MERCER GOVERNMENT HUMAN SERVICES CONSULTING

ELECTRONIC VISIT VERIFICATION
AN INTRODUCTION

New Hampshire Department of Health and Human Services

Feedback Sessions
# Agenda

What We Will Cover Today

<table>
<thead>
<tr>
<th>21st Century Cures Act</th>
<th>EVV Models</th>
<th>Design Features</th>
<th>5 Feedback Questions</th>
<th>Q &amp; A</th>
</tr>
</thead>
</table>

Copyright © 2019 Mercer Inc. All rights reserved.
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 implementation deadline for personal care services to January 1, 2020
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
21st 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
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
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
21ST 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.
The Cures Act requires that the State provide training to providers and individuals who use the EVV 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
This model allows providers who have existing systems to maintain them, if the system complies with the 21\textsuperscript{st} 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.

NEW HAMPSHIRE HAS CHOSEN THE OPEN OR “HYBRID” EVV MODEL
**E V V B A S I C D E S C R I P T I O N**

**Worker Starts Visit in System (e.g., 8:30 am)**

**Worker Confirms Individual Receiving Service and Location of Service**

**Worker Verifies Service**

- **YES**
- **NO**

**Worker Ends Visit (e.g., 11:30 am)**

**Type of Service Provided**
## EVV Design Features

| Data Collection Method | • Telephony  
|                        | • Fixed Device  
|                        | • App on Smart Phone or Other Device |
| Services Subject to EVV | • State may choose to include other services:  
|                          | • Private Duty Nursing  
|                          | • Respiratory Therapy  
| Task List | • Some states have chosen to include a list of tasks performed by DSWs  
|                      | • Could be linked with PCSP  
| Verification Requirements | • Additional requirements beyond Cures Act such as individual or their designee verification |
## EVV Design Features

| Reporting and Dashboards | • Dashboards and reporting available at various user levels (provider, MCO, DHHS)  
| | • Canned and ad-hoc reporting functionality |
| Individual and Provider Portals | • Portal that enables individuals and providers to see visit data and make corrections as needed |
| Interfaces with Other Systems | • Possible interfaces with:  
| | • Case management systems  
| | • Prior authorization systems  
| | • MMIS systems  
| | • Provider payroll systems |
| Other Possible Functionality | • Tracking DSW training and qualifications  
<p>| | • Individual surveys |</p>
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Directed and Managed Personal Care Services (IHS Waiver)</td>
<td>T2025 SE UC U1</td>
</tr>
<tr>
<td>Participant Directed and Managed Personal Care Services (CFI Waiver)</td>
<td>T1019 HC U3</td>
</tr>
<tr>
<td>Personal Care Services (CFI Waiver)</td>
<td>T1019 HC U1, T1019 HC U2, and T1019 HC U4</td>
</tr>
<tr>
<td>Personal Care Attendant (PCA) Services (State Plan)</td>
<td>T1019</td>
</tr>
<tr>
<td>Skilled Nursing Services (State Plan)</td>
<td>T1030</td>
</tr>
<tr>
<td>Skilled Nursing (CFI Waiver)</td>
<td>T1030 HC</td>
</tr>
<tr>
<td>Private Duty RN (State Plan)</td>
<td>S9123</td>
</tr>
<tr>
<td>Private Duty LPN (State Plan)</td>
<td>S9124</td>
</tr>
<tr>
<td>Home Health Aide (CFI Waiver)</td>
<td>T1021 HC and G0156 HC U1</td>
</tr>
<tr>
<td>Home Health Aide (State Plan)</td>
<td>T1021 and G0156</td>
</tr>
</tbody>
</table>
## Service Description

<table>
<thead>
<tr>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential/Personal Care (DD, ABD and IHS Waivers)</td>
</tr>
<tr>
<td>Community Support Services (DD, ABD Waivers)</td>
</tr>
<tr>
<td>Family Support/Respite (DD, ABD Waivers)</td>
</tr>
</tbody>
</table>
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
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

Thank you!
QUESTIONS
NOTICE REGARDING THE PRESENCE OF CONFIDENTIAL AND PROPRIETARY INFORMATION

This document was developed by Mercer LLC (“Mercer”), and it is and shall remain the sole property of Mercer. It contains Mercer’s Confidential and proprietary information. It is to be used only for internal purposes. Any other use or disclosure without prior written consent of Mercer is strictly prohibited. This document (including its format and presentation) may not be reproduced, modified, revised, enhanced, sold or otherwise transferred or provided, in whole or in part, to any other person or entity without the prior written consent of Mercer.

www.mercer-government.mercer.com