Electronic Visit Verification (EVV) Stakeholder Meeting Closed Captioning Transcript

July 16, 2019

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>> Good morning everyone. For those that have called in, before we jump into the meeting today, keep in mind all lines have been muted. You are able to unmute yourself by pressing *6 . If you have a question or a comment, use *6. Please remember to mute your Leinbach. We want to minimize background noise and any disruptions for the meeting. Everybody ready to get started? We have a lot of great things to get covered today.

>> I am the policy specialist. If this is your first time for this meeting, welcome. I am normally the voice that you here. We always go through overall before what EVV is before we get into a major update . We have a lot of great material to cover today. If this is your first meeting or you may not recall, restrooms are located outside by the elevators. The women's restroom is the first to the left and the men's restroom is further up. Pass the elevators. If you need an accessible restroom, it is on the seventh floor. If you need Neutra general restrooms, they are on the first floor. Normally we do introductions from the department. For everyone introductions, during the meeting today. As you are speaking. It is helpful if you state your name. Jodi is taking notes. So we know who you are and who you are affiliated with, if we need to follow up with you.

>> I am the state plan policy specialist for EVV .

>> [Indiscernible --low volume]

>> [Indiscernible]

>> [Indiscernible]

>> [Indiscernible]

>> [Indiscernible --low volume]

>> [Indiscernible --low volume]

>> [Indiscernible --low volume]

>> [Indiscernible-Poor Audio] We will do a quick soundtrack for those on the phone. If someone could unmute and give a confirmation that you heard everyone. That would be great.

>> Not real clear.

>> It was really hard to hear.

>> For those in the room, you want to keep in mind, please make sure that we are projecting our voices to ensure that people are able to hear us on the phone and over the webinar. Thank you for that feedback. Is there anyone from HCPF on the line right now?

>> This is Veronica, project manager.

>> Good morning. For those that this may be your first meeting, we have EVV in a title . It is our main job and responsibility. I know I am grateful to have so many individuals as part of the Trinity team that are committed 100% to this project. As we get the material today, it is a fairly large project with many moving pieces. We are grateful for the team that we have to help us through with implementation. Meeting guidelines. I stated for those that are in the room and on the phone, any time that you speak, it would be helpful if you could state your name. If you want to state your affiliation as well. It is helpful. For the people calling in if it is the department speaking or a stakeholder speaking to distinguish that. Another thing, since we only have an hour and a half, time flies by. During the presentation, we have designated times for questions and comment. It may seem like we are going through quickly but if you have questions, write them down. If you can recall them it would be helpful. That way we can get through the material. And make sure we have time for question for question and answers. Toward the end of the meeting we have an open form. Any questions or comments that we may not have gotten to, that is the time we time we can go back to that. Does that sound good? I want to make sure we get through the material today. We do have time throughout the presentation to take questions for a few minutes. I want to make sure that everyone here gets through the information. For the general stakeholder meeting, if anything is unclear, try to listen for understanding. If you are not sure, right on your question. If we have time, I will be happy to address that. To make sure everyone is clear on the material. If there's something that does not seem right, how can we get a creative solution to something that may arise in the meeting today is helpful. That is what we want to use this meeting time for. Brainstorm solutions. On top of hearing stakeholders and their feedback throughout the presentation today. Sound good? Okay. I am a feedback kind of person. The agenda for today, we did introductions. We will do a brief overview of EVV. Why we are here? The service types required? Limitations of the technologies. We have some more information around provider preparation kits, training information. This will make sense when we go through the timeline. And are top FAQs and the open forum. The general stakeholder meeting, the department hosts four EVV is a month. For the general one we use this time for really any major updates on the project. It is our largest stakeholder meeting so we like to present any new material. Anything that is new during the presentation. And we have three subcommittees. Those meetings occur, occur later in the month. The meeting times are on the EVV website . What is EVV? It is a technology solution which verifies information through mobile apps, telephone or web-based portal. Why we are here is part of the federal mandate from the 24th century cures act. It requires that all state Medicaid agencies implement EVV. It is a requirement now for all states to be in compliance. On top of having to mandate or be in compliance, if we do not implement EVV we can have a reduction of federal funding. And that could have an impact to the services we provide. I will say this many times during the presentation, Colorado will be implementing all of our required services on January 1, 2020. What must EVV

capture? You may hear myself or someone from the department say, six points of data. This is what we are referring to. The federal mandate. We need to verify the type of service performed. Individual receiving the service. Date of service. Location of service. Who is providing the service and the time the service begins and ends. From here, these are the services that require EVV . I will read through them in case someone does not have the presentation in front of them. Maybe it is the first meeting. We have personal-care, pediatric personal-care. Home health. Private duty nursing. Hospice, homemaker, respite, consumer directed attended support services, in-home support services, independent living skills training, life skills training, physical therapy, Occupational Therapy, speech therapy, behavioral therapies that are provided in the home the home or community, pediatric behavioral health, youth day, durable medical equipment that is required in a home visit. As we transition from this service slide, this is something new on the next slide. For those that may have attended the meeting before, have asked about, will the department provide a document that has all the service types? That has all the procedure codes for all the services you see. Either in front of you or [Indiscernible]. We have a document completed. We are doing a quick reformatting and they will have it uploaded on the EVV website . It was a high priority ask. To see all the procedure codes that are part of each of the service types. I will provide an example on the next slide. You see an example of behavioral therapies. The document will read something similar to this. Or exactly like this. It will have each service. I will have all the procedure codes that are underneath each service item.

>> It is broken out by each service type. Behavioral therapies, all of those are what we talking about with behavioral therapies. And the list is comprehensive. If it is not on this list, it is not being captured by captured by EVV .

>> Willis have the service type?

>> Each heading -- there is a table of contents by each service grouping. Each service grouping is a heading.

>> [Indiscernible --low volume]

>> It is on page 5 of the Colorado addendum's [Indiscernible --low volume]

>> [Indiscernible]

>> Do we get these lists and stuff in the mail?

>> Yes. So, if a stakeholder would like to see this information, we will be happy to send it. The service types, is for providers who are either using their own system or for providers who know that their services are applicable to EVV . I will make sure to send it to you.

>> I get nothing in the mail so far. And I know nothing about what is going on.

>> We will send this document. If you have questions, you can give me a call.

>> I have been calling for two months and you have never returned my call.

>> Okay. I will be more than happy to follow up with you after this meeting.

>> Thank you.

>> If you are provider, [Indiscernible] you should have received those documents. They will have the groupings. Each of the headings on the example of the service types document, shows you all the procedure codes that are lumped into the services. Does that make sense? I feel like I will get some questions later.

>> With pediatric behavioral health [Indiscernible-Poor Audio]

>> The full list of the EVV codes does have pediatric behavioral therapies. That is five therapies listed on the website listed under pediatric behavioral therapies. Not all behavioral health and pediatric clients are included in EVV. Only the codes that come out on this list are included in EVV. If it is not they are, it is not included.

>> I am only showing examples. The document is several pages. I did not include the whole document. I just wanted to show for the presentation today, what it would look like and the format.

>> You said the document is almost ready?

>> It is not up. We are reformatting and we should get it posted later today.

>> Where will he be able to find it once it is posted?

>> That is a great question. On the department EVV website , it will be located under the resource tab.

>> Thank you.

>> On the next slide, another example of the codes included and it has a service description. It is a comprehensive document. To make it really user-friendly and able to understand all of the codes included. And providing a description. I am appreciative of the team. We will have that posted hopefully by the end of today. On the next slide, we talked about service location. Just for a brief review. I know you are wondering why is it not just in-home visit? We want to reiterate, for the services, we recognize certain EVV services not only exist in the home. We want to make sure EVV is not limiting EVV is not limiting where services are provided . That is why when we say location, we recognize the community. Or a professional building. Recognizing people receive the services in different places. EVV does not change the services in the community. We have to have a distinction. As I go back a few slides on the services required, while we have some things in parentheses. That is home or community.

>> For service location, is there a conversation or what kind of information what we get in terms of location codes? Pediatric therapy does not have a community location come. It got automatically denied. If there are pediatric therapies [Indiscernible-Poor Audio]

>> The conversations with the benefit manager for that, our understanding was that is only available in the home and out in the community. It is dependent upon, EVV does not receive any benefits . It is business as usual. With EVV included . If there is a rule or some aspect of the benefit, EVV should not change anything about the nature of the benefit. Just because EVV can be in the community at home, if the therapy is in the home, it is in the home.

>> [Indiscernible-Poor Audio] Without not being resolved, it will completely eliminate [Indiscernible]. The definition of it is allowed. It is just not recognized.

>> We can follow up with this later. That is new information to me. I will also research it.

>> Are there any other further materials I have covered, are there any questions or comments? I will keep going. We have a lot of slides to cover. I want to be clear on the terminology we are using. When I say state EVV solution, it is provided at no cost. [Indiscernible] the provider choice system, those are providers who are using an alternate EVV vendor . Because of the hybrid model, providers have the ability to [Indiscernible] there are providers that already have a EVV system. That is why it is called provider choice. The department is not mandating for you to choose one way or the other alternate vendor, any vendor who is not from the state solution. The data aggregator, is how provider choice will submit EVV data to the state solution. We will go into more detail about state aggregator. The hybrid model, some states you are only able to use the state solution and in other states you have to use your own solution. In Colorado we are hoping we can provide flexibility for our providers. That is what hybrid means. It is offering a solution at no cost. Providers have the ability to choose a different EVV system that may be more fitting to their specific business needs. I will transition to an overview of the state EVV solution. The technologies that Colorado is utilizing, mobile app and telephone. The provider web portal is really for and administered a function to do any kind of visit maintenance. The next slides will go into detail of all three. MVV, this is the mobile application. You will download this on to your fun. There is no continual location reporting. It captures the location when a caregiver clocks in and clocks out. Going back to the service types that a previously discussed, when a caregiver is on a mobile app, [Indiscernible] thousands of procedure codes. In order to [Indiscernible] we have procedure codes in larger categories within service types. So caregivers will choose personal care without having to go through the many different procedure codes. In hopes that it is not disruptive and can provide care to the person in need. That is the focus. That is the main purpose. To ensure that people [Indiscernible]. The mobile application is available in many languages. That is another feature. You have the ability and the mobile app. The mobile application is able to work in rural areas. We know there is a concern. There are many frontier areas. How can EVV work if you cannot receive connection? It will be able to work in a disconnected mode. If you work off-line, you can do things in your document. And once you are back and connected, it will upload the information for you for you and update. That is the same thing that is happening with the mobile application. It is encrypted. It is always secure. There we have telephony or call in future. We would prefer if a caregiver is able to use a phone but it is not necessary. Any phone will work. A caregiver will call a number [Indiscernible] clock in the provider service. When they clock out they will provide what type of services they deliver. Telephony, the number of each provider has two toll-free numbers. The numbers are accessible 24 hours a day, seven days a week. This is the provider portal. Within the name, it is really for providers in an administrative function. It is used for visit maintenance. If the caregiver forgot to clock out, the administrator can go in to the state solution provider portal. To say, you are missing the time that you left. It allows you to do many other things. Like review and verify visits. We want to see a business are going accordingly or anything you need to address. I will talk more about what happens when you do edit EVV visits . Another part of this state EVV solution is the scheduling module. It is optional. A lot of information and discussion has occurred in the subcommittees. If you are interested in knowing more, I encourage you to attend the subcommittee and we will talk about the future more in that stakeholder meeting. It is optional. [Indiscernible] you can read through this and see if it is something you may want to consider for your state agency.

Just to be clear, it is optional and not a requirement for the state solution. That is an overview for the technology. Are there any questions from anyone? On the phone, keep in mind that all lines have been muted and you will need to press *6 *6 to unmute your line .

>> [Indiscernible-Audio cutting out] [Indiscernible-Poor Audio]

>> I will repeat the question. You are concerned around policy [Indiscernible]. You are referring to the manual edit. If you have to edit a visit -- if your caregiver forgets to clock out it is considered a manual entry. The department needs to know why did that happen. You select a reason code. Each state has to be able to have a threshold of how many manual entries we will allow to ensure we are still in compliance with federal mandate. There will be times where a caregiver may go to a home and they forget to clock in. The provider will have to go into the provider portal and put in all the points of data. Does that make sense? EVV data must be collected in real time. There is concern that caregivers are not doing this. There is a threshold that the provider agency may not be meeting. How can we come up with a solution? Do we have any updates on that?

>> The general overview of it is that the state is asking for all providers to be in compliance. In order to be in compliance with EVV, it is needed . There is a workaround. Life happens. We are very aware that there will be a need for a manual entry at times. And the intention of the department is to start having a conversation with providers about what is the appropriate threshold. There will be a soft launch. That will allow for us to have this conversation. Without any effect on payments as they are coming through. After the soft launch, when there is the direct tie for claims to EVV , been those thresholds will become much more needed and apparent. We will be continuing the conversation. We want to keep having the conversation with the provider community. The only direct guidance we have is we need to have thresholds. Also, we want to make sure we are in as much compliance as possible. We want to make sure that if at all possible, every visit has a EVV. If there is a significant reason why this is not possible, then we can start working on the policy of why this is not possible. However, we would rather not comply with the federal guidance. That is hard to justify to CMS. In general, we must comply. If there is a plausible systematic or programmatic reason why compliance is not possible, we can start working with those reasons.

>> Just to summarize. The department will be reasonable. Especially when the soft launch is happening and people become acclimated to the system. Hopefully in the beginning, you need to get into the habit. That is why we wanted to have the soft launch. We tend to do the same things over and over again and it will take time to adjust to doing something different. To ensure that providers are concerned with meeting the threshold limit. And potentially having claims denied. We will be working with stakeholders in the next several months to figure out what makes sense. Is it in phases? Will the policy change every time period? What would that look like? We want to make sure we have flexibility. Life happens. [Indiscernible] that is why we want to ensure we are getting that feedback. To ensure it is not too stringent but also not to lose for being in compliance. Does that make sense?

>> Two follow-ups.

>> I had some input. My name is Stacy Worden. I'm a parent advocate and a parent caregiver. I am calling in today to listen to the meeting. I have some real concerns about the department's expectations of real-time in EVV for parent providers . I tell you offhand there is

probably not a day ever in a seven-day week that I am clocking in on real-time. I am a parent first and a nurse second. I have two children. I homeschool both. And I have a severely disabled child that has a high level of need. 24 hour care. The last thing that I have time for is to sit here and say it is 7:00 and I have to stop everything I am doing the second and I have to login on the phone. I can tell you that all the care plans for parents like ours generally are not done in real time.in real time. That is something you are going to have to take into consideration for the implementation or after the implementation for implementation for parent providers. Hopefully, you are looking at that.

>> Thank you. For sharing. There is many different things that the department has to consider. It is not one-size-fits-all. That is why we need to have these meetings. They stop your feedback, we are able to adjust policy to make sure it is feasible. It is actually something that will not be a burden. How can the department ensure that [Indiscernible] it is a great reminder of how [Indiscernible]. I apologize. There was a follow-up question.

>> [Indiscernible --low volume] Just as a follow-up. We have the issue no matter what threshold. [Indiscernible-Poor Audio] An agency using a third party provider that has to manually adjust because they have travel time will look worse than [Indiscernible-Poor Audio] it would be good to come up with some solutions for travel time for the thresholds. The other thing, I appreciate you want to have feedback from us. Let's say I am going to be a hard manager. If you want to work in my agency and you missed three clock ends a week, you are out. Somebody else may say, you can miss 10 and that is fine. I will still manual edit. [Indiscernible --low volume] The effect we will start seeing in the soft lunch, [Indiscernible-Poor Audio] at some point I think it would be beneficial to have a consistent policy that can be applied consistently. [Indiscernible-Poor Audio] If you are unable or unwilling, [Indiscernible-Poor Audio]. I feel like we have to have some guidance. [Indiscernible]

>> With the threshold policy, [Indiscernible]. You may have your own [Indiscernible-Poor Audio]. It will be applicable to all agencies. With stakeholder feedback. We don't have to rush into making any decisions today. But gaining feedback is helpful. There are many components that have to be taken into consideration of what the policy looks like. And one thing the department works on or work with is seeing what other states are doing. I am on calls and at meetings with other states. What are you considering? That is a good idea. We will bring that back to you and ask what you think about it. We have not set up a specific timeframe of one we will get more stakeholder feedback. It will be in the next couple of months. The soft launch provides more time to think through the policy and how it will make the most sense for our program in our state.

>> This is Jennifer with Evergreen homecare. Can I ask a question?

>> This is Marcus Simon.

>> Before we get to your question, I believe there was a question on the phone. Go ahead.

>> [Indiscernible-Poor Audio]

>> This was with regard to the thresholds.

>> Thresholds.

>> The rule mandating EVV is in process right now. That is always up -- it is very transparent. That is what mandates the use of EVV . The thresholds themselves are in the rule. There are thresholds. But those can be modified per department policy in an ongoing basis. That will be during the soft launch. We will have more of those conversations in the same sort of format about how to set those thresholds abruptly.

>> Do you have a deadline for having that figured out?

>> Even if we were to set a very hard threshold immediately, as people get more familiar with EVV , what is appropriate for the threshold will necessarily change. It will be an ongoing conversation.

>> For those on the phone, if your question does not pertain to this threshold conversation, I will ask that you hold onto your question until we get to our next question and comment slide.

>> This is Jennifer with Evergreen home healthcare. There also needs to be guidance on the agencies that use the state-sponsored system versus the clock in and out out of their EMR. Are we going to allow for any discrepancies? They will not happen simultaneously. Do they have to much exactly and building on Stacy's point about real-time, it is not always feasible to real-time clock in and out because patient care comes first. I do request there is guidance for that as well.

>> Those are all things we need to take into consideration. Thank you.

>> This is Mark Simon.

>>[Indiscernible --multiple speakers]

>> I have been quieting waiting quite a while now, Danielle. You have skipped over me about four times.

>> Please go ahead.

>> I have two points I want to make. In terms of real-time login, logout. I have raised this before. We need to assure that we avoid -- there is a terrible echo.

>> We are trying to figure that out right now.

>> Get a bigger hammer. I have raised the point several times that we need to make sure that in in the process of setting up EVV , we don't create barriers for employment of people with disabilities. If the employer cannot go in and adjust somebody's time, it will end up being a problem. Particularly for those that have cognitive impairment. One of my AIDS has a brain injury. And I have to sit down every week with her and do her timesheets with her. She is never going to remember to log in and out. She has been an aid Army for seven years now and does a great job.

>> [Indiscernible-Poor Audio] It does not mean you cannot edit any visit. They need to determine what is a good fit. Your example is for a caregiver who may not be able to enter real-time. Those are the type of nuances the department needs to take into consideration.

>> My second point, it is my understanding that there has been some discussion about -- and employer going in and making changes is being referred to as an exception process. I want to be sure that as we go down this road, somebody does not come up with a genius idea of trying to limit the number of exceptions. Again, for that same -- there will always be lots of exceptions, like every day. We need to make sure we don't create those problems. I have to point out that in her case, not having an exception process or limiting her exception process would likely be an ADA violation.

>> Absolutely. Both your points have been noted. Thank you.

>> I had one other item that goes back to earlier in your presentation. And that is, is the department going to apply for a hardship waiver from the Fed? To buy us another year on implementation?

>> [Indiscernible-Poor Audio] We have questions around the threshold policy.

>> I have a clarification. During the soft launch, will the providers be able to let you know how things are going? Will there be separate threshold [Indiscernible].

>> We are trying to take care of the echo. That is a good point. If you believe [Indiscernible] we can only cover so much material. The meetings are used for stuff like that. We need to have more of a working session where we can have individuals commenting and giving feedback. And working through a task. Anything we do in the committee we give the information back.

>> [Indiscernible --low volume]

>> Once we have more details on stakeholder feedback, there will be an update that will be communicated out. Thank you. Briefly for the timeline. We are in the middle of July. There is a lot of important and exciting components happening within the project. Providers that are using the state solution. When can I sign up for training? That information, the registration link is what is needed and will be sent out at the end of this month. Later in the presentation we will go over the training. And all the information that is needed. For providers who want an overview of the training announcement, it has details. It is available on the EVV website underneath resources. It says training announcement. You can go on to our department website and there is a a training announcement for you to look through. Once the registration link is made available at the end of July, August we have training materials. It is a guide, a user manual of the state solution. This meeting or another subcommittee also wanted to have training materials for a caregiver. The department is still working on that. In September after Labor Day that is when training will kick off in the state solution. When providers have completed their training and receive their credentials,state solution. When providers have completed their training and receive their credentials, at the end of September we will begin the soft launch of phase. It is optional. In October. In January, the mandatory go live. I want to get there a few more slides and then will legally ready for questions. A timeline for provided choice system. It means that you are a provider agency that will not be using this state EVV solution. You have contracted with an alternate vendor that will provide a solution for your agency. You should have received -- if you have not received this reach out to me. There are technical documents in the process of how you begin to see if you can interface with the state solution. In July, maybe around the time you are determining, if you have an alternate EVV vendor , in August that is when testing with our

vendor Sandata will open up . During that September December timeline, is when testing is occurring. You will check with how your process works. How much time it will take. And the mandatory go live [Indiscernible]. I wanted to have this slide on presentation as a reference for providers. We will discuss briefly about updating your email address. There were many providers who did not receive -- they did not have the technical specification. In my communication there was a process of what the provider needs to do. I will not go through all of this. All of these steps, just to make sure that providers, to ensure you recognize the process. We touched on this already. About the soft launch. There are questions about the details. If you are a provider using the state solution, once you receive your credentials around September, October. It is optional at that time. If you want to begin using the state solution. There is a mandatory soft launch that will occur on January 1, 2020. Questions or comments?

>> On the training announcement that came out recently it said legislation is on July 23.

>> [Indiscernible-Poor Audio]

>> [Indiscernible-Poor Audio]

>> There is an alternate method which is state solution. You can call in with the toll-free numbers. And enter the same information. It works just as well as the MVV. A lot of people prefer to use their mobile phones because it is 2019. Anybody who does not have a cell phone or the cell phone does not work, you call in the number and put in the information with the code

>> [Indiscernible-Poor Audio]

>> We went over this at the last a GoTo Meeting. I will not go through all of this information. Is to highlight a few. Update your email address. And sign up for the newsletter. I would love for everyone to attend as many stakeholder meetings as possible. The department wants to make sure we are really engaging with stakeholders. You bring a different perspective. It helps as we develop policy around EVV to have as many different people as possible. That helps us and keeps us informed. How to update your email in the provider portal, a lot of providers have been reaching out to the department saying they have not been have not been receiving communication. It is very important that you are receiving communication. Just to be sure that, most times, you have adequate time to review. If you want the provider to have [Indiscernible] go through these to see if you can figure out --

>> Give me one second. Sorry.

>> On that slide on changing the address, there are different addresses that can be changed. The address to change for Tronic communications but the information out to people is a mailing address. If you change the billing address, that will change the billing address. If you change the service location it changes your actual physical location within the service directories. Just change the mailing address that is number five.

>> We are more than happy to get your information. We have over 4000 providers. Imagine if you are reaching out to the inbox. It takes time to get that information versus you receiving that. If you realize it is not ringing a bell, it means that may be someone else may have received the email. We are more than happy to tell you what we have on file. If that is not

the correct email address [Indiscernible] please update to ensure you are getting communication. The next thing will be the training registration link. You know you have specific dates and times you are available for training. That is why it is important to ensure your email address is updated. We have several providers that are not receiving communication. Providers in the state system, sign up will start in July. You need to start thinking about your staff members who would attend. That will be more around training. If you have not received the technical specification document, they are on the EVV website . They are there for you to review. And you have to have the process which is the colorful steps on the presentation a few slides back. You need both of those items if you will take the path of using an ultimate EVV system . We will transition because we only have a few more slides to go. And then we will get to the open form. On the roadmap, the arrow is moving. We are at a new bubble. We are at register for training. We have released the technical specifications document and the welcome letter. If you have know idea what I'm talking about, you may not have received the documents, check to make sure if your email is correct. In August, we will test provided choice system. It will be engaging with our vendor Sandata . From here, I will talk briefly around training for the state EVV solution. The training is here for providers and administrators. It is limited to two people per provider ID. Those of the individuals that should be signing up for the classroom. And the types of training. Instructor led classroom or instructor led web-based webinar. Self-paced e-learning is available. You don't have to register for that. You can do that on your own time. If you want to be in a classroom, someone who wants to do a webinar, that is where we need registration. It is limited to two individuals per provider ID. The department will recommend that you have someone attend as the administrator. Someone who will be doing maintenance, looking over the data, should be attending these trainings. That it is too it is geared towards. Our classroom trainings, we will be and Denver and a few other cities. Each classroom is able to have 26 participants. You will need to bring your own device. To have a hands-on learning experience for the training. There will be time for lunch. Some training locations may not be close to food places. I encourage you to bring your lunch. This information was provided. It has the dates and the training registration will go into more detail of the actual address. Grand Junction on September 5, that is when the classroom starts. There is multiple training at each location at different times. To have the ability [Indiscernible] there are other dates to consider. If you do not want to do a classroom training, there is the webinar option. The webinar can have 100 participants. There are three webinar sessions that you must attend in order to receive your credentials. Each of the three are two hours long. In the training I sent, it will go into the webinar schedule. We take in stakeholder feedback to make sure there was flexibility. We all have fluctuating schedules and we are not available at the the same time every day. We want to make sure our schedule reflects that as well. Here are the webinar dates for your reference. In the training registration it will have times listed. For the self-paced, as a reminder, even if you are not using the state solution you will need to participate in training. [Indiscernible-Poor Audio] Once providers have successfully completed the testing, they will be able to then go into self pace. To begin aggregated training. It is something that would not take long. It is straightforward. Don't worry about a huge time commitment. Even if you're not using the state solution there is mandatory training. Once you have completed the self-paced training, you will see credentials to the aggregator. That is how they send the EVV data . I want to give a shout out to those who attended the roadshow. The department went to several locations to speak about EVV. We had great turnout . I appreciate those who put time out. It is the same information we cover in the general

stakeholder meeting. We wanted to recognize that all of our stakeholder meetings happen in Denver. It was important to go out as much as possible to have interaction. And provide the opportunity for those who want to engage in a meeting face-to-face, have that opportunity. If I have the option I would choose to talk days to face.

>> [Indiscernible-Poor Audio]

>> Another thing with the technical specifications, it is important for provider agencies as they begin their process determining if they will use the EVV system . Currently on our website, there are two videos that provide an overview. Please check out our website. Once we post this on a website, the service site document, I have the procedure codes. It is been asked for and we got it done. Thank you to everyone who worked on it. You can reach out to the EVV mailbox . If you are unsure. Please refer to the service type document. [Indiscernible] any questions at any time, don't hesitate to reach out to the EVV mailbox . I will skip the top FAQs. Normally someone will ask them. We have [Indiscernible] for those that called in, for those in the room, I will defer to the phone first. Often times conversations are centered in the room. I want to make sure those that call in know we are listening and they are not being ignored. I will start with questions on the phone. Sound good? Great. For those that called in, the lines are muted. You have to press *6 to unmute your line. If you have any questions at this time.

>> I am a parent advocate and parent caregiver. I apologize in advance if you hear background noise. I am I am feeding my son much. Some of our concerns I think in the parent community have been having an ion other parents and other states that have implemented EVV. Such as Ohio. A lot of these families are reporting things that are concerning that I want to make sure are not Colorado's intent when implementing EVV . Yesterday we had a report that some states such as Ohio are now implementing unannounced home visits. During EVV times to make sure that the provider or caregiver or therapist is in the home. Doing what they are supposed to do during their EVV times . Other parents have reported that there devices have a GPS so they are not allowed on a care plan or a therapist plan to leave the house anymore than 1000 feet with their client or their child. Basically making them homebound. I know there was some discussion that EVV in Colorado is aware there would be in home care and community care. I want to make it clear that our children are not to be confined in houses because we are on a care plan for seven hours a day. I have heard that Colorado has no intent of doing GPS or biometrics. Most of us home parents that are employed by agencies, I don't know that how that will apply to us. We have nurses that check in every one or two months. They do business with the children to make sure everything is okay. Our concerns is how in basin on our privacy will this be? Some parents are posting they send that the data devices track audio and video. If you try to mute them or the cover the video the devices will not work. Beyond hearsay, Terrence are going to YouTube and video recording what they are experiencing with EVV . It is not just a word-of-mouth or a rumor. They are able to document some of the problems occurring. I just want Colorado's reassurance that that is not your intent and these are some of of the problems we will be facing in six months.

>> This is John with the department. First and for most, if you are seeing anything like that, send it into the state directly. If you have a video or anything happening with Sandata , we are interested in seeing that that is actually happening.

>> Where do you want me to send the information?

>> To the email on all of our documentation. In Colorado the system is not designed to be able to take in that information anywhere. Let alone store it. Let alone be able to see that information. There is no capability for audio recording or video recording in any of our systems. If a third-party does that, there is nowhere for that information to come to the state. That is the first point. The second point about the geolocation, there are no predetermined locations in Colorado. That is directly with working with stakeholders. We are clear about that. We don't have specific locations that care must be delivered in. There was a third point that you started with -- times. The intention of Colorado EVV is to start and put the service clock and when the services are done, clock out. That is where we have group services as well. As questions come up, if you are thinking of questions, feel free to email the state directly. We are very interested in having this ongoing conversation as well. Also, we said we would come back to the gentleman's question on the phone earlier.

>> We are asking about the good faith extension as well. That is possible through CMS. The answer to that is, we are essentially using the good faith extension in order to be able to complete a robust soft launch. We are having the system go live as soon as possible which will be around October.around October. That is not nearly enough time to get everybody up to speed and utilizing the system efficiently and be able to have people have the time to be able to get up and be able to use their systems effectively. We will be using our good faith extension to create a soft launch period. Where we will be able to have the conversation actively before we deny any claims for not having appropriate EVV. During this time we will have conversations around thresholds , we will have conversations around how providers are able to access the system. That is essentially in the eyes of CMS, that is the utilization of the good faith extension. Are there any other questions on the phone?

>> This is mark Simon. I have a couple. Follow up on the last person who spoke. We also have a vendor whose EVV system , the app uses facial recognition. And we just discovered very recently that if they snap a photo using the facial recognition, if the individual taking the photo has a Google account, it automatically uploads those photos to the individual attended Google account. That is also a big problem. I think ultimately where we need to go is, the department has to quit dancing around this. We need to prohibit data collection by any vendor or any provider that is beyond six data points. We need to say, you are not doing it. Or at minimum say, if those features are built into your app, into your software, etc., it needs to be optional so the attendance can turn them off. That is the first point I want to make. Second point, I will ask the question again. What is the department doing in applying for a hardship waiver from CMS to buy us another year?

>> This is John with the department. I was responding to you and talking about the good faith extension. Other people call those a hardship waiver etc. The intention of a good faith extension or a hardship waiver is to be able to delay a system that for all intents and purposes is being rolled out but there is one or two things that are not working or there is enough of of a delay . What we are doing in Colorado is delaying -- we are using that delay. We are using that. For our soft launch period. Utilizing a good faith extension period for all providers using EVV.

>> Wait a minute. My understanding from reading the CMS guidance and Director letters is, if you apply for and using CMS terminology, hardship waiver, they will give you a one-year

extension on implementation of EVV . Not on pieces. And you are sitting there telling us over and over again, hard launch is January 1, 2020 they will give us an extension until January 1, 2021, should we apply and demonstrate we needed. Given all the problems with consumer directed, I could say we could make a strong argument, we needed. I would again like to push the department, that they need to apply for that hardship waiver and you need to get it done now instead of waiting until November and going, now what are we going to do? Or implementing January 1, 2020 and creating a disaster, particularly in consumer directed.

>> This is Veronica.

>> [Indiscernible --multiple speakers]

>> Sorry. A quick time check. I want to make sure that people who are seeking to ask questions, we have nine minutes left. You bring up valid points. John will follow up with you via email. To further discuss this. I am sure we will have further discussion around this in our subcommittee. To be respectful of everyone's time to make sure you have the capacity to ask a question, I will move the conversation forward.

>> Danielle, I love how you blow me off at every single meeting. Now go on.

>> Part of our meeting guidelines is to ensure we are fair. There are many people on the webinar who have called in are in the room and we have a limited timeframe. That is why we will extend the conversation via email or via phone. My apologies. If that is how it is coming across.

>> It was Veronica. I will follow up with John and I will with him to respond.

>> Thank you.

>> For those in the room, are there any questions at this time?

>> Hello. This is Aubrey in her mouth. I am sorry if I missed this earlier. I wonder if any of the providers want to be -- will they have the availability to sign up for a webinar for training on this? Or is it just for the agencies?

>> Your question is, are providers able to sign up for training within the provider agency?

>> Yes. The caregivers can sign up. We plan on doing our own type of training with those individuals who might have who might have questions on the system. If they would like to sign up for the webinar themselves, can they do that?

>> That is a great question.

>> We allow two staff per provider ID to enroll in training. If one of those people is a caregiver, that is fun. The majority of the training is focused on administrative. There is a small portion where it reviews [Indiscernible] if there is a caregiver who needed a quick reference guide, those are on the website. [Indiscernible --low volume]

>> Training is geared toward providers in the administrative role. But there is the opportunity and materials for caregivers. It is up to the discretion of who they send to these trainings. It is geared toward those doing administrative tasks. It would not be most relevant for

caregivers. We have created materials for caregivers to be able to access. A great question. Thank you.

>> We have a question in the room?

>> [Indiscernible]

>> There are two instructor led trainings. The classroom instructor led training is eight hours. The instructor led webinars are two hours per session and there are three sessions. Six hours in total.

>> I have a question. Everything you are talking about is Internet and online and everything what about us people with just land lines?

>> You have a question around the technology for the state solution. The telephony component is able to use landmines as well.

>> When are you doing any kind of information coming out about land lines? When will that be training on land lines?

>> The training for the state solution will encompass our MVV and mobile. We also have TBV. Telephony is the call-in option. It can be used on a landline or any other fun. We don't specifically say landline because we do not want to give the impression that EVV users can only occur in the home. And a client or member has to repeat services. Each person attending training will have more information about the telephony and the call-in option. Once providers have completed training they will save two dentures to access the system as well as the two toll-free numbers I discussed early on in the presentation.

>> Giving us phone numbers and information in the mail. I am a person that is homebound. I cannot get to any training.

>> Training for the state solution is for providers. You are a provider and you can it tend training and percent. We have a webinar feature. There is also additional accommodations if needed. You bring up a good point. The department to accommodate requests as needed to ensure that providers for the state solution training is receiving information that they need. I will do a quick time check. It is 11:58. I will go ahead and finish the meeting. I want to thank everyone. Thank you for coming in person. For those that called in, we appreciate the questions and comments and feedback. If there are any questions, comments or anything that may come up after the meeting, please reach out. The website is on the presentation. As each of the on all of them. Someone from the department get back to you. I know we don't have the time to flush out all conversations. If there's something you want to talk more, please reach out via email. We can also discuss by phone as well. Thank you everyone.

>> [Event concluded]