

# Electronic Visit Verification Stakeholder Engagement and What is on the Horizon for Senior and Disabilities Services In Alaska

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We ask that you:

- Allow everyone to contribute
- Save questions/comments to the end of the presentation or during open discussion times
- Identify yourself when speaking
- Listen for understanding
- Stay solution focused



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# Electronic Visit Verification (EVV) 101

**What is it?** EVV systems electronically verify the time and location of the Direct Service Professional (DSP) who is providing home and community based services. EVV systems can be as simple as “telephony” in which a DSP calls in from the participant’s land-line phone (which the EVV system verifies as correct phone) to as complex a system as GPS verification of the location of a cellular phone being used for DSP and participant to sign-in. EVV systems all aim to facilitate electronic documentation needed to record those services and capture a participant’s verification.

**Why?** Medicaid Personal Care Services are becoming increasingly more important as the need for them continues to grow. However, there is also growing concern that there may be unacceptable levels of improper payments in this area. To thwart deliberate fraud, decrease errors, and to improve accountability, Provider Businesses (or a state) can choose on the open market from among many available Electronic Visit Verification systems (EVV). In December of 2016, Congress passed the 21<sup>st</sup> Century CURES Act mandating that states that have not implemented EVV for their Medicaid funded Personal Care Services will be penalized by a progressive loss in FMAP. Recently Congress passed a bill that will delay the penalties until January 1<sup>st</sup>, 2020. That legislation spells out expectations that CMS engage with states and stakeholders. In addition to the delay in penalties the bill keeps intact the possibility of a “good faith” extension for one additional year.



**What are Personal Care Services?** Recent guidance from the Centers for Medicare and Medicaid Services (CMS) indicates the title or name of the service is not material –what matters is the definition and whether or not it includes support with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) delivered under several authorities including 1915(c) HCB Waivers, 1915 (k) CFC Services, and State Plan Personal Care Services. Simply put, if the service definition or conditions of participation include support with ADLs and/or IADLs it falls under the CMS definition of Personal Care Services. Clear and current guidance indicates that 24 hour residential settings will be exempt from the mandate.



**What now?** The 21<sup>st</sup> Century CURES Act clearly provides guidance to states on the expectation that they participate in active stakeholder engagement and seek out “minimally burdensome” solutions. The State of Alaska is beginning that process. Participants, family members, DSPs, providers, and advocacy organizations will need to work together to find the Alaskan solution. That is why we are here today!



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# Who are the stakeholders?

Individuals, organizations,  
and entities likely to be  
impacted by this mandate.



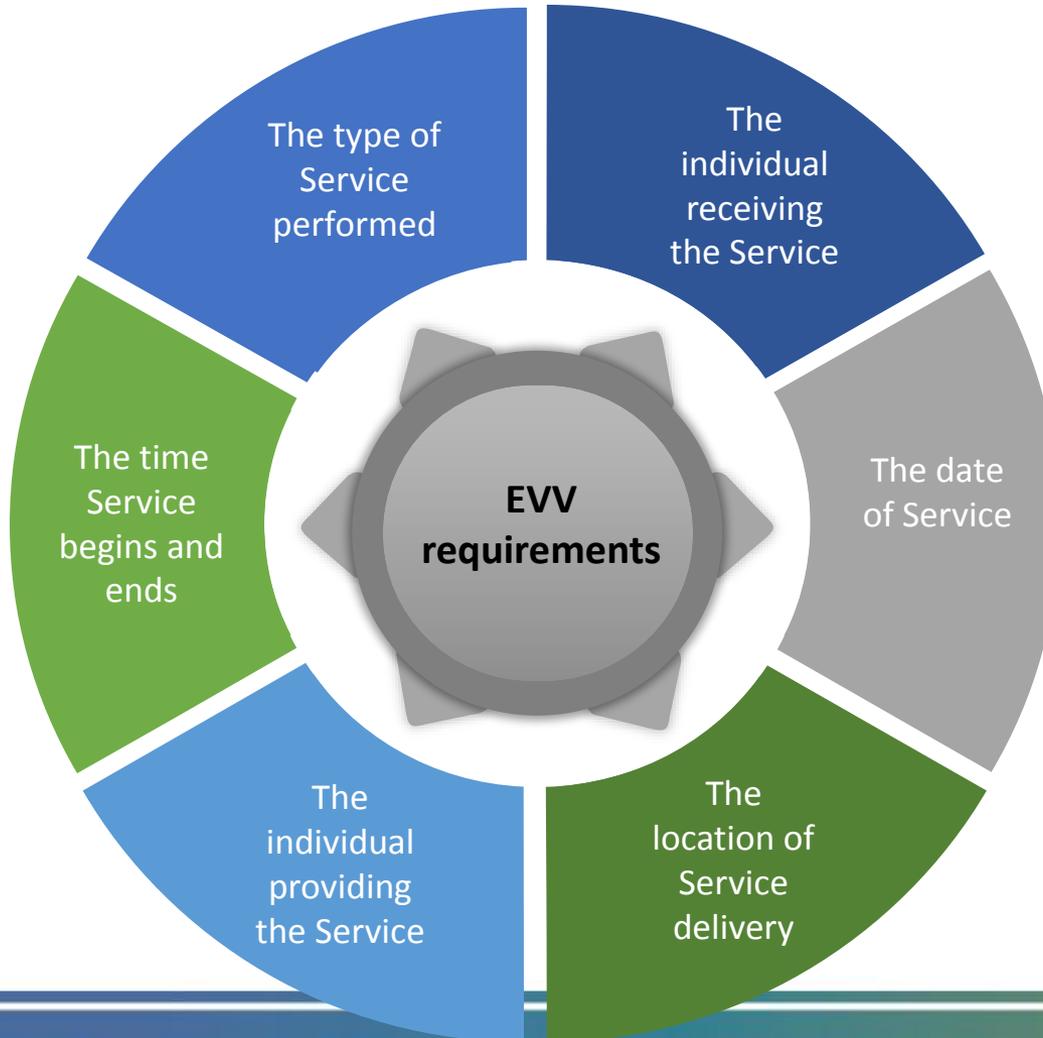
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# What does the 21<sup>st</sup> Century Cures Act say?

*a system under which visits conducted as part of such services are electronically verified with respect to:*

Is minimally burdensome

Takes into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders



Takes into account existing best practices and electronic visit verification systems in use in the State

Is conducted in accordance with the requirements of HIPAA privacy and security law



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# Fitting Electronic Visit Verification into the Shared Vision



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# What does that look like?

## Engaged

Participants at the table actively engaged before decisions are made and advising following implementation.

## Flexible

EVV solutions and the system needs to be flexible enough to serve individuals throughout their communities and activities.

## Self-Directed

To the greatest extent possible EVV solutions need to increase self-direction and greater control over their services.

## Supported by Training

Participant training and support is vital to success and affords individuals the opportunity to participate in DSP training and support.

## Sustainable

The real cost of proper implementation, maintenance, and training must be addressed.



# Models for the path forward

Finding an Alaskan Solution



## “Closed System Model”

The state Medicaid program contracts with a single EVV vendor and mandates that all Provider Businesses use that vendor.

## “Provider Choice Model”

The state Medicaid program develops technical and functional standards and timelines by which Provider Businesses must meet those EVV standards.



## “Open Vendor Hybrid Model”

The state Medicaid program contracts with a single EVV software platform vendor to provide an EVV solution and “data aggregator”.

## “State Run Model”

The state Medicaid program creates, runs, and manages their own EVV system.

Or...



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# Discussion:

## Where are the places that input can impact action?

If the State of Alaska has some flexibility to meet the mandate with Alaskan solutions, where would you like to see it applied?

### Definition of “location”

The Act does not specifically mandate any particular technology.

Question: Can the State of Alaska define location as broadly as home/work/community?

Are there other ways that you would like “location” defined?

### Flexibility of variables

Question: Can the State of Alaska define specific circumstances in which other means of documentation is reasonable?

Subsistence activities, trips for work/travel, communities that experience frequent outages,...others?

### Data collection

Question: Can the State of Alaska determine what information is collected and shared and with whom?

How much information does the State need to oversee verification? Should any of that information be available to others? i.e. Research/Analysis, Law enforcement....others?

### Service Definitions

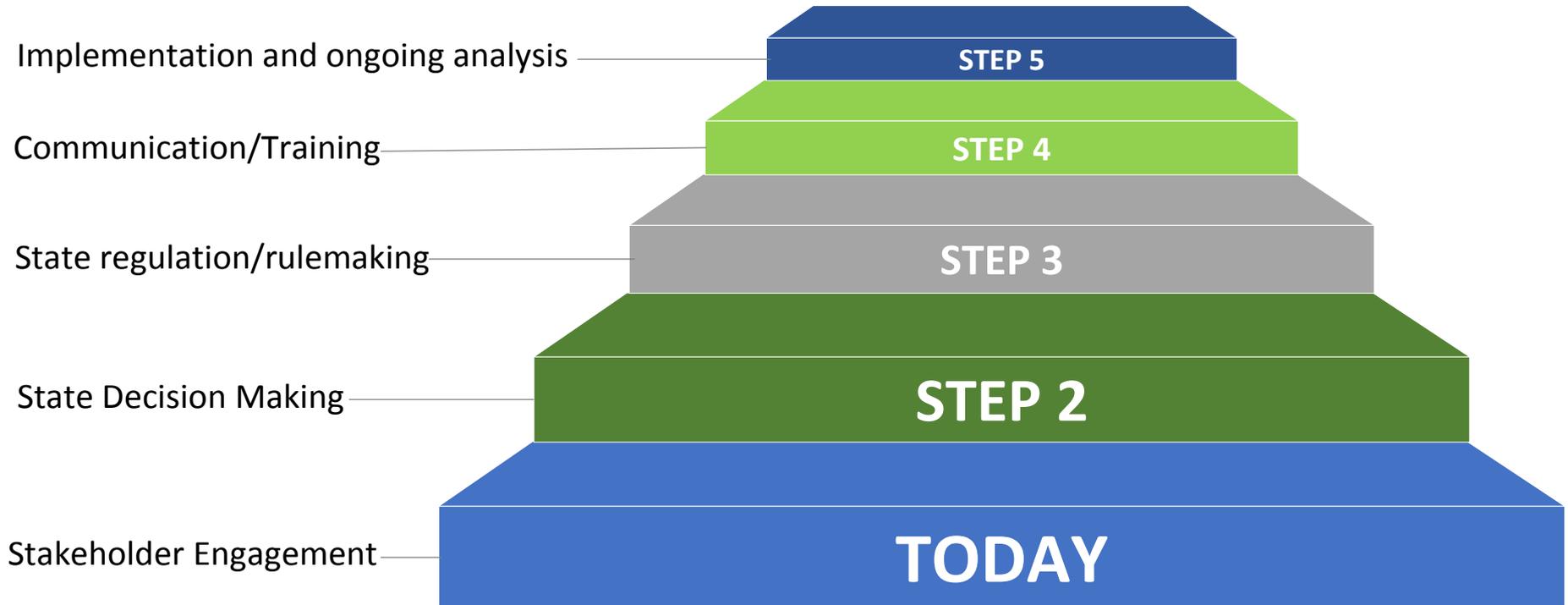
Question: Are there certain services that could be excluded because the primary focus of services is not “personal care”?

Services that are delivered in group settings, supported employment...others?



# Not the last opportunity for input

Where do we go from here?



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# What is on the horizon?

Senior and Disabilities  
Services  
Medicaid Reform Initiatives



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# Senior and Disabilities Services Medicaid Reform Initiatives

1. Community First Choice (1915 K) – go live with this option in October 2018
  - Institutional level of care required to meet eligibility for the Community First Choice
  - Approximately 1 600 Alaskans receiving Personal Care Services meet Community First Choice eligibility
  - Community First Choice enhance match is 6% (56%/44%) - \$2.5 million



# Senior and Disabilities Services Medicaid Reform Initiatives (continued)

2. Individualized Supports Waiver (1915 c) – go live with this authority in October 2018
  - New Individualized Supports Waiver will refinance the community & development disabilities grant component (GF)
  - \$17.5 Cap – will draw 600 for the new Individualized Supports Waiver
  - \$450.0 set aside annually for those individuals who do not meet Individualized Supports Waiver eligibility
  - Supported by the Inclusive Community Council, the Alaska Association on Developmental Disabilities, and the Governor’s Council on Disabilities & Special Education



# Other Initiatives Senior and Disabilities Services is Exploring(continued)

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## 1. Family Caregiver Program

- Visiting program in Washington State that appears to be saving money
- WA program provides:
  - Limited amount of supports to people with a family caregiver who are not eligible for a waiver and Medicaid
  - Assessment, counseling and other resources to reduce caregiver burden
- Bringing State staff and legislators to determine if and how to implement this in Alaska



# Other Initiatives Senior and Disabilities Services is Exploring(continued)

## 2. Helping People to Transition from institutions

- Move people in out-of-state institutions back to Alaska into community based settings.
- Move people from the Alaska Psychiatric Institute and nursing homes back into the community
- Exploring paying for the transition costs (moving costs, 1st month rent, etc.)
- Could be paid under the waivers or Community First Choice



Thank you for helping us to make the right choices!



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