# **Electronic Visit Verification**

## **Agenda**

* What is Electronic Visit Verification?
* Why do we need EVV?
* Who will use EVV?
* What is the Vermont EVV Solution?
* EVV Implementation & Training
* EVV Communications
* EVV Stakeholder Input

## **What is Electronic Visit Verification?**

* Electronic Visit Verification (EVV) is a telephone and computer-based system that records information about services provided.
* The 21st Century Cures Act (Cures Act) requires all states to use an EVV system for Medicaid funded personal care and home health services.
* In accordance with the Cures Act, the Vermont Medicaid EVV system will collect the following information:
	+ the person receiving the service.
	+ the person providing the service.
	+ the date of the service.
	+ the time the service starts and ends.
	+ the location of the service.
	+ the type of service.

## **Why do we need EVV?**

* It is a federal requirement for all states to use an EVV system.
* If we do not use EVV, we will not receive funding from the federal government for our programs.
* The purpose of EVV is to ensure:
	+ The correct services are provided at the right location.
	+ The services are recorded accurately.
	+ Services that are not provided are not submitted for payment.
	+ Compliance with the 21st Century Cures Act.

## **Who will use EVV?**

* The programs managed by ARIS Solutions that must use EVV for personal care are:
	+ Children’s Personal Care.
	+ Choices for Care (including Flexible Choices & Moderate Needs Group).
	+ Attendant Services Program.
	+ Traumatic Brain Injury Program.
* EVV is not required when the caregiver lives in the home.
* EVV is not required for services performed entirely outside the home.
* Personal care services must use EVV by January 1, 2021.
* Home Health Services will have to use EVV by 2023.

## **What is the Vermont EVV Solution?**

* The Vermont EVV system will use a Mobile Application (Sandata Mobile Connect) or Telephony to collect visit information.
* An online EVV Portal will be used by providers to review and correct EVV data.
* Home Health Agencies (HHA) can use the Vermont EVV system or an alternative EVV system.
* An alternate EVV system (AltEVV) is one that can provide the necessary visit data and connect with the Vermont EVV system (data aggregator).

### Sandata Mobile Connect

* Bring Your Own Device Model.
* Application download is available free of charge for iOS and Android.
* Client is selected and service selected from a drop-down list.
* Start and end time are verified with GPS to the member addresses.
* GPS location captured at check in and out only.
* Visit notes can be added prior to visit end.
* Works regardless of cell/wi-fi connection in rural areas (connected or disconnected).
* Multiple languages, ADA 508 and HIPAA compliant.

### Telephone Visit Verification

* Caregiver calls at the beginning and end of each individual visit.
* Caregiver can use the participant’s home telephone or a cell phone.
* Caregiver enters their EVV ID, the Clients ID and appropriate Service ID numbers based on the provided services.
* Toll-free numbers will be provided and made available 24/7.

### Sandata EVV Web Portal

* Near real-time capture of data and monitoring.
* Exception flags for visits that are missing required data can be fixed right away.
* Visit corrections require a reason code and are logged in the history tab.
* Data supports claims submission and reporting.

## **EVV Implementation & Training**

* Vermont is planning a 6-month phased approach for training and implementation using a pilot group to test learning modules.
* Vermont and Sandata will provide instructor-led webinar training sessions.
* Self-paced/online training via a Learning Management System will include recorded webinars and an online library of role-based training modules.
* In-person instructor-led classroom trainings are being considered.
* Providers of care will be trained in both caregiver and client modules.
* Printed manuals and user-guides will be provided to all users.

## **EVV Communications**

* **Individuals (Recipients)**
	+ Stakeholder meetings.
	+ Written correspondence from ARIS Solutions.
	+ Monthly “What is EVV” flyers.
* **Home Health Providers**
	+ Monthly stakeholder meetings.
	+ Ongoing correspondence and access to AltEVV specifications.
* DVHA has an EVV webpage <https://dvha.vermont.gov/electronic-visit-verification-1>
* DVHA has an email address for any EVV questions ahs.dvhaevv@vermont.gov

## **Stakeholder Input**

### EVV Exceptions

* How can we educate employees and employers about exceptions (temporary or on-going) to the EVV requirements?
	+ Certain programs don’t require EVV.
	+ EVV is not required when the caregiver lives in the home.
	+ EVV is not required for services performed entirely outside the home.
	+ The caregiver doesn’t have a cell phone, or the cell phone isn’t available (dead battery/lost/broken).
	+ The person receiving services doesn’t have a landline or it’s unavailable.
* What should the state do if an employee/employer is required to use EVV and is able to use EVV, but **refuses** to use EVV?

### EVV Training

* How should we inform/train employees and employers about using EVV? Examples of training methods include:
	+ Online video training with step-by-step instructions.
	+ Written instructions.
	+ Support from a person by telephone.
	+ In-person classroom training.

### EVV Adoption

* How else can we increase adoption of the new EVV solution?
* Do you have any suggestions of what barriers might prevent EVV adoption?

### Feedback Survey

* We are interested in your views on Electronic Visit Verification.
* We welcome your ideas or suggestions regarding:
	+ Our EVV design solution.
	+ Improving adoption of EVV.
	+ What barriers might prevent EVV adoption?
	+ Our training approach and training content.
* Please visit our EVV website and complete our EVV Feedback Survey
* [**https://dvha.vermont.gov/electronic-visit-verification-1**](https://dvha.vermont.gov/electronic-visit-verification-1)