Electronic Visit Verification (EVV)

July 27 & 29, 2021













HOUSEKEEPING



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."

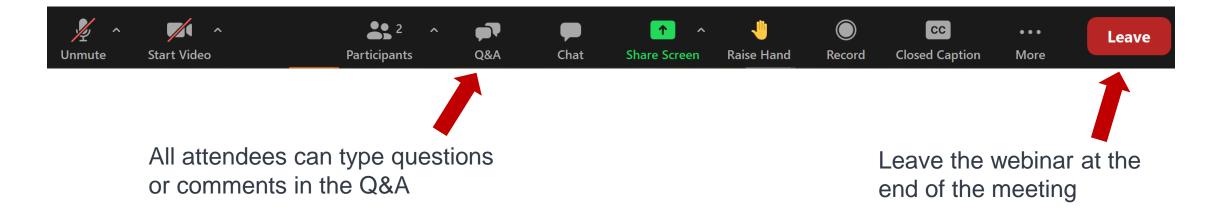


ASL interpreters have been "Spotlighted" and live closed captioning is enabled



Materials will be available at: https://www.dds.ca.gov/services/evv/

ZOOM TIPS





- For attendees, your video and microphone will not be available
- You will only see/hear DDS staff and presenters on screen

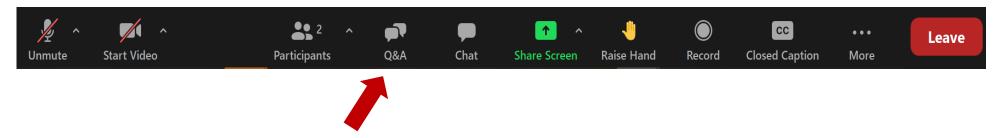


- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

PROVIDING COMMENTS

For all attendees:

Please use Zoom's Q&A function to comment or ask questions



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



Submit written comment via email to EVV@dds.ca.gov.

Agenda Items for Today

Back to Basics

Providing base information about EVV. A quick re-cap for some, new information to others.

EVV Impact

EVV impact for consumers/families, providers and others.

Frequently Asked Questions (FAQs) – Answers to questions and other information we have to share at this time.

Next Steps

Upcoming State activities.

Continued outreach to communicate updates.

Resources/Questions/Comments/Stay Connected

A time for questions and to provide comments. A list of resources and information on how to get email updates on EVV.

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 services.

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

EVV – A Federal Requirement

EVV: Federal Requirement

The Federal 21st Century CURES Act requires that States set up a telephone- and computer-based system that electronically verifies when personal care and home health care services are provided in the home.

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: Federal Requirement

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, service providers and regional centers Assure there are training opportunities:

For the use of EVV State solution

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

EVV: Federally Approved Methods

Telephone

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

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 in California

EVV in CA: 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 in CA: Phase II Timing Requirements

EVV implementation for Phase II:

Personal Care Services (PCS) by January 1, 2021, and

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

California has received a good faith exemption extending the PCS date to January 1, 2022

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

EVV in CA: Approach

The State has decided to use an Open Vendor Model approach:

Phase II service providers will have a choice:

Use the State data collection tool (State solution)

Use their own data collection tool (Alternate solution)

All data collection tools 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)

EVV in CA: Data Aggregator and Portal

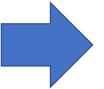
Provider EVV Data Entry

Regional Center and State EVV Data Access

Alternate EVV Solution



State EVV Solution



State EVV Data Aggregator

EVV & The Regional Center System

EVV Regional Center Services/Codes

Currently identified regional center PCS services include:

Respite: codes 465, 862, 864

Supported Living Services: code 896

Homemaker Services: code 858, 860

Personal Assistance: code 062

Currently identified regional center HHCS services include:

Nursing Care: codes 460, 742, 744 Occupational Therapy: code 773

Home Health Agency/Aide: codes 854, 856 Physical Therapy: code 772

Speech Therapy: code 707

Self-Determination Program: TBD

EVV Impact

EVV: Impact

Consumer/Family

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 Centers

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

Question:

I've heard that live-in caregivers do not need to comply with the EVV requirements. What does that mean?

Answer:

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 services.

This means a live-in caregiver does not need to do anything differently than what they're doing now. They do not have to record any EVV data.

If their status changes and they are no longer a live-in caregiver, the regional center should be notified.

Question:

How much does it cost to use the state data solution?

Answer:

Service providers do not have to pay to use the state solution for EVV.

Question:

If I provide services through IHSS and also through a regional center vendor, can I enter EVV data into the same data collection tool?

Answer:

No. These are two separate EVV systems and the IHSS system is tied to timesheets/payment for services.

Just as you do now, you will identify which service hours are for IHSS and which are for regional center services.

Question:

As a provider, will we be recording EVV data and also bill through eBilling or will those tasks be combined?

Answer:

The eBilling system for payment and the EVV system for visit verification will not communicate. They are separate entities serving separate purposes.

As a provider, you will select to use the state data collection tool or another tool which meets the EVV collections requirements. You will also bill through eBilling for services rendered.

Question:

When you say that an EVV system must verify "the type of service provided", would we just specify that it was "respite services" or is there something more that is needed?

Answer:

We will know more about exact data entry once California has confirmed and begins working with the solution vendor for Phase II of EVV.

However, we anticipate the data for "type of service provided" to be entered based on information already known to the provider; like "respite services", or the service code or similar.

Question:

Can EVV data entries be edited in case there was an error?

Answer:

If needed, EVV entries can be edited manually. However, the goal is to capture the 6 data points electronically, not manually.

Question:

What if EVV services are provided in a licensed setting? For example, the home health care service codes?

Answer:

EVV data is collected for services provided in the consumer's own home. Community care licensed homes, family home agencies, etc. are not required to collect EVV data.

Question:

Are independent living services (ILS) subject to EVV? And what about the Self-Determination Program (SDP)?

Answer:

At this time, ILS has not been identified as a service needing to comply with EVV.

PCS and HHCS in the SDP will be required to comply with EVV. More information on this will be forthcoming.

If/When additional service codes are required to comply with EVV, DDS will communicate these changes.

Next Steps

Upcoming State & DDS Activities

Awaiting CMS to approve selected vendor

Anticipated by end of August

Will share more once confirmed

Working in conjunction with other state agencies in Phase II to:

Assure communications to providers and stakeholders is consistent, thorough and timely.

Identify and develop policies to guide the EVV project

Stakeholder Engagement

DDS will continue to host stakeholder meetings to prepare providers and consumers for EVV implementation

Additionally, 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

*Topics are subject to change based on feedback from stakeholders, other State agencies and CMS.

Stakeholder Engagement

DDS Newsletter

A regular newsletter which provides updates regarding implementation

Website Updates

Regular posting of webinars and newsletters.

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



Upcoming Activities

I am a **consumer/family member**, what do I need to do at this point?

Ask questions if you have them. Provide input on EVV implementation.

Identify if you receive services from a live-in caregiver and discuss with your IPP team.

I am a DSP/staff person providing PCS, what do I need to do at this point?

Ask questions if you have them. Provide input on EVV implementation.

Identify if you are a live-in caregiver and discuss with your employer and the IPP teams of the consumer/families you work with.

I am a service provider/self-vendored service provider preparing for EVV, what do I need to do at this point?

Ask questions if you have them. Provide input on EVV implementation.

Attend upcoming webinars and trainings.

Email <u>EVV@dds.ca.gov</u> and ask to receive updates regarding EVV from DDS.

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

