Electronic Visit Verification (EVV) Regional Center Project Overview

June 22, 2021











Housekeeping

Please remain on mute during the presentation.

Please use Zoom's chat function to comment, ask questions or provide feedback.



DDS staff are monitoring the chat and will provide comments/answers live or written when we can.

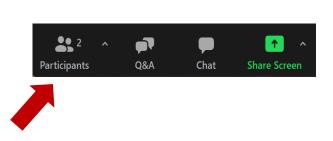


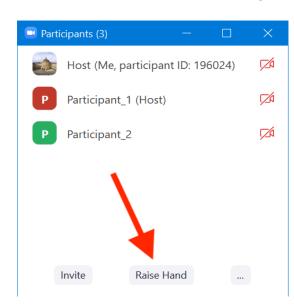
After the presentation, you can submit written comments and questions via email to EVV@dds.ca.gov.

Housekeeping

Time permitting at the end of the presentation, please use the "Raise Hand" feature to comment.

You may need to click on "Participants" and a new window will open where you can "Raise Hand"





EVV Overview: Common Terms/Acronyms

CMS – Center for Medicaid/Medicare Services

EVV – Electronic visit verification (EVV) is a telephone- and computer-based system that electronically verifies when in-home visits occur.

PCS – Personal care services

HHCS – Home health care services

Live-in Caregiver –A caregiver is considered a 'Live-in Caregiver' if the caregiver regularly remains in the recipient's home for more than 24 hours at a time, during which they are available to provide any of the authorized personal care services."

*EVV terms are continuously updated in the EVV FAQs on the DDS website.

EVV Overview: Federal Requirements

The Federal 21st Century CURES Act, signed into law in 2016, requires that States set up an EVV system to verify that services for all Medicaid-funded personal care services and home health care services occurred.

EVV systems or solutions must electronically verify 6 data points:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Person providing the service
- Time the service begins and ends

EVV Overview: Federal Requirements

EVV solutions in each State shall work with stakeholders to ensure the State system will be:

Minimally burdensome

Is HIPAA compliant

And the State will:

Take into account stakeholder input from consumers, families and service providers of PCS and HHCS Assure there are training opportunities:

For the use of EVV State solution

For communication between 3rd Party solutions and the State aggregator system

EVV Overview: Federally Approved Methods

Telephone

Must be a landline connected to the home address and utilize Interactive Voice Response

Mobile applications using GPS

Location would be captured only at check-in and check-out

No continuous tracking of service provider

In-Home Device

Fixed in-home device generating unique codes at check-in and check-out

EVV Overview: Phase I & Phase II

Phase I

Department of Social Services (DSS)

In Home Supportive Services (IHSS)
Waiver Personal Care Services (WPCS)

Phase II

Department of Developmental Services (DDS)

Other Departments: DHCS, CDPH, CDA and CDSS

Personal Care Services (PCS)
Home Health Care Services (HHCS)

EVV Overview: Phase II Timing Requirements

The federal mandate [Social Security Act (SSA)] which drives EVV requires implementation for all Medicaidfunded:

Personal Care Services (PCS) by January 1, 2022, and

Home Health Care Services (HHCS) by January 1, 2023.

California has received a good faith exemption

Objective is to implement PCS by January 2022 and HHCS by January 2023 to avoid additional federal penalties.

The State has identified a vendor for the State solution and will share that information once approved by CMS and when the vendor starts working with the State

EVV Phase II High-Level Activities

RFP posted in late 2020

Regular stakeholder webinars began in 2021

Develop additional outreach efforts

For consumers/families, service providers and regional centers

In consultation with stakeholders

Tentative vendor solution contract to start in August 2021

Training content and schedule

In consultation with stakeholders

January 2022 – EVV implementation for PCS

January 2023 – EVV implementation for HHCS

EVV Regional Center Services

Currently identified regional center PCS services include:

Respite

Supported Living Services

Homemaker Services

Personal Assistance

Currently identified regional center HHCS services include:

Nursing Care

Occupational Therapy

Home Health Agency/Aide

Physical Therapy

Speech Therapy

EVV Regional Center Service Codes: PCS

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062 - Personal Assistance
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465 – PD Respite Services – Family Member

858 – Homemaker Services

862 – In-Home Respite Services Agency

864 – In-Home Respite Worker

896 – Supported Living Services

- SDP TBD

EVV Regional Center Services: Clarifications

Live-in caregivers are not required to use EVV

Some service providers provide both IHSS (Phase I) and regional center services (Phase II)

These are two separate EVV systems

Just as they do now, service providers will identify which service hours are for IHSS and which are for regional center services (SLS hours for example)

Other clarifications will continue to come; informed by questions asked from stakeholders, other State agencies and CMS through the implementation process.

EVV Regional Center Services: Impact

Consumer

EVV does not change the nature or location of services

Staff/DSP*

Provider will log in and out of EVV system to identify the 6 requirements

Receive training in how to use EVV system prior to roll out

On-going support for system usage

Provider Agencies

Provider agencies can use their own EVV system or State system

Receive training in how to use EVV system prior to roll out

On-going support for system usage

Regional Center

Partner with DDS for provider outreach

Connect providers with on-going support system

EVV does not affect how services are authorized or paid

DDS

Ensure policies comply with CURES Act for EVV

Develop EVV regulations

*DSP – Direct Support Professional

EVV Regional Center Services - FAQs

Providers do not have to pay to use the State solution for EVV

EVV does not replace eBilling

EVV data entries can be edited

EVV does not change how or where services are received

EVV data is not required in provider owned homes (CCL, FHA, etc.)

The EVV process is still in development; the State contractor, implementation roll out, training, policy decisions, etc.

Meeting Federal Requirements

The State has decided to use an Open Vendor Model approach

Phase II service providers will have a choice:

Use the State front-end solution

Use their own front-end solution (Alternative Solution)

Both front-end solution choices are required to

Meet the 6 data requirements

Send the 6 data requirements to the State EVV Data Aggregator

On approved transmission schedule (to be determined)

In approved format (to be determined)

Data Aggregator and Portal

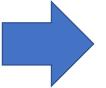
Provider EVV Data Entry

Regional Center and State EVV Data Access

Third-party EVV front-end solution



State EVV front-end solution



State EVV Data Aggregator

Stakeholder Engagement

DDS will continue to host stakeholder meetings to prepare providers and consumers for the implementation of EVV Phase II

Meetings will give participants an opportunity to ask questions as well as provide feedback regarding the implementation of EVV

Proposed topics include*:

Training

Implementation Support

Transition activities

^{*}Topics are subject to change based on feedback from the stakeholders, other State agencies in Phase I or Phase II and CMS.

Stakeholder Engagement: Other Ideas

DDS Newsletter

Recorded trainings

In what other ways can DDS and regional centers connect with consumers, families, provider agencies and individual providers about EVV?

Please provide input in the chat or send to EVV@dds.ca.gov



Additional Resources

More information can be found on the DDS webpage:

Electronic Visit Verification - CA Department of Developmental Services

Including links to:

DDS EVV FAQs

DHCS EVV Stakeholder Website

Medicaid.gov EVV Guidance Documents

Anyone who would like to receive email notification when DDS has updates for EVV, can email EVV@dds.ca.gov and request to be added to the notification list.

Questions/Comments

