



## **Electronic Visit Verification Stakeholder Meeting Closed Captioning Transcript April 16, 2019**

**Disclaimer:** Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on April 16, 2019. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio during the meeting. Should you have further questions or comments please email [EVV@state.co.us](mailto:EVV@state.co.us).

[ Please stand by for realtime captions ]

>> Welcome to the electronic visit verification meeting. We will get started. For those who have called in, all lines are on Mute. If you want to speak, press \*6. For those on the webinar, if you have any difficulties hearing, let us know. We will make sure the sound is working for everyone.

>> We will get started. Welcome. My name is Danielle Walker. For those in the room, restrooms are located by the elevators. We will do some HCPF introductions. There are a lot of us. During the meeting today, it is helpful when you're speaking, please introduce yourself. Try to state your name. It is essential as we keep notes in the meeting we want to be sure if someone has a question, we can follow up.

>> I work on policy.

>> I am the project coordinator.

>> I am the data analyst.

>> Hello I am the test analyst.

>> There are many people in the room working on the project. There are other people that are part of the team. This is a large project. We have a lot of dedicated staff.

>> We had a request from the chat box to remind everybody to not put their phone on hold

>> For the agenda, we will have a brief overview of EVV, there are a lot of new faces. We will review the state technology, what technologies we will use and the implementation of EVV, we will clarify services that are required of EVV.

>> There were a lot of questions about the services required. We will discuss services that are required and the location of the services. We will have the timeline and the preview recap, last month, the state put on two preview sessions. It was a very basic draft of the rules to solicit feedback. Then we will have the top FAQs.

>> We have a lot of content. Hopefully today, we will get to some of the questions. Then we will have the open forum.

>> The meeting guidelines, there was a request that those who have called in, please do not put us on hold. Please keep that in mind if you need to step away from the meeting, please do not put us on hold.

>> All lines are on Mute. There are a few stakeholders that have challenges, we are working through issues to make sure if we have to treat 13 all the lines, some people need accessibility.

>> Identify yourself when speaking. For those in the room or on the phone, please do the same. As always, we have limited time, there are many people who have many questions or concerns so please keep that in mind. If you have many questions, try to reach out to the mailbox.

>> Please listen for understanding, feel free to ask questions. We want to make sure everyone has clarity. Stay solution focused.

>> The purpose of this meeting is to engage providers, members and other stakeholders. We will review the technology for implementation, we will discuss the current timeline and we will recap the preview session and we will have FAQs.

>> For the stakeholders in the room, EVV is a large project there are a lot of moving parts. If there is something that is concerning, please reach out to the mailbox so we can go into more detail. At the general stakeholder meeting we try to make sure we don't realize this time to address the current updates, and get to the material.

>> What is EVV? It is a technology solution. There are many ways you can verify that services are delivered. We will go into more detail with what technology the state of Colorado is using. Can everyone hear me?

>> Why is EVV required? The 21st Century Cures Act requires that all Medicaid agencies implement the solution to manage their personal care services. That is the gist of why this is implemented, there are many other states that do not implement EVV. However, all states must be in compliance.

>> For the state of Colorado, we will implement health services January 1st, 2020.

>> During the presentation, there are six points of data. What must EVV capture? Please put your phone lines are all on Mute.

>> We capture the type of services performed. The individual receiving the service, the day of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.

>> For the state of Colorado, if you're wondering about other states, there are different ways to implement EVV. We have chosen to use a hybrid model, the state is providing a solution to providers. They have the capacity also to choose their own vendor. They can still interface with our state solutions if they can meet the specifications.

>> It is a combination of the provider and agencies that might not have a solution, as long as the system can interface, we will continue to use theirs. They can choose a different vendor to meet their business needs.

>> One moment please --

>> I can hear you.

>> Thank you.

>> There are some key terminologies. There is a lot of jargon that it will be used during the presentation. This is reiterating what we mean. The solution for the vendor, we have the provider choice system, they may currently have their own system or maybe they will choose of different vendor.

>> The alternative vendor is one who manages a provider choice system. We will go through vendors in more detail.

>> These are the technologies that we are referring to. This is what Colorado is using. We have the mobile application, and the web portal, the mobile application and the telephone he are the technologies that we will use. The portal is an administrative component. This is used to review data and make adjustments as needed.

>> We want to go over the services that require EVV. For those in the room, on the phone, on the webinar, we will spend more time on the service slide because many providers reach out trying to clarify which services are available, if at any time if you have any questions, please let us know. We want to clarify which services are required.

>> We have personal care, pediatric personal care, home health, private duty nursing, hospice, homemaker, respite, consumer directed attended services, in-home support services, ILST, life skills training, physical therapy, occupational therapy, speech therapy, behavioral services, pediatric behavioral services, Youth day, durable medical equipment.

>> Any questions about the services?

>> You talk about how we will track in the community as far as respite?

>> The goal is to document location to make sure things are provided. There will not necessarily be an approved location.

>> We do not have predetermined locations, there will not be a set list of locations that have to be approved for services to continue. That is why we have the flexibility, many of these services happen unrestricted and in the home as well.

>> If you have multiple locations, does that require EVV?

>> Services that are provided in a clinic setting, those do not require EVV. The services that require EVV would be if you have that same service that is provided in the client's home or out in the community. If it is in the office it is not required.

>> Within that category, [ Inaudible ]

>> Behavioral services is one of the services that is tricky to communicate what requires EVV. We still have some communication to provide.

>> There are a lot of different behavioral services offered in different settings. We will flush that out to provide you with clear guidance on when EVV is necessary and when it is not.

>> Whenever a service is provided in a clinic it does not require EVV. If the procedure code is the same, and the office versus the community, only in the community or in the home will EVV be required.

>> If we are billing for assessment services, and part of the services are done in the office and part are billed for interviewing the provider, you attract the community?

>> Behavioral health services are tricky. Did you send us details on the services you provided?

>> Yes.

>> We are looking into those services and we are trying to put clarity in the rules.

>> If you're on the phone and if you have a question please press star six.

>> We will move on. We have the required services and there are other components of where the services are provided that is a factor if EVV is required. Great conversation. We still have some things to flush out. We're working on polished communication.

>> I mentioned the technology for the state solution, the slides may be familiar. We will go over each of the technologies.

>> We have a mobile application, this is a bring your own device method. Every state is different. Some states may provide tablets or smart phones to their communities. But we require you to bring your own device. There is no continual location reporting. We want to have a consistent update but that is not how the application works. GPS is captured when you are clocked in. Caregivers unable to login will have a unique SANDATA ID or email address, this will be discussed in more detail later.

>> This is the preferred state technology for capturing the EVV data.

>> The mobile application, it is available -- any questions?

>> It is in many different languages, when a caregiver loves him to the mobile application you can set the language preference. The member is identified through a unique client ID, we talk about the six points of data, who is receiving the service? Receiving the service is the unique client ID to identify the person.

>> All data is encrypted, the data is not stored on the phone. It is transmitted back to the department. The application times out after five minutes. That is another component concerning security features. The app will automatically log out after five minutes. The password has to be updated every 60 days. If you login too many times incorrectly, you will be locked out and the caregiver will have to coordinate with you.

>> The state solution application will work in a rural area. Technology can have limitations. With our solution, it works in rural areas. It switches to a disconnected mode when the smart phone is not connected to a network.

>> The caregiver can provide service as needed in a rural area it is automatically transmitted back to the department.

>> Any questions around the mobile app before we move on?

>> Next we have Telephony. For caregivers, you will use the mobile application or through Telephony, each provider ID has two toll-free language numbers, both numbers are accessible 24/7. This is the non-GPS option. The client prone -- phone is preferred for TVV. The member is identified through the unique client ID, caregivers are identified by the SANDATA ID.

>> Any questions on Telephony?

>> Will this capture the location? If the number is not available, does that trigger an exception?

>> You want to know if and attended has to use a different phone it might not be associated with a client.

>> If the option is used and the number is called is not registered to the client, it will throw an exception in and it will ask where the service is provided. You can contact your provider agency.

>> You will not be able to explain the details, I could be in the office, I could be anywhere.

>> The agency services, clients are free to move about the community to receive services.

>> In Colorado, our services have the flexibility of location of delivery. Many of the services can be provided in both the home or the community.

>> So you will not you put something into the exception?

>> If you use the telephone option, it would be the responsibility of the caregiver to say where the services are taking place.

>> Can you move back and forth? I have some locations where the technology is lacking and I cannot access it. Is it possible to go back and forth?

>> You may be out and your phone may die. Then you need to switch to Telephony. Then you need to fill in any missing data.

>> We're talking about a lot of community and respite is a waiver service. What about community connected services that is not on the list?

>> Right now community services do not require EVV. They are not currently on the list and I do not anticipate there will be added on the list.

>> As far as location, I have assistance and they start at home. Then they go to the office. They leave me there. Is that something that the system will keep in mind?

>> Yes. Service provision can start in one location and end in another. That will not impact how the EVV will function.

>> A lot of us are concerned about the amount of variables that the acceptance will be required. There's going to be a large amount of administrative work within the first year because the information and integration -- the amount of administrative work, how will that affect the reimbursement on any of this?

>> If you move over to another session, do you have to login and logout every single time?

>> We understand the implementation of EVV is different, it is new. The department will not be denying claims when we implement EVV based on exceptions, we're implementing a soft launch.

>> A provider can use the system either the third-party system or the statement that system for a specific amount of time right now we are looking at six months for the soft launch and we are working out the details. We will get some information to you as soon as we can. We will not that I claims when you're still learning how to use the system.

>> If you are changing services, if you're providing respite and then providing a different service, if you're different a different code, you need to clock out and clocked back in.

>> Are we going to require some way of tracking if the client and the attendant are in the same place? Example, I am at the state capital and my attendant is that home.

>> Where are the services being delivered? The client may be out of state, maybe at another place. We will capture the location of where the services are being delivered. We will not simultaneously capture the same location unless they were receiving a different service.

>> If I am receiving multiple services, homemaker, personal care, home health, all in the same visit, is my attendant going to have to log in and out and in and out 12 times every time they change the task?

>> If services are provided at the same time, do you have to log in and out? That is correct. There is a different procedure code for every service they provide. I want to be mindful of our time. We have more information to get to. Please hold on to your questions.

>> What are we doing about people who have lived in attendance? They may provide five minutes here and five minutes they are. Will be spent an hour of my time logging in and out 57 times?

>> We will continue to work through that as far as coordinating live in caregivers. That is something we are working on.

>> It is my understanding you, directed you -- CDASS bills in the same procedure code. Our intention is not to clog in and logout. We understand the flexibility.

>> This is the provider portal. This is used for visit maintenance and administrative tasks. Providers have reached out to us, if they have to enter information. Manual entry is one of the ways you can incorporate any initial data. We will have a capacity. For providers, what we mean by exceptions, if the tenant calls on the phone, that is not associated with a client or a member, that will flag an exception.

>> We will update the information within the provider portal. It is a seamless process as you get acclimated with the system. There might be a reason code.

>> This is a list of some of the reason codes that the department has created, this is the provider portal.

>> The caregiver may be forgetting to clock in and clock out. Maybe they select something different. These are the things that will populate, for any other reason you can have "other."

>> When you select other that is when you will provide a note, as much detail as you like. We will go over some of the new content. We will address any questions later.

>> Now we will get into the roadmap and the timelines and discuss what is on the radar. You have seen the slide before. This highlights the main milestones for the project.

>> We have the training plan, the rules and regulations, we will collect feedback. We did user acceptance testing, here are some dates of when things will happen. For winter some of the things we have completed, we did the provider survey. The survey discussed training preferences, how much do we know about EVV? We also have the rule preview sessions. Now that we are in the spring, some of the things we will focus on are collecting feedback on the modules, once we have more details around collecting the feedback, we have spent several months discussing meetings that we can incorporate within the state solution.

>> We will have training registration, that will begin around May 13th, less than one month away. With the registration, we will send out more details. We have a subcommittee on training, I would emphasize for providers to try to make it, maybe you can call into the subcommittee. This is starting to pick up traction. We want to make sure everyone can participate and they are aware of the moving parts.

>> I will announce the date of the next training subcommittee. The department will work on the business rules and system designs, that is department working through how things will work. How will this meet our needs? We will incorporate that. We will work on provider readiness and a checklist, this has been a request from stakeholders. We will talk you through being prepared.

>> We will work internally soliciting feedback on what providers may need, the step-by-step process of what is happening.

>> Then we will transition into the summer. We will release the third-party specifications. There will be a release date approximately June 25th, then we will have interface testing that is slated to start in August, training for providers will be in September, the call center will go live in September.

>> We will provide numbers during training. We will release the training materials and start the schedule around the same time. We will move into the fall. We talked about the EVV rule, and we will have a provider welcome kit. There may be questions around this slide. If you have questions around the timeline, please hold on to those questions.

>> This is the EVV rule update. We hosted two preview meetings at the end of March, they were informal to share the early draft of the rule. The department wanted to make sure we incorporate additional time to get feedback and incorporate that as we move to the formal process. The formal process will begin in the summer. You can continue to provide feedback. We're revising our document, once we have a draft we will commence the formal rule process and take the appropriate steps to solicit stakeholder feedback.

>> For those who may be new, I want to say welcome again. We have four subcommittees. We also have a system subcommittee. The reason we went down to three, during the implementation there were questions around privacy and there are still many questions that we can incorporate within the general stakeholder meeting and the other subcommittees.

>> Was low attendance at these meetings, where addressing privacy concerns. That is one of the major components about conservative EVV. We will filter that into the other subcommittees. The updates that we have, for our providers who are using the state system, we will do many things. Everyone cannot attend but we can discuss training materials and schedules, we will discuss new outreach efforts that we will conduct in the next month or so. We're still solidifying how we will collect feedback.

>> We are trying to run a focus on the state solution and getting feedback for the solution.

>> CDASS has never used the state solution when reporting. Because of my conversations, they will use their own system. This is already implemented in many states so they know how to do this. It may look different from other states.

>> Who is the partner? Can we work with them to see what that looks like? It seems unlikely that they will choose to use the state system. There are exceptions.

>> With the subcommittee, we will focus on the state system. We need to work on aggregating the support services. We can look at finding the best platform for those questions to be generated. We still have to move forward in the state system. Otherwise every other agency would talk about their own system. We will talk about that as we move forward.

>> Continue to develop the state system.

>> It is still a relatively new transition that we are doing. We know who the vendors are and we are trying to understand the direction we are going.

>> Concerning the timeline, it says you will start collect feedback on the different modules at the end of this month. What does that mean for the schedule? Will that come out now?

>> We are collecting feedback, we need time to get all the business rules and the design of the system. The schedule will not be immediately available until we incorporate stakeholder feedback.

>> That will take a few more months.

>> The way we handle that feedback for business rules, once we get the document from the contractor, we will work to solicit the feedback from stakeholders. It will be by nature of the work we are doing. It will be a tight turnaround time.

>> As we get more details, that will be communicated with you.

>> For most providers, the switch to the state system, it depends on seeing the schedule and determining what the functionality is. The sooner that becomes available, the better.

>> Absolutely.

>> We will transition into our top FAQs. These are questions that many people have asked.

>> We have coordinated with other members in the department to figure out if these apply to me. We touched on some of the nuances of the services, the location of the delivery.

>> We are working on robust communication to send out to providers to understand the role they need to play with the EVV implementation. How much time does a provider agency have to decide?

>> It is complex. Some provider agencies maybe have already decided to choose another vendor. The flexibility is still there.

>> To members need a phone for Telephony to work? Between the caregiver using the mobile application, there is multiple ways to capture EVV data. You would call in from a different phone. There are concerns around having technology barriers. One of my attended does not have a smart phone? You have the Telephony option.

>> We talked about the department requiring a provider choice system to have a non-GPS option. We are working on what that will look like and the capacity. That is something the department is working on to figure out if that is feasible.

>> Will materials released by the department be provided in languages besides English? We will figure out what we have and the materials that are needed. We will provide updates.

>> How does claims and EVV data match? We will have more details around what that looks like. We will provide time for providers to be acclimated with the system.

>> This has been a request from stakeholders about what vendors have interfaced with SANDATA, here is the list.

>> This listed document will be posted on our website. These are the vendors. They are connected to SANDATA EVV in other states. Here are some options. Providers must make sure that their third-party system is configured to Colorado EVV rules and requirements. This information will be posted on the website.

>> This is something that providers have been asking for. We wanted to make sure we spent some time presenting these vendors so you can know all your options. This is dependent on the technical specifications.

>> We have the department deliverables, things we are working on. We will have a more robust timeline. Once we parse out some more details on the timeline, we will post that as well. We are still working on the EVV service code list. They want to cross reference the procedure codes. We are working on developing it. We have a lot of procedure codes. That is a configuration on our part and present that in a way that makes sense. Until we have that service, please reach out to the mailbox.

>> For the next steps, we will release the service code list. These are the next stakeholder meetings. Please attend our meetings, we like your feedback. We want to make sure if you can, please come out to our training subcommittee.

>> That will be 10:30 until noon.

>> Can you go back to number 33? What was the answer to question five?

>> This came from the previous session. This is coming up a lot more. We are coordinating to figure out if that can be a requirement. Those are items we are working through. As we have more information, we will communicate that to you.

>> We do not have an answer for that question at that time. We will let folks know when we do.

>> You are imposing requirements on third-party choices that may not be doable from a technical perspective. Potentially that is a major point. Most of the systems I know have a mobile app and it captures GPS. There is no way around that. Eliminating that would allow those systems to work with a landline. Think about the consequences. That is something as a provider I would be concerned about.

>> There are many different technologies. Agencies may not automatically change as a method of choice. They may use Telephony. We want to explore the capacity of how we can incorporate. That is something to keep in mind. We are exploring all aspects of this.

>> Why would you provide choice to not have that option?

>> The option is to have a non-GPS solution as well as a GPS solution. It is not saying nobody else will be allowed to use GPS.

>> The way I read this, you can have a GPS solution that you need to do away with. You can say "in addition to."

>> For the implementation, if we have a third-party vendor that is not interfacing with SANDATA yet, where and when can I access the Colorado rules and regulations to provide the vendor if they can fit everything to interface so we do not have to switch?

>> The cost can be devastating to transition everything over. We need to start yesterday in getting all the rules and regulations and I'm sure you feel that also. Trying to help with our side and following the rules, with every implementation that happens coming from the department, some of the rules are published and some are inaccurate. We are never given the guidelines.

>> When and where can I find the rules and regulations so I can get my vendor to interface to cut down on costs for the training?

>> The technical specifications from SANDATA for the third-party vendor will be available in June. We cannot provide them any sooner, we are working through our rules. We have some decisions to make. Regarding the Colorado rules and regulations, the current draft on the website is a draft that we put together. It would be good to take a look at that and let us know if there are any red flags.

>> We will start the formal process in the summer. The rule will not be affected until later in the year. The rule will mandate the usage. We cannot put a future date in a rule. Our regulations rule will not be live until the mandate is effective.

>> Press \*6 if you have a question.

>> Has there been a consideration for a hybrid model where a provider does not have a smart phone? Maybe the person wants to use TVV. Can the provider use third-party choice and use the TVV in a situation where the client may not have the appropriate technology? Any consideration for interface between the SANDATA and the state system?

>> If you can utilize a portion of the state system like the telephone with a third-party vendor, you have to use either the state system or the TVV system. You cannot combine the two.

>> With regard to connecting or integrating SANDATA with your current internal system, right now the system we are developing in Colorado, the intention is to meet the six points of data. We heard from SANDATA last month that they have technology options and the providers to purchase the connections. That is not something the state is providing.

>> I am a speech and language pathologist. This is specific to children on Medicaid services. We have a lot of families who are on and off Medicaid, they go back and forth. How will that affect them?

>> My anticipation is that I will do EVV every time.

>> You're right. Somebody may be on Medicaid and might switch off. We want to make sure our system recognizes those changes. I do not have a direct answer.

>> If you have any specific questions, you can email EVV. We can also talk afterwards.

>> As a general reminder, these are systems that are in the home it is not for all services for all clients.

>> It is specific. This is a specific provider type for a specific service.

>> We have to take it service by service, case-by-case.

>> We did not hear the last answer on the phone.

>> I am the policy specialist for the state plan. We include a speech and language pathology service. If you have specific questions, email EVV. These services are for Medicaid clients who are being reimbursed by Medicaid. They are for the services in the home.

>> That question comes up a lot. We just want to be clear.

>> Under the reason codes, if I go to a home and I have to refuse the service, and the parent has not called you ahead of time, you will not stay and provide services. With the recent code be "other?"

>> Yes. If it is not one of the designated codes, you can select "other."

>> After the soft launch, I know nothing will work with the denial service, when you work with a child that has a service requirement and the employee clocks in and clocks out, they are still working with the child for a next summer hours. Does that have to be put in the schedule? How will that be incorporated? It is a split system.

>> How does that affect the claims? It all has to be incorporated back into payroll.

>> The question was around when services are provided, some of the service are not EVV and maybe have the same caregiver. How you can mitigate the differences in the system, there are challenges.

>> Because the mandate and the scope of the implementation is narrow, we are only taking in EVV. We would anticipate the caregiver to clock out on EVV services and report how they provide the service back to the agency for the services that are not required for EVV.

>> If the agency has a lot of services that mix and match, they may consider the pluses and minuses of using the state system versus using their own provider choice model. We are trying to come up with something fair and balanced.

>> Any other questions?

>> Someone had asked if users have to log in and out a dozen times as they switch tasks. I missed the answer.

>> That was brought up a few times. If there is personal care and they are switching, yes, that will require clocking in for the new service. For the CDASS participants, the same procedure code will be used. They will not be clocking in multiple times. It depends on the actual service.

>> I want to wrap up. It is lunch time. I want to thank everyone. Please reach out to us. Thank you.

>> [ Event concluded ]