



## Electronic Visit Verification (EVV) Phase II Stakeholder Meeting June 17, 2019

### Meeting Summary

#### Opening Remarks and Introductions

*Anastasia Dodson, Department of Health Care Services (DHCS):* Welcomed stakeholders on behalf of project sponsors: DHCS, Department of Developmental Services (DDS), California Department of Social Services (CDSS), California Department of Aging (CDA), California Department of Public Health (CDPH), and Office of Systems Integration (OSI).

#### Overview of EVV, Federal Timelines, and Good Faith Exemption (*Please see meeting materials for more background on EVV*)

*Anastasia Dodson, DHCS & Jim Knight, DDS*

EVV is a telephone and computer based system that electronically verifies in-home visits occur. California is required by federal law to implement EVV for Medicaid funded Personal Care Services (PCS) and Home Health Care Services (HHCS). The EVV Phase II solution and roll-out strategy will include determining a combination of technical changes to existing systems and implementation of new systems.

#### Existing Systems

*Anastasia Dodson, DHCS & Jim Knight, DDS*

Sponsor departments are currently documenting current systems in use by providers/agencies across all programs and departments. Any and all providers/agencies are welcome to share their experience with existing systems and functionalities in the provider survey posted on DHCS EVV website: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>

*Nancy Chance, Choices Supported Living Services (CSLS)*

When implementing an EVV system, Choices Person Centered Services reviewed systems that they were currently using, Therap and ADP. They decided to use ADP based on meeting requirements of EVV, ability to clock in from a phone, computer, or tablet, and ease of use.

#### Questions and Comments:

*Victor, Premiere Health Care:* The slides state that EVV is a telephone and computer-based system. Did you mean maybe and/or because telephone is not mandated, right?

*Anastasia Dodson, DHCS:* Yes, as we proceed with the stakeholder process we will look at the different options of different solutions. This will include telephone versus computer based.

*Sara Spencer, Enriching Lives:* What did you find to be lacking in the Therap system compared to ADP. At the time you were reviewing, had Therap already rolled out their new EVV system?

*Nancy Chance, CSLS:* With Therap, we were using it not necessarily as a time keeping implement but more to standardize our data collection and ADP was easier for our staff to use. In our case, and for what needed to be collected, ADP was better for us. At the time we reviewed Therap had not rolled out an EVV system.

*Jackie, Supportive Living Network:* Do you pay a stipend for all of your employees using their cellphones?

*Nancy Chance, CSLS:* We do pay a stipend for all of our employees using their cellphones.

*Jackie, Supportive Living Network:* Because of joint employment Supportive Living Network uses ERSP, which is a different software system, with doing online clocking telephony. It has the ability to track IHSS and supportive living hours. We did look at ADP but had a challenge with the different pay codes.

*Claudine Seguin:* Is there a GPS system in place with the ADP system, or something to verify that they're actually at the location and not just checking in from their phone? Is there regulation so far saying joint employment exists or anything saying it's not?

*Nancy Chance, CSLS:* There is the capability of doing that but we don't use it because we feel like there is a privacy issue.

*Jim Knight, DDS:* There hasn't been anything developed by DDS that speaks specifically to joint employment.

*Josh McCabe, Sharp Healthcare:* My understanding is EVV requires both an electronic confirmation of the location and the person. Do you know if I am wrong?

*Nancy Chance, Choices Supported Living Services:* The federal requirement includes location but CMS has not said that all states are required to use GPS.

*Josh McCabe, Sharp Healthcare:* I've read that if there was a landline you can verify that a call is from a specific location. A cellphone without an electronic or GPS stamping seems like a grey area we would want to look at.

*Anastasia Dodson, DHCS:* This is not a policy led by California. We want to meet the federal requirements and we want to avoid penalties. But we may be different than other states in how we use GPS or any other type of more intrusive solution.

*Debbi Thomson, CDSS:* For Phase I, there was a very clear decision that we're not going to utilize GPS to meet the requirement for location. CMS has been really clear in their communications that they do not require information to be collected through a GPS system.

*Kevin, Manos and California Supported Living Network (CSLN):* It sounds to me like the state only needs to collect data from the EVV systems that providers have. That there's only a small set of fields that need to be collected for the purposes of electronic verification. The state may have a list of appropriate EVV software, but it sounds like the state doesn't have to do anything or intervene or encroach upon any vendors or EVV system other than to state specific field requirements for data collection. It also sounds to me like this is only for EVV and will have nothing to do with remittances, especially in the POS system. Please let me know if I'm right or not.

*Anastasia Dodson, DHCS:* The technical specifications for how we will implement a solution have not been fully developed yet. We are looking at existing EVV systems in use and other systems in use across all of our systems. We know that we will need to have a dialogue with all of you, in order to make sure that we have the technical design correct and efficient for all of us.

*Victor, Premiere Health Care:* Is real time reporting and client verification required?

*Debbi Thomson, CDSS:* For Phase I, IHSS and Waiver Personal Care Services (WPCS) the EVV required information is entered into either an online or telephonic system and verified by the service recipient.

*Anastasia Dodson, DHCS:* For Phase II, we want to make it as efficient and minimally intrusive, but we still need to do more research with all of you and with potential vendors and our existing systems in order determine that.

*CalOptima:* Is the burden of demonstrating EVV with the local vendor employing the services or is it with the program level for example, with the different waivers, or is it with the health plans?

*Anastasia Dodson, DHCS:* This is something we'll need to look at as we're mapping the different systems.

*Jackie, Supportive Living Network:* Sutter County is asking for the recipient to submit a schedule of when and how many hours in that day will they receive the IHSS services. Will this be implemented in each county?

*Debbi Thomson, CDSS:* Our policy is hours can only be assigned by the recipient of the service. A schedule is not a requirement of the program, and if the county's doing that then you need to report that to us.

*Marty Omoto:* If someone's not properly implementing EVV, either the provider or the worker, or even the person receiving a services, what's the consequence? Will the state be helping with costs associated with implementing EVV?

*Jim Knight, DDS:* We are going to have to gather some information on that before we can then see what our options are as far as helping with costs for providers.

*Anastasia Dodson, DHCS:* The implementation plan will include training on use of EVV as well as what happens if information is mis-entered and we don't have a violation framework. We are not intending to have claim reimbursement contingent on EVV use.

*Hector Ramirez:* I'm hearing the conversations about software and people being able to utilize their own devices. I'm still not sure if we have discussed appropriate measures to secure privacy and confidentiality of data. Especially as people utilize personal devices and other type of networks that oftentimes will share some of this medical information. Is this something that is being highlighted as a priority?

*Jim Knight, DDS:* Absolutely, certainly we're learning from what has been done in other states and Phase I. Folks that utilize the services certainly want to know that their information is protected, so absolutely it's a main focus of what we're doing.

*Karen Mulvaney:* Under the current joint employment rules that were briefly discussed previously, there are ways to avoid joint employment deeming, and thereby avoid a whole lot of overtime charges. But those methods have become a whole lot more complicated under proposed new rules from the Department of Labor. What was one requirement which was essentially complete dissociation between families using IHSS and Supportive Living Service (SLS) agencies now has become a factor of like six new provisions. And so my request is, please look at those joint employment proposed rules. And when you're structuring your EVV system, if there is a way for us to avoid overtime between IHSS and SLS and make that part of the design of the system that would be great.

*David Ward:* What is California proposing to use as an incentive for the providers to purchase phones or whatever you may have to clock in and clock out, if they use the mobile app?

*Anastasia Dodson, DHCS:* This is part of our analysis that we're doing right now and the discussion that we'll need to have with our control agencies as far as how much is budgeted for EVV and the logistics.

If you have questions please email the DHCS or DDS EVV inbox: [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov) or [EVV@dds.ca.gov](mailto:EVV@dds.ca.gov)