is sent to a central location “data aggregator” where it is processed.

# EVV BASIC DESCRIPTION



# EVV DESIGN FEATURES

<b>Data Collection Method</b>	<ul style="list-style-type: none"><li>• Telephony</li><li>• Fixed Device</li><li>• App on Smart Phone or Other Device</li></ul>
<b>Services Subject to EVV</b>	<ul style="list-style-type: none"><li>• State may choose to include other services:<ul style="list-style-type: none"><li>• Private Duty Nursing</li><li>• Respiratory Therapy</li></ul></li></ul>
<b>Task List</b>	<ul style="list-style-type: none"><li>• Some states have chosen to include a list of tasks performed by DSWs<ul style="list-style-type: none"><li>• Could be linked with PCSP</li></ul></li></ul>
<b>Verification Requirements</b>	<ul style="list-style-type: none"><li>• Additional requirements beyond Cures Act such as individual or their designee verification</li></ul>

# EVV DESIGN FEATURES

<b>Reporting and Dashboards</b>	<ul style="list-style-type: none"><li>• Dashboards and reporting available at various user levels (provider, MCO, DHHS)</li><li>• Canned and ad-hoc reporting functionality</li></ul>
<b>Individual and Provider Portals</b>	<ul style="list-style-type: none"><li>• Portal that enables individuals and providers to see visit data and make corrections as needed</li></ul>
<b>Interfaces with Other Systems</b>	<ul style="list-style-type: none"><li>• Possible interfaces with:<ul style="list-style-type: none"><li>• Case management systems</li><li>• Prior authorization systems</li><li>• MMIS systems</li><li>• Provider payroll systems</li></ul></li></ul>
<b>Other Possible Functionality</b>	<ul style="list-style-type: none"><li>• Tracking DSW training and qualifications</li><li>• Individual surveys</li></ul>

# EVV SERVICES UNDER CONSIDERATION

Service Description	Code
<b>Participant Directed and Managed Personal Care Services (IHS Waiver)</b>	T2025 SE UC U1
<b>Participant Directed and Managed Personal Care Services (CFI Waiver)</b>	T1019 HC U3
<b>Personal Care Services (CFI Waiver)</b>	T1019 HC U1, T1019 HC U2, and T1019 HC U4
<b>Personal Care Attendant (PCA) Services (State Plan)</b>	T1019
<b>Skilled Nursing Services (State Plan)</b>	T1030
<b>Skilled Nursing (CFI Waiver)</b>	T1030 HC
<b>Private Duty RN (State Plan)</b>	S9123
<b>Private Duty LPN (State Plan)</b>	S9124
<b>Home Health Aide (CFI Waiver)</b>	T1021 HC and G0156 HC U1
<b>Home Health Aide (State Plan)</b>	T1021 and G0156

# ADDITIONAL SERVICES FOR CONSIDERATION ADDED 6/22/20

<b>Service Description</b>
<b>Residential/Personal Care (DD, ABD and IHS Waivers)</b>
<b>Community Support Services (DD, ABD Waivers)</b>
<b>Family Support/Respite (DD, ABD Waivers)</b>

# LESSONS LEARNED-OTHER STATES EXPERIENCES

- Procurement process always takes longer than anticipated
- Stakeholder engagement and buy-in is key
  - Early and often
  - Consistent messaging and communication important throughout the life of the project
  - Address concerns about privacy and location tracking early
- Training essential
  - In-person opportunities for individuals and providers
- Allow for adequate time for system testing
- Providers may have increased administrative burden at least initially

## MORE TO COME ON EVV INCLUDING:

Specific services, identified by the State of NH, that will be required to utilize EVV is still being developed.

The State is considering having live-in caregivers be subject to EVV.

Training for providers and individuals who use the EVV system.

# YOUR INPUT MATTERS!

What are your thoughts on NH's proposed model and design features for EVV?

What steps should NH take to help prepare participants/families for EVV implementation?

What steps should NH take to support providers for a smooth EVV implementation?

What are your thoughts regarding implementing Personal Care Services & Home Health Services at the same time?

What input do you have regarding the proposed requirement for EVV to apply to live-in caregivers?

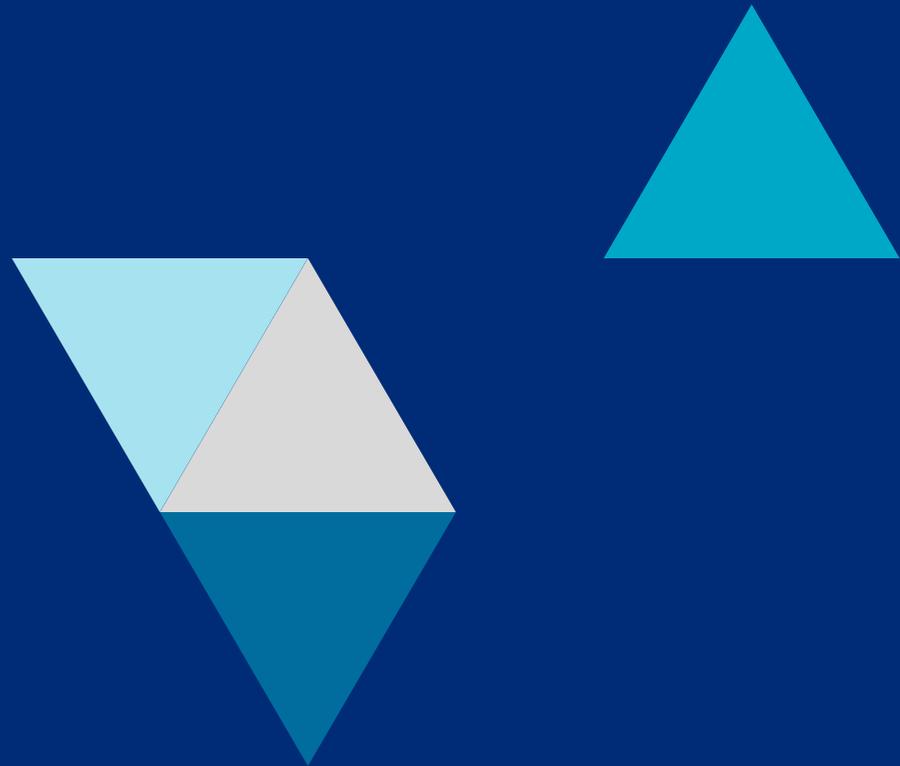
# ADDITIONAL COMMENTS/QUESTIONS

- Please send any additional comments and questions to the dedicated EVV email at:

[evv@dhhs.nh.gov](mailto:evv@dhhs.nh.gov)

Thank you!

# QUESTIONS



# MERCER GOVERNMENT

**READY FOR NEXT. TOGETHER.**

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