



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

## Department of Health and Social Services

GOVERNOR'S COUNCIL ON DISABILITIES  
& SPECIAL EDUCATION  
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### **RE: HB 315 - Electronic Visit Verification for providers of certain medical assistance services**

Dear Representatives Seaton, Vazquez, and Reinbold,

The Governor's Council on Disabilities and Special Education (the "Council") fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the State DD Council, we work with Senior and Disabilities Services (SDS) and other State agencies to ensure that people with intellectual and developmental disabilities and their families receive the services and supports that they need, as well as participate in the planning and design of those services. One of the duties of the State DD Council is providing comments on proposed recommendations that may have an impact on individuals with intellectual and/or developmental disabilities and their families.

The Council has some concerns with the current version of HB 315 to require an electronic visit verification (EVV) system for personal care assistance (PCA) and home and community-based services (HCBS) providers in Alaska. Although this may work for consumer-directed PCA services, the very nature of HCB services is that they can be provided anywhere, making an EVV system extremely costly and impractical to implement. Although the Council agrees with efforts to reduce Medicaid fraud, abuse, and waste, we feel that EVV systems may not have the desired outcomes the State is looking for and may be far too expensive to implement in Alaska at this time. We believe that there are too many other systemwide Medicaid changes occurring in Alaska, most notably the implementation of conflict-free care coordination and possible transition to the 1915 (i) and (k) state plans. The Council especially wishes to express concern over the service recipient's quality of life, which can be significantly altered by EVV systems.

#### **May impact recipient quality of life**

There are a number of quality of life issues that arise when requiring HCBS providers to comply with an EVV system. Firstly, EVV systems require the consumer to have a landline telephone or installation of a device in their home, in order for the provider to clock in and out. People with landlines must allow their care provider to use the telephone, something they currently do not have to do. Since landlines are falling out of use and people are relying solely on cellular phones these days, many service recipients will need to consent to installation of a device in their home. However, such devices might be regarded with

suspicion by consumers, who feel that their homes should be secure and safe spaces free from surveillance devices. The very nature of person-centered, home and community-based services is that recipients are to be treated like everyone else in the community, not forcing them into a decision; either install tracking devices in their homes or pay for a landline. Newer options include global positioning system (GPS) tracking in the caregiver's cellular phone, another incredibly invasive option that does not sit well with Council members. Would the state purchase these phone trackers? Can the state legally require they be installed onto someone's personal property? What if caregivers do not have a cellular phone? Will the state be paying the employee's phone bill?

Service recipients in Texas and Illinois have reported negative experiences with EVVs. For example, community forums conducted by the Texas Department of Aging and Disability Services indicated that both consumers and their families have found the system to be bothersome. Individuals are witnessing the State track the movements of their care providers as if they are inherently untrustworthy and should be regarded with skepticism, which has changed the nature of the relationships between recipients, families, and their attendants. Since many service provider agencies already had their own EVV systems set up in these states, implementation of a statewide EVV has also resulted in residents maintaining multiple tracking systems for their various care providers, depending on what services they receive from which agencies and when. Since Alaska's service provider agencies already have their own electronic record-keeping systems in place, this issue would put undue burden on Alaskans to maintain several systems for various providers.

Lastly, most HCB services are not actually provided in the home, such as day habilitation where recipients learn skills for independence and employability in community settings. Since these services are provided in job centers, libraries, recreation centers, and other community-based locations, an HCB provider could not utilize an EVV system that is tied to an individual's landline or home address. Since an EVV system would only serve those home-bound individuals, it would not save the State money as keeping people in the home is not the preferred service delivery model for HCBS.

### **Will be costly to the State of Alaska**

There are also several factors that would drive up the cost to the State if such an EVV system were implemented. Research on the EVV implementation in Texas has revealed similar billing and paycheck delays as to what Alaska has already experienced with Xerox, an issue that is still ongoing. There have been several suspensions of the system in Texas while bugs were fixed, resulting in additional costs to the state who needed to "provide relief" to providers for system downtimes. Alaskan providers wish to avoid such a possibility, as the Xerox issues were significant and long-lasting.

EVV systems have extensive training requirements for the State to implement, including training of consumers, employees, and agencies on the system that will be expensive. States that are currently using EVVs have done so through their managed-care organizations, an infrastructure that Alaska is lacking. For example, Illinois' EVV training manual for providers is 27 pages/slides long, the agency manual is 31 pages long, and the training for the recipient/consumer is a whopping 43 pages long. Not only is this undue burden to our most vulnerable population and lowest paid caregivers in Alaska, but

SDS does not have the funding to provide such robust training to all consumers, employees, and agencies. The State would need to hire costly consultants to implement an EVV system. Additionally, states that are utilizing EVVs have had to create a new technical support division and help desk unit for the system. In the current budget crisis that has already required SDS to lay-off staff and remove vacant positions, the Council believes that the State does not currently have the funds to implement such a system, as the fiscal note will be significant.

The American Recovery and Reinvestment Act of 2009 required HCB providers to maintain electronic medical records (EMR). To achieve compliance, Alaskan agencies have invested significant resources in their own electronic record-keeping and workforce management systems; however, research from other states suggests that EVV systems do not integrate easily with various EMR systems, increasing the cost of incorporating many different electronic systems into something Alaska can use.

Lastly, smaller HCB providers, especially in rural and remote regions, will bear the brunt of the expense. Such providers will be extremely burdened by a system which requires significant costs, infrastructure, and training to implement and maintain, in regions that are already scarce on resources.

#### **Suggested changes and recommendations**

In order to reduce Medicaid fraud, it is better for the recipients and their families when provider agencies are given the opportunity to develop their own record-keeping systems that work best in their unique environments. Additionally, there are cheaper alternatives to EVVs that can have the same effect, such as providing the Explanation of Benefits (EOB) documentation to the recipient. This way, consumers can play a more active role in fraud reduction. The Council also recommends changes to HB 315 that removes home and community-based services from the EVV requirement, and changes the intent of the bill from a PCA requirement to a pilot project. We suggest amendments to lines 6-8, as follows (*changes in red*):

“Sec. 47.07.047. Electronic visit verification system. The department shall establish a **pilot** electronic visit verification system **so that** ~~requires~~ medical assistance providers **may test a system** to verify visits conducted to provide personal care services in a recipient’s home ~~or to provide home and community-based services to a recipient.~~”

The Council thanks the legislature very much for the opportunity to express our concerns regarding HB 315. Please let us know if you have questions or need further information.

Sincerely,



Jeanne Gerhardt-Cyrus, Chair  
Developmental Disabilities Committee  
FASD Workgroup