

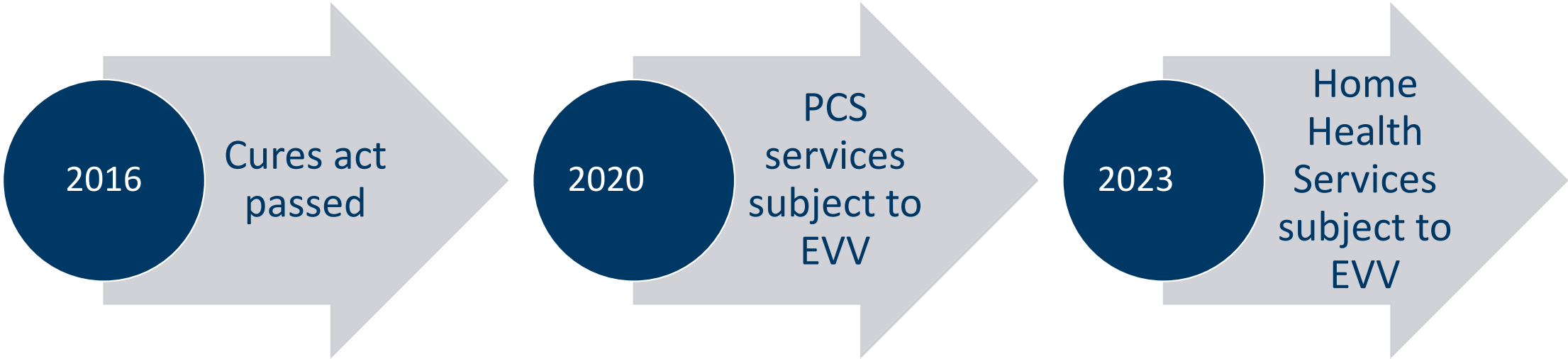
Electronic Visit Verification

Disability Service Division

Setting the National Scene: Cures Act Overview

- [21st Century Cures Act](#) Requires that all states implement Electronic Visit Verification (EVV) for all Medicaid-funded personal care services by 2020; home health services by 2023
 - Act passed in 2016
 - Contains provisions other than EVV (for example, grants to prevent opioid abuse, NIH research, provisions for treatment and research on mental health,)
 - EVV is found at section 12006
 - Policy goal is to prevent fraud, waste, and abuse in services that require in-home visits
- States may select their EVV design and implement quality control measures of their choosing.

Federal Timelines



Personal Care Services Subject to EVV

- By January 1, 2020, EVV is required for personal care services, which in Minnesota include:

- CDCS direct support
- Crisis respite (in-home)
- Extended personal care assistance
- Homemaker-assistance with personal cares
- Independent community living support (in-person)

- In-home family support
- Personal care assistance
- Personal support
- Respite care services (in-home)
- Individual home support (in-person)

Home Health Services Subject to EVV

- By January 1, 2023, EVV is required for home health services, which for Minnesota include:

- Home health aide
- Skilled nurse visits
- In-home occupational therapy
- In-home respiratory therapy

- In-home speech and language therapy
- In-home installation, repair, maintenance of durable medical equipment

The EVV system must collect and verify the following six data elements:

1. Type of service performed
2. Who received the service
3. Date of service
4. Location of service delivery
5. Who provided the service
6. When the service begins and ends

What Happens if Minnesota Does not Implement EVV?

- Loss of Federal Matching funds (FFP)

	2020	2021	2022	2023	2024	2025
FFP reduction by %	.25	.5	.75	1	1	1

- Reimbursement rates for providers will not be reduced as a result of any federal action to reduce federal matching funds under the Cures Act.

DHS must ensure that the EVV system:

- Is minimally burdensome
- Takes into consideration of best practices and existing use of EVV systems
- is HIPAA-compliant and secure and training opportunities are available to providers of personal care and home health services.
- The EVV system must not limit services provided, limit provider selection, constrain an individual's selection of a worker or impede the manner in which care is delivered.

Stakeholder feedback

People who use services, providers of services and workers recommended an EVV system that:

- would be as mobile as the people using it and support individuals to get services wherever the person lives his/her life.
- would avoid rigid scheduling rules. A successful EVV system will allow for ease of schedule changes based on the person's needs.
- would have flexibility and adaptability related to internet access or mobile devices; a successful EVV system will accommodate limited or no internet access where personal care service is delivered
- is easy to use regardless of language or ability
- minimized privacy intrusion including those created by collecting the location of service delivery

Hybrid Model

- Based on our stakeholder engagement Minnesota has selected a Hybrid EVV Model to implement EVV.
- Providers have an option between State-purchased EVV system selected through a Request for Proposals (RFP) or an alternative EVV system that meets minimum requirements set by the state.
- Providers select an EVV system that works best for their business, while maintaining accountability to the state by submitting data to an aggregator.

When will Minnesota Implement EVV?

- The Minnesota Department of Human Services will be selecting an EVV vendor through a Request for Proposals (RFP). The Minnesota Department of Human Services has not yet published the RFP.
- The Minnesota Department of Human Services expects providers to implement EVV after a State-selected EVV system is made available for their use.
- Reimbursement rates for providers will not be reduced as a result of any federal action to reduce federal matching funds under the Cures Act.

2019 Legislative Changes

- The 2019 Minnesota Legislature authorized funding
 - to purchase a statewide electronic visit verification system.
 - to assist providers who choose not to use the state-selected system
- Required providers to comply with electronic visit verification standards established by the commissioner, on a date established by the commissioner, after the state-selected system is in production.
- Prohibited any reduction in reimbursement rates for providers as a result of any federal action to reduce federal matching funds under the Cures Act.

Implementation Priorities

1. Compliance with federal requirements and Minnesota Session Law
2. Minimizing the burden of implementation for people who use relevant services and providers of those services
3. Additional benefits of EVV implementation

Potential Added Value for Providers

- Additional benefits of EVV implementation
 - Many EVV systems contain a scheduling application to be used by providers. What are some benefits and challenges you see with utilizing a scheduling application for personal care services as people currently use them?
 - Is there other service utilization information that would be beneficial in monitoring service delivery? For example, would it be useful for EVV to report hours used in week or month or the percentage of hours in a service authorization used?

Potential Added Value for Lead Agencies

- We do not plan to have lead agency access to the EVV system at outset of implementation.
- We are interested in whether information from the EVV system would be useful for case managers and care coordinators. If you were to have access, what information would be useful and how would you use it in your work?

Documentation Requirements for Providers

EVV systems are used to monitor which services were delivered, when, where, and to whom. The EVV system will verify which services were delivered at a general level, i.e. personal care assistance, personal support, in-home family support.

- With the implementation of an EVV system, what additional processes will you need to document the tasks and activities completed by a direct support worker for a person receiving personal care services?
- What additional practices will you need to monitor the quality of services delivered?

- Pilot project planned as part of EVV implementation
 - What kind of feedback would you like to see from the pilot that would help you to implement your EVV system?
 - How would you like to receive information about the outcomes of the pilot?
- Training
 - Who will ask you questions about EVV?
 - What types of tools can we provide you to assist with those questions?
 - How would you like to receive training?

Thank You!

Disability Service Division

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