ELECTRONIC VISIT VERIFICATION

DELAWARE DIVISION OF MEDICAID AND MEDICAL SERVICES

STEERING COMMITTEE MEETING

JULY 22, 2020
TODAY’S AGENDA

• Welcome and Introductions
• Fiserv team introduction
• 21st Century Cures Act and Good Faith Effort Exemption
• Stakeholder Input
• Services subject to EVV
• Implementation timeline
• System features
• Role of the Steering Committee moving forward
21ST CENTURY CURES ACT

• How does the CURES Act apply to Home and Community Based Services (HCBS) programs?
  – Section 12006 of the CURES Act requires states to implement an electronic visit verification (EVV) system for
    - Personal Care Services (PCS) by January 1, 2020
    - Home Health Services (HHS) by January 1, 2023
  – DMMA is proposing to implement EVV requirements for PCS and HHS services at the same time in 2020.

• DMMA was granted a “Good Faith Effort” Exemption by CMS on November 25, 2019
  – CMS will not apply federal medical assistance percentage (FMAP) reductions in calendar year 2020

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
**STAKEHOLDER INPUT**

- Development of the EVV Steering Committee
- Dedicated EVV mailbox for input/questions
- Held public information meetings in each county to walk through the proposed design of the EVV system with stakeholders
- Elicited provider feedback via a Provider Survey
- Developed the document: Electronic Visit Verification: What You Need to Know
- Attended provider association meetings
## What Services are Subject to EVV?

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<thead>
<tr>
<th>Service</th>
<th>Code(s)</th>
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<tbody>
<tr>
<td>Attendant</td>
<td>S5125</td>
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<tr>
<td>Chore</td>
<td>S5120</td>
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<tr>
<td>Habilitation</td>
<td>T2021</td>
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<td>Homemaker</td>
<td>S5130</td>
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<td>Home Health - Home Health Aide</td>
<td>T1021</td>
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<tr>
<td>Nursing</td>
<td>S9123/S9124</td>
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<tr>
<td>Physical Therapy</td>
<td>G0151/S9131</td>
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<tr>
<td>Occupational Therapy</td>
<td>G0152/S9129</td>
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<tr>
<td>Respiratory Therapy</td>
<td>S5181</td>
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<td>Respite</td>
<td>S5150</td>
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<tr>
<td>Speech Therapy</td>
<td>G0153/S9128</td>
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<td>Private Duty/Independent Nursing</td>
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<td>Personal Care</td>
<td>T1019</td>
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EVV MINIMUM DATA REQUIREMENTS

At a minimum, EVV systems must collect the following information:

- the type of service performed;
- the individual receiving the service;
- the date of the service;
- the location of service delivery;
- the individual providing the service; and
- the time the service begins and ends.
## EVV Model

| Open Model EVV | • One statewide EVV system for data collection and data aggregation  
|               | • Existing provider EVV systems may be maintained with data sent to data aggregator |
| Service Verification | • Member and direct care worker (DCW) will verify services at the end of every shift/visit (the system tracks the start of the shift and location)  
|               | • Exceptions process to correct mistakes  
|               | • Alerts generated when visits missed |
### Data Collection
- Various data collection methods including smart phones, tablets, telephony, fixed location device, etc.
- Limited use of paper timesheets

### Reporting and Dashboards
- The system will include reporting and dashboard functionality at various user levels (State, MCO, provider)
To provide input and feedback on the development and implementation of EVV

To share information with members, providers and other stakeholders

Monthly meetings