



**SPECIAL TRIBAL CONSULTATION
TELECONFERENCE and WEBINAR
Meeting Summary**

February 1, 2018

10:00 a.m. –11:30 a.m. (Arizona Time)

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Good Afternoon,

This is to inform you that a special AHCCCS Tribal Consultation Teleconference and Webinar are scheduled to provide information on Electronic Visit Verification (EVV). This special meeting will provide an overview of the Federal mandate, AHCCCS proposed decisions and submission of public comment. If you plan to participate by phone, please dial-1-877-820-7831 and enter participant code, **108903#**. Registration is required to participate in the Webinar. Click on the following link to register.

After registering, you will receive a link and call-in number to participate:

<https://attendee.gotowebinar.com/register/2900094247957759235>. The PowerPoint Presentation will be sent to the tribal contact list a few days prior to the meeting. The agenda is attached.

Background:

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396(b)), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled, in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2019 and for in-home skilled nursing services (home health) by January 1, 2023. More information may be found on the AHCCCS website (www.azahcccs.gov/EVV).

Please place this important date on your calendars. We look forward to your participation.

Sincerely,

Bonnie Talakte

Tribal Relations Liaison

AHCCCS Office of Intergovernmental Relations

801 E. Jefferson, MD-4100 | Phoenix, AZ 85034

(602) 417-4610 (Office) | (602) 256-6756 (Fax)

Bonnie.Talakte@azahcccs.gov



AGENDA



SPECIAL TRIBAL CONSULTATION TELECONFERENCE AND WEBINAR

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638 and Urban Indian Health Programs

Date: Thursday, February 1, 2018

Time: 10:00 a.m. – 11:00 a.m. (Phoenix Time)

You can choose to participate via phone or via webinar. The webinar option will require an internet connection to view the materials being presented.

Conference Call Only: Call-In #: **1-877-829-7831** Participant Code: **108903#**

Webinar Conference Call: Registration is required. Please click on the link below to register for the Webinar. After registering, you will receive a link and call-in number to use to participate in the scheduled webinar. <https://attendee.gotowebinar.com/register/2900094247957759235>

| TOPIC | LEAD |
|---|--|
| 10:00 a.m. - Welcome & Introductions | Bonnie Talakte, <i>AHCCCS Tribal Liaison</i> |
| <u>Topic:</u> Electronic Visit Verification (EVV) | Dara Johnson, <i>Program Development Officer</i> <i>Division of Health Care Management</i> Valerie Jones, <i>Tribal ALTCS Administrator</i> <i>Division of Fee-for-Service Management</i> |
| <u>Background:</u> Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396(b)), AHCCCS is mandated to implement Electronic Visit Verification (EVV) for non-skilled, in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2019 and for in-home skilled nursing services (home health) by January 1, 2023. This special teleconference will provide an overview of the Federal mandate, AHCCCS proposed decisions and submission of public comment. More information may be found on the AHCCCS website (www.azahcccs.gov/EVV). | |
| 11:30 a.m. - Adjourn | |

ATTENDEES:

| | |
|------------------------|---|
| Tribes | <u>Navajo Nation:</u> Nyanah Leonard, Jennifer Begay, Darlene Chee, , Melissa Begay, Philina Simmons <u>San Carlos Apache Tribe:</u> Stephanie Salter, Carol Lewis, Valerie Chee, Ron Ritter, Davis Reede, Natsai Zhou |
| I/T/Us | <u>Navajo Area IHS:</u> Darlene Chee <u>Tucson Area IHS:</u> Dixie Gaikowski, Dan Marino |
| Other | <u>Native Health:</u> Bea Salazar <u>Ft. Defiance Indian Health Care (Tsehootsooi):</u> Christine Becenti <u>Winslow Indian Health Care:</u> Carol Chitwood, Jennifer Begay, Alutha Yellowhair |
| AHCCCS Representatives | Bonnie Talakte, Dara Johnson, Valerie Jones |

MEETING SUMMARY

A complete description of Electronic Visit Verification and the PowerPoint Presentation can be found at the AHCCCS Tribal Consultation website:

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>

Electronic Visit Verification (EVV)

Presenter: Dara Johnson

Definition of Electronic Visit Verification (EVV): EVV is an electronic way for a caregiver going into a home of an AHCCCS member to verify that services have been provided. EVV is a clock-in and clock-out system.

21st Century Cures Act: EVV is a component of the 21st Century Cures Act. The Act was passed by Congress in December of 2016. Section 12006 requires states to implement an EVV system for personal care and home health services provided in a member’s home. Under this mandate, AHCCCS is required to implement the following:

- Personal Care by January 1, 2019. This includes attendant care (personal care and homemaker), respite care and habilitation (hourly) services.
- Home Health by January 1, 2023. Home health applies to both the Acute (AIHP) and Long Term Care programs (Tribal ALTCS)
- AHCCCS is planning to implement EVV for personal care and home health services at the same time.

When Congress passed the law in order to ensure that States would comply with the established timeframe, Congress indicated they would withhold the federal match until a State was in compliance. Allowances are made if the State is making good faith efforts to comply and delays in implementation are unavoidable. There are some prescribed elements that must be present in order to be compliant with the law. States have flexibility on their EVV system design and quality control measures.

The system must electronically verify:

- Type of service performed
- Individual receiving the service
- Date of the service

- Location of service delivery
- Individual providing the service
- Time the service begins and ends

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
- Health Insurance Portability and Accountability (HIPAA) compliant
- Takes into account best practices
- Developed and implemented with stakeholder (members, providers, families, advocates, etc.) input.

The Act ***does not***:

- Limit the services provided
- Limit provider selection
- Constrain individuals choice of caregiver
- Impede the way care is delivered
- In any way establish an employer-employee relationship

AHCCCS EVV Goals:

- Ensuring timely service delivery for members including real time service gap reporting and monitoring.
- Reducing administrative burden associated with paper timesheet processing.
- Generating cost savings from the prevention of fraud, waste and abuse.

Proposed EVV Design: AHCCCS conducted a Request For Information (RFI) in May 2016 requesting EVV vendors to share information on what their products do and their experiences with Medicaid programs that serve communities with limited access to technological infrastructure for EVV. Vendors were asked to demonstrate their systems. In addition, a steering committee was created consisting of:

- AHCCCS members,
- Provider Agencies
- MCO and Tribal Contractors
- AHCCCS Personnel

Proposed System: AHCCCS is proposing to design one state-wide system that all agencies and organizations that provide services would utilize. Consideration would be given to Providers who utilize EVV systems so long as they meet system requirements and can interface with the AHCCCS system. If AHCCCS develops the system, 90% of development costs are reimbursed and 75% of ongoing costs are covered. This is also a way to maximize the federal match that AHCCCS can get to cover the cost of the system. If Providers agencies will utilize the AHCCCS state wide system, the agency will cover the cost of the system and devices. AHCCCS wants to have multiple EVV options for members to choose from based upon their lifestyle and access to technology.

Proposed Devices: These are the three ways AHCCCS plans to meet the mandate. AHCCCS understands that vendors are developing new technology so this may not be representative of what technology exists today or tomorrow.

1. With fixed devices in concert with landlines
- 2 & 3. With Smart Phone or Tablet Application (Cell or Internet Service). This device may or may be accessible in tribal communities. Service would have to be reliable.

Paper Timesheets: This option may be more workable in some tribal communities. Paper timesheets are eliminated except in certain circumstances. *This is an option for Tribal Communities.* Criteria would be developed to allow provider agencies to be exempt from EVV requirements.

- Geographic areas with limited connectivity/infrastructure
- Providers with a small number of Direct Care Workers
- Direct Care Workers would enter the numeric code from a fixed device onto the timesheet.
- The timesheet can be manually entered or uploaded into the EVV System.

Proposed Service Verification: One thing that changes with EVV is the requirement of when services need to be verified. In addition to electronic verification, such as with a timecard, the member and direct care worker will verify services at the end of every shift or visit or through other considerations such as an option to match the date/time with the member and the Direct Care Worker for members that are not able to verify service delivery or the family member is the paid caregiver.

Proposed Data Security: Only those that need to see the information will see it (Role based security).

- Information will not be stored on the device (Cloud based storage).
- Information will be protected if it is on a device during rest, transmit and temporary storage (Data encryption).
- If device goes lost or missing, information can be remotely deleted.

Proposed Service Authorization/Plan of Care Modules: The Health Plan sends the service authorization through the system to the provider. The service authorization would include the plan of care, including the Home and Community Based Needs (HNT) Tool. Direct Care Workers would report tasks completed with each visit and health condition updates for the member.

Proposed Scheduling Module: The provider agency and member/family set up a regular electronic schedule based upon the authorization and plan of care. Scheduling flexibility would be allowed for members utilizing the Agency with Choice and Self-Directed Attendant care member-direction options. Members would set parameters for reporting a potential gap in service to ensure authorized services and hours are provided based upon the plan of care. Scheduling module would help agencies manage the schedules of Members and Direct Care Workers.

Proposed Billing Module: AHCCCS would require the EVV vendor to make a billing module available but make it an option feature for most providers. AHCCCS may make this a requirement for AIHP and Tribal ALTCS. Provider agencies could choose whether or not they wanted the module and pay the vendor directly for the service or could create and submit the payment claim to the Health Plan along with data from the EVV system on service visits and plan of care.

EVV Design Summary:

| Things that Stay the Same | Things that are Different |
|--|---|
| Member choice of provider | Elimination of paper timesheets |
| Availability of services | Use of EVV devices |
| Member choice of individual direct care worker | How member/representative signature is collected |
| How services are provided | Member/representative signature at the end of every visit/shift |
| Where services are provided | |

Public Comment Period:

- AHCCCS will allow members of this audience to submit public comment after the deadline (January 31, 2018)
 - **New deadline for this audience (February 16, 2018)**
- Request for Information survey will be sent to providers to solicit feedback – Providers will have 3 weeks to respond. The following provider types will be sent surveys asking for direct feedback; Attendant Care agencies (Provider Type 40), Home Health agencies (Provider Type 23), Integrated clinics (Provider Type IC) and Outpatient Clinics (Provider Type 77).
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- Public comment:
Email: EVV@azahcccs.gov
Mail: AHCCCS
c/o EVV – Division of Health Care Management
701 E. Jefferson Street, Mail Drop 6500
Phoenix, Arizona 85034
 - Check the AHCCCS website regularly for updates

General Questions:

Dara Johnson
Program Development Officer
AHCCCS
701 E. Jefferson St., MD 6500
Phoenix, AZ 85034
(602) 417-4362
EVV@azahcccs.gov

Questions/Answers/Comments:

Q: Will home agency providers be responsible for entering all the information?

A: That's correct. We will re-create the timesheets that will be in a form that information can be scanned in and the data would automatically populate in the system. The responsibility will remain with the provider.

Adjourn: Meeting adjourned at 11:15 a.m.