



Electronic Visit Verification Stakeholder Meeting Closed Captioning Transcript October 15, 2019

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Please stand by for realtime captions.

>> Okay. Good morning everybody. You are here at the electronic verification stakeholder meeting. You may notice that I am not Danielle on the phone, still not Daniel. My name is Lana Eggers. I am the waiver administration compliance unit supervisor. Danielle will be on leave for the next few months. So I will be facilitating the general stakeholder meetings. I also help lead to some of the outreach. My colleagues will play a great supporting role in outreach in general. I see a lot of new faces. Just for the next few months, Danielle is on leave, so bear with me. I will try to live up to her poise and grace. Again, my name is Lana Eggers. You are in the EVV general stakeholder meeting. Is anyone having issues with the webinar or hearing us, please let us know. We are trying to use this technology here. So just some department introduction. I am Lana Eggers. We will do introductions and then go to the phone.

>> My name is John, I'm the state plan EVV policy Stakeholder relations in the stakeholder's office.

>> [Indiscernible - speaker too far from mic] John Kelly, from the alliance of [Indiscernible - speaker too far from mic]

>> [Indiscernible - speaker too far from mic] coordinator.

>> Stephanie [Indiscernible - speaker too far from mic]

>> Do you have [Indiscernible]

>> All right. And locations for restrooms are out in the hallway. Gender-neutral bathrooms are on the first floor, and accessible bathrooms are on the fourth and seventh floor. All right. So the perfect, the purpose of today's meeting is to engage providers and members and other stake holders as the department works to implement electronic visit verification for committee-based services offered through the state plan and waivers, specifically we will review EVV, the legislative mandate and the scope of implementation in Colorado. We will discuss EVV project updates. We will review the current implementation timeline and provide a platform to gather stakeholder feedback. We ask that everyone mind your E-manners and identify yourself when you are speaking that goes for in the room. Listen for understanding and stay scope focused.

>> We will go over brief over you like we always do, but we will breeze to that since most of the folks are quite familiar with the project. The new agenda items will be the good-faith exemption request. State system and alternate vendor updates. And then we will check in on training and if there is time left, we will have an open forum. We will have questions and slides scattered to the presentation, but if you have a question or comment at any time, please feel free to jump in. For all of those experts in the room, electronic visit verification is a technology solution that verifies information through mobile application, telephony or a web-based portal. EVV is used to ensure that home or community based services are delivered to the people needing those services by documenting the precise time the service begins and ends. Section 12 006 of the 21st Century Cures Act requires that all state Medicaid agencies implement a EVV solution. That is why we are here. States that do not implement an EVV solution will deduct federal funding. It intends to implement EVV

for all Colorado required services in late summer of 2020. That is because we did receive the good-faith effort exemption delay. We will talk a little bit more about that in the presentation. EVV must capture and minimum six points of data, that's the of service, the individual receiving the service, the date of the service, and location of service delivery, the individual providing the service, that is at the attendant level, and the time the service begins and ends. Which service types require EVV? Broadly speaking, EVV is required in Colorado for select service and HCBS waiver services. This does not include per diem services, managed care services, PACE, program for all-inclusive care of the elderly, or other capitated services. More specifically, the list of services that EVV applies to in Colorado are on this slide.

Again, stop me if I'm going through this quickly, I'm trying to breeze through this because I think most of you all have seen these slides before. The services required in Colorado include personal care, pediatric personal care, home health including RN, LPN, CNA, PT, OT, and speech. Private duty nursing, hospice, homemaker, respite, when provided in the home or community, consumer directed attended some port services, in-home support services, independent living skills training, life skills training, physical therapy when provided in the home, occupational therapy when provided in the home, speech therapy when provided in the home, behavioral therapies provided in the home or community, pediatric behavioral health, youth day, and durable medical equipment, requiring an in-home setup. The durable medical equipment service, we have delayed the implementation of that particular service. We are currently revamping which DME services will be mandated under EVV. The scope of services that we currently have is very large. The reason for that was passed federal guidance indicated that it must be included. So week included everything DME. Now that it is not required by the federal government, we are paring them that list substantially to just hit a few items that are important to ensure that they are delivered. So the department will provide an update on durable medical equipment, I'm hoping by the next stakeholder meeting, but just know that there are some moving pieces with that one right now.

I believe you know the last stakeholder meeting went over the service groupings, but what this slide is, within this data app and within alternate vendor apps, the service list will not be all of those services mentioned before. We will not have personal care, EVV personal-care, EVV relative personal-care, we won't have a ton of services that an attendant would have to scroll through. So instead we group services. This is so when an attendant is in the home providing care, they have the opportunity to pick from a limited number of services, and that service will go into the system and be crosswalk for the laundry list of service codes to make sure that claims adjudication happens properly. So these are the service groups that folks will see on the application that you will see in the provider portal and you will hear on the telephone call. These service groupings include behavioral therapies, consumer directed attended support services, home health, homemaker, hospice, independent living skills training and life skills training, in-home services, I'm sorry, in-home support services, occupational therapy, pediatric behavioral therapy, pediatric personal care, personal care, physical therapy, private duty nursing, respite and youth day, and speech therapy. Does anyone have any questions on the service groupings slide? Yes? In the room?

>> One comment, and I don't know how to make this any better, but I noticed that attendance providing for example IHSS there is both homemaker and personal-care under IHSS. So there is the potential there to miss select the service group coding. Despite the best efforts.

>> Absolutely. So we are working to develop, and I think we are working to develop and I will double check with the training folks, just a cheat list of what service groupings are and what services are in there. It's actually a big code list, right John? It has service groupings and all of the codes underneath?

>> Yes.

>> So the folks are clear your it may be helpful to provide training to your attendance if you only provide select services, many of our IHSS services only provide that, they may not provide homemaker separate from IHSS.

>> Regular agencies like ourselves provide both.

>> So training, training, training for the attendance. And if they don't, if they click the wrong button, you at the agency level can go in and fix that and we expect to see some errors and we will see some this click as it is implement it.

>> One more question, in which service group would, I'm sorry, you have respite and youth day, [Indiscernible - speaker too far from mic]

>> Yup. So we have new procedure codes for youth day, previously that was billed under the respite procedure code, now there is a separate youth day procedure code that there is one service groupings since the service is very similar.

>> Okay, so just from my understanding, respite under EVV and BD SOS, respite under IHSS, actually [Indiscernible - speaker too far from mic]

>> Correct. So if an attendant is providing IHSS personal-care because the provider agency is billing the IHSS procedure codes, they would click the IHSS code grouping, and all respite on any waiver would be in the respite and youth day button.

>> The IHSS one is probably the only one that would have homemaker and personal-care in there.

>> CDASS would have that as well. Yes. So CDASS and IHSS.

>> [Indiscernible - speaker too far from mic]

>> Those are both multiple services within that service delivery methodology. So we run close together. Since it is usually a continual service, that's usually one attendant going out there and going back and forth between the two services. So the hope in that would be that an attendant would just click in once and I'm here to provide CDASS. I'm leaving. And not having to clock in and clock out. Are there any other questions on the service groupings page? Okay. Hearing none, are we okay to move on? All right. So service location, we still get quite a few inquiries about service location in the EVV inbox. The location of service delivery with implementation of EVV will not change. Services can still be rendered in whatever location they currently are.

The department recognizes that EVV services happen in both the home and community and it is really essential that EVV does not disrupt this flexibility. So if a EVV services mandated, the attendant would simply clock in wherever they are. We are looking to see if you are in the home or the community or, it really makes no difference to the department where the services are rendered if they are required of EVV. So clock and where you are. The exemption for this would be services that have been in a facility or a professional building, because as we discussed, those are exempt from EVV. So respite, for example, if it happens in a nursing facility, we don't expect there to be a clock in and clock out. If it is happening at home, we expect that there would be a clock in and clock out for EVV. Any questions on this portion of the presentation? Great. Okay. So just some key terminologies. The state EVV solution means the state EVV system available to providers at no cost, that is our Sandata solution. And this would be a EVV system procured and purchased by the provider.

An alternate vendor is a vendor who manages the provider choice system, and the data aggregator is where provider choice systems will submit EVV data to the state solution. So if you are an alternate EVV vendor, you will have to complete data aggregator training to ensure that you understand and you know how to submit your files from the EVV with provider system and into the state solution. Okay. So Colorado, we've chosen to implement a hybrid model, what that means is that we will offer the state EVV solution at no cost and providers can choose to utilize their own provider choice system if they so choose. Providers using an alternate vendor must ensure that the systems are configured to Colorado rules and requirements the provider choice systems must also connect to the data aggregator and self-paced aggregator training must be completed prior to connecting to the data aggregator.

All right. A quick overview of the state solution. The iPhone turned white, that is fancy. [Laughter] Is that still an option? A white iPhone? So Colorado technologies used by the state vendor are the mobile application, the telephone and the provider web portal. The mobile application and the telephone are the primary means to collect EVV data and the web portal would be for maintenance at the provider agency. The mobile application is a GPS enabled mobile application downloaded on a smart phone or tablet, it captures the location when a caregiver clocks in and clock set, there is no continual location reporting. So when you clock in, we will capture the location, and when you can clock out, we will capture the location there. Doesn't matter where you go in between, the department will not receive that information, nor will we collected from alternate vendors. Workers will log in with the unique Sandata ID or address and it is available in the most used languages in Colorado including English, Spanish, Somali, Russian, Chinese Mandarin, and Arabic Egyptian. The mobile application will work in rural areas. The state solution can be used in rural areas using either telephone or the mobile app. The app will automatically switch to disconnected mode and then when it is connected to the network, it will upload the information and will receive the EVV data.

If for whatever reason the mobile application is not the preferred choice or it is not available, telephone verification is another option. Each provider agency using a state EVV solution will have two toll-free numbers, both numbers are accessible 24 seven. This will not collect GPS information if that is something that is important to you and your caregiver. The client phone is preferred for TVV because that will help us understand and assume the correct location, but it doesn't have to be used. If a different phone is used, you would simply say location of, there's a prompt on the recording that says we are not the assumed location associated with the client and you would just inform your agency of where services were provided. The number, the member is identified by the Sandata client ID. It is not the Medicaid ID, we have the tricky alpha character and then direct care workers will be identified by the Sandata ID. And lastly, it is the provider portal. The provider portal is used for visit maintenance and administrative tasks. There is limited capacity for manual entry of EVV data. This is used by providers who utilize the state EVV solution, you can use it to view and verify and edit visits, address any errors or exceptions or to the point earlier, if the caregiver types in the wrong service code, this can be corrected at the provider agency level for the provider portal. The amount of edits and manual entries that are submitted to this technology will have thresholds attached to it that CMS guides. The department is still working to determine what those thresholds are. And then they will be set very large at first to understand that everyone is learning how to use the EVV system. Any questions on the material covered so far before we shift gears and talk about the good faith effort exemption requests and the timeline? Okay.

For folks that just came in, we are on slide 23. So adapting to Colorado limitation, I hope that everyone on the phone and in the room has seen communications about our good faith effort exemption request, we have been blasting that out to our stakeholder email list and the D XE provider portal medications. This would be a good time to make sure that the email address in your provider portal is up today to make sure you're getting all these important communications around the timeline shifts. So Colorado requested a good-faith expert exemption to delay the EVV mandate in our state passed January 1 of 2020. The good faith effort exemption was approved relatively quickly. It took about two weeks we've heard in other states that it can take a few months. So I think that CMS was impressed with how far we have come as a state and recognizes that our reasoning for requesting the good faith effort exemption is valid and a good one. So we received approval on September 18. The purpose of our good faith effort request was to exempt live-in caregivers. Back in August, CMS released guidance that said live-in caregivers don't have to complete EVV, per the federal mandate, Colorado agrees with that federal guidance and stakeholders in our state have been very vocal on this issue and we understand that service delivery by a live-in caregiver is often continual or happens in very small incremental service times, so EVV doesn't make a lot of sense.

So the department tends to exclude live-in caregivers from EVV. Because the guidance came out so late, our systems were built and policies are ready. We didn't have time to operationalize that exemption before the January 1 of 2020 deadline. So we asked for the delay for the purpose of policy changes and system changes to exempt live-in caregivers. We expect that the EVV mandate will be in effect in late summer of 2020 and we hope to have a system and policy fix for the live-in caregivers within the next few months and then implement EVV in the summer of 2020 giving some runway for private riders in the state until the hard mandate CMS

would make us implement on January 1 2021 allowing us the opportunity to not do a claims edit or interview with payment right away and not to the soft launch we've been talking about all along. All of that said, our systems are still ready and they are actually live. They went live on September 30. That was a big milestone. Providers should have received the provider credentials after they completed training. I think they may have gone out on October 1. If you received training, you could get in and use our state EVV solution anytime and we would encourage you to do that. The data that we will collect from providers using the system early will help enforce our policy. It will help enforce the thresholds we are setting and help us understand what errors are acceptable and where we need to provide additional training. So the department strongly encourages for providers both of the state EVV solution and provider choice systems to start using EVV now. You don't have to, but if you did, it would really help us out and it would provide a really good learning experience for all of you. Before there is any sort of mandate in place.

>>> This next slide is kind of a graphic representation of what I just talked about. Basically the early adoption and volunteer soft launch that began October 1, the anticipated mandate will be summer of 2020 and that is when we expect the Colorado code of regulations rule to go into effect to mandate EVV. And during that whole time, we will be exploring and implementing solutions to exempt live-in caregivers. On June 1 of 2021, that is the hard deadline that EVV, that CMS gave us to implement the EVV in good faith. At that point, we intend to implement claims into EVV processing meaning that our claim edit will be live and we will need to see the EVV claims for acquired services on January 1 of 2021. We have not really determined what sort of flexibility we have, because we have those thresholds, but just know that this is guidance from the federal government to not pay claims without a correspondent EVV. So we anticipate January 1 of 2021 as the date. We hope this long runway of 14 months will give you enough warning to get EVV systems up and running and get everyone accustomed to than and use the soft launch before there is impact claims. I will hang on this slide for a second. Does anyone have questions about the new timeline? Yes?

>> Are there going to be any sort of, so I've actually had a billing code for not having EVV show up. Is that just going to show up now for just as an indicator?

>> Excellent question. So when we were ready to go live on January 1 of 2020, we developed a claim edit so you would see it in the remittance to know when you weren't doing EVV and when the department expected it. We intentionally set that to go live with enough time before the January 1 2020 original mandate so you can see if you are doing it right, how is it going, we will leave the claim edit on their. It is sad to report and pay. You will see that in the remittance and you will see that you have a EVV flag but it will not impact claims. But when you use the EVV system, that will be a good tool to say, hey, would this claim pay on January 1 of 2021? If you see that claim edit, probably not, it's probably a good idea to start fixing those claims. Yes?

>> Yes. Just two comments. I think this is a much more comfortable timeline than it was before, obviously, but I want to point out two things, especially for the provider choice system people so [Indiscernible - speaker too far from mic] there's still a quite a bit of configuration stuff that's not complete. So I cannot really fully engage with my party of choice provider, because how the lipids are going to be treated, there's a bunch of stuff [Indiscernible - speaker too far from mic] result, and then the other thing as the [Indiscernible - speaker too far from mic] also mentioned several times, there is also a cost with introducing EVV, especially for the choice providers. So I mean, we want to be ready, but there's also some incentive for providers enough to be ready to [Indiscernible - speaker too far from mic] because every month that we introduce it early at least for the bigger agencies, it's a several thousand dollar charge that goes out of the window [Indiscernible - speaker too far from mic] so for the agency, we are trying to balance when we are going to turn it off with between trying to be ready but also trying to be prudent with our expenses. So we are not going to come in nowhere near this month or next month, it's probably for us going to be something that we engage early next year.

>> And that is a great comment. And we hope that provider agencies will do what is best for their agency when it comes to implementing EVV in this grace period. If a provider for the agency is learning how to use EVV and get everyone trained and have the accountability now, that is great. If it is a priority to make sure

that your system is functioning the way that you needed to, and you need extra time for that or there's a big financial impact, definitely utilize the timeframe at your discretion.

>> Is there anything else on the new timeline? Okay. So just to give you all a scope of what's happening, this slide maybe a little bit difficult to read in the room, but this is a list of all of the states that have requested a good faith effort exemption. This list was pulled last week and I'm not sure if anyone has been added in the last few days, but there are a handful of states that have requested the good faith effort exemption and the deadline for submitting that is November. So I do anticipate that other states will. We have been in contact with other states who may be asking for it for the purpose of live-in caregivers. At this point in time, we are the only state that has requested and been approved for that reason. So we are proud that we are exempting live-in caregivers when other states may not be. Here is a list of what's going on. This is a public website if you are interested in what other states are doing, feel free to poke around. I know a lot of agencies have counterparts in other states.

One of the first steps to exempting live-in caregivers is establishing a definition for what a live-in caregiver is. We have outreach CMS for what the definition of a live-in caregiver is and we haven't gotten one from federal partners yet. In Colorado, we are trying to develop our own. We are primarily working with stakeholders and the participant directive services and family caregiver subcommittee because a lot of live-in caregivers to participate in the subcommittee and it is very relevant to this topic. We are having the dialogue. There is a meeting coming up either this week or next week. Next week? [Laughter] There is a meeting coming up soon for the subcommittee. If you would like to attend, all of the information is on our EVV website. We need to lockdown what a live-in caregiver is in the state of Colorado very soon in order to get our system solution up and running. Right now, our definition that we are currently playing around with and we have not brought this to the subcommittee yet, apologies to those who join the subcommittee, just don't to tell the whole group, because I think it's important that everybody knows what we are thinking, is that there are handful of other definitions out there for what a live-in caregiver is. The Colorado Department of Labor has one, the federal Department of Labor, the IRS, and a lot of agencies in caregivers are responsible for knowing when they meet all of these different definitions. So we don't want to over complicate things. Our current hope is if we could utilize all of those definitions at once. And say if you meet the live-in caregiver criteria by one already established definition, then you would be exempt from EVV in Colorado. Again, we are working that out, but that's the current path we are going on the we are also considering making some exceptions. If there is a live-in caregiver and member relationship that is not covered under existing definitions, kind of establishing what those circumstances are in seeing what is unique to Colorado, but we are trying to make sure that this is an inclusive definition that we are working with stakeholders, so if you have any comments on this, feel free to email us or attend the consumer directed family caregiver subcommittee on the 29th of this month. Any questions on the live-in caregiver? I can go back.

>> Just as a comment, please note that most agencies already have the definition that they are using or have to use which is the IRS launch. Because there are obvious the tax implications if you're caregiver is a live-in, and so, I guess my perspective, I'm not quite sure. We have the seven day live-in caregivers right now. But I guess we can join those discussions, but from an agency perspective, the closer we can stick to the IRS definition, the easier I think it would make it for everybody.

>> Thank you for that comment. Are there any other comments on kind of what direction we are going for the live-in caregiver definition or questions? The phone has been quiet today. As does everyone miss Danielle, so no one showed up?

>> We actually have quite a few folks on the call, it looks like we have 115 participants on the webinar.

>> They are on mute.

>> Okay. I apologize. It sounds like folks on the phone are on mute. If you've been talking, we can't hear you. Kelly will go ahead and unmute you. If you have noise in the background, make sure you mute yourself.

>> All guests have been muted. You can unmute your line by pressing star six.

>> All right. I think everyone is unmuted. Does anyone have any comments on the live-in caregiver exemption or anything we covered up into this point? Okay. Well, compliments to everyone on the phone, there is no background noise. Well done. All right. We will move on. A reference earlier to the soft launch period, that is the time period between when the state EVV solution and data aggregator went live. That was October 1 of 2019. So we are in production. Providers may begin to collect EVV data and transmit to the department at this time. It is an optional participation until mandated. We anticipate that to be late summer of 2020. We do encourage providers to get in if it makes sense for their does this. It is an opportunity to familiarize yourself prior to claims integration, claims will continue to pay during this time and as mentioned in the room, EVV errors will appear on [Indiscernible] so he will know if you try to complete the EVV and you still see the error, something didn't go quite right. It's an opportunity to fix it. It is an opportunity for caregivers to practice EVV collection and for the members to become accustomed with their caregivers clocking in and out when they are in their presence. This is also a great opportunity to help the department.

We want you to help us identify and develop supplemental training materials. We know that the training materials that were provided by our vendor and supplemental training materials currently existing are probably not comprehensive. We are open and eager to help you all by providing additional training materials and we have a handful on the docket and you have recommended. We appreciate those recommendations and they are forthcoming. But as you get into the EVV system, this doesn't make sense, this really not instructions, shoot us an email or drop a line and let us know and we will develop training materials. We want to check in on training credentials. So how you receive credentials to get into the state EVV solution or interface with the EVV data aggregators to complete training. We have been in training for about one month now, little over a month. You may have seen some of our faces in your in-person trainings, it's nice to see you all in person. We had in person trainings in Denver, Fort Collins, Colorado Springs and Grand Junction. So Stephanie has had up the training effort and has done an excellent job. If you have not registered for training and you would still like to complete it within our current timeframe, let us know and we have webinar, and we have instructor web trainings left?

>> Yes. There are a few left, the first wave of training which is right now the end of October, so we have about 15 days left of the webinar instructor and then there will be safe, self-paced available and because of the delay, we anticipate posting more webinars when you get to the end of spring.

>> Right, so there's still time to get it now for your [Indiscernible], as Stephanie said, you can get yourself trade 22 and in time. And you will get the credentials once training is complete. It takes two business days to get credentials after you've been training. Any training questions?

>> Folks in the room, you will see that we have some materials on the tables, but these are leftover materials from some of our in-person trainings and we have them, we thought that we would hand them out just so you could see them, we have, Stephanie, what materialist we have a table?

>> These are the materials provided by the vendors and data, so if you use this straight EBV solution, these are also available on the EVV website, but we printed, we had some extra prints left, and we thought we would give them to you guys as a gift. [Laughter]

>> So for the folks on the phone, you guys have access to these as well. We have a couple if you are coming down and seeing us, we have some printed out that we could give you otherwise, they are online. Is there a question in the room?

>> Okay.

>> I appreciate, you are keeping us engaged here.

>> I actually did the aggregated training yesterday, and so one of my questions was where are my credentials, but I guess it's going to take up to two business days. My second question was, I noticed a few data points that the training aggregator list was collecting that I kind of didn't recognize and I think we talked about it before, and [Indiscernible] client verification of the service, itself. The client's signature, digital or voice recording, I'm assuming that that is maybe from [Indiscernible - speaker too far from mic] at least was not supposed to [Indiscernible] the client signature?

>> Excellent question. The training materials provided by our vendor are off-the-shelf products. So they include functionality that are available in the base EVV model. Colorado has made a lot of modifications for stakeholder requests do not have client verification and not have a lot of the functionality that was available. So we did opt out for a lot of it. Unfortunately, our training materials were not able to reflect all of that. So I do understand it is confusing. We've had department staff in the in person and webinars to hopefully help correct that, but the self-paced training, that is difficult to correct.

>> And this is Stephanie again, we will bring that up with our vendor in the meeting today, but I want to kind of on a second thing you said, you said you were waiting for the credentials. And for the provider choice system to receive credentials, you must complete interface testing and the training. So it is to bullet points that you have to hit in the provider choice system. If you don't receive them, that would be why.

>> And we have a request from the webinar to go over how one goes about getting into training. So I am on the EVV website. I'm sorry, this isn't going to display for the folks on their phone. I don't trust my technological capabilities to go back and forth. So on the main EVV website, you will see handful of icons. There is the state solution provider information icon and the provider choice systems information. Both of those icons, you can click on the main icon and scroll down, or you can click on the bullet point underneath that that says training overview and that will bring you right to the page where you register for training. If you register for the state solution training versus the aggregator training, there are two separate links. Make sure you click on the link for the EVV solution you intend to use. If you are not sure and you want to do self-paced for both, you are welcome to do that. We do request that if you are intending to use the provider choice system, you don't register for the webinar or in person trainings, because we do have a limited number of spots available. So you want to save those for folks who will be using the state solution. Is everyone clear on how to sign up for training and when to do it and why to do it? Okay. Any other training questions in the chat box that we should answer?

>> I don't think so.

>> Okay.

>> O, how long is the training designed to last, Stephanie? My recollection was it is based off of an eight-hour classroom, but then it just kind of, depending on the delivery, but if you want to be more precise.

>> I haven't completed it myself, but from my understanding, it could take anywhere from 4 to 8 hours depending on the pace.

>> Thank you.

>> Will be available from November,?

>> The self-paced bill is available now and it will be through the life of our EVV contract.

>> So if you took a class in training and now for the delay, you want to do a refresher as it becomes a little bit closer to the mandate, you could get into the self-paced and poke around at any time.

>> I seem to recall from the training subcommittee that they're supposed to be sort of a video for [Indiscernible] is that still in the works?

>> So we are working on the video for the EVV state solution which would honestly be different than the provider choice.

>> That is coming at some point?

>> Yes. And there are [Indiscernible] on the website right now. This kind of like a PowerPoint presentation with a person who is sitting at the desk talking and another is an animated video demonstrating basically what it would look like for caregiver and with the caregiver going into the home.

>> So [Indiscernible - speaker too far from mic]

>> What was that?

>> That sounds like a lot of what we are talking about, but [Indiscernible] caregivers, is it the [Indiscernible]

>> The third one would be basically a demonstration of the Sandata and mobile app. But I believe that for your case, the animation would serve the purpose of what EVV is and how it would look for someone [Indiscernible]

>> I think we will unmute the lines again, Kelly, see if anyone has questions.

>> It sounds like someone is maybe weed whacking? [Laughter] Can everyone meet your lines if you are not talking?

>> Can anyone hear me?

>> We can now.

>> Okay, great. I'm sorry, this is Lisa from [Indiscernible] I had a question way back about the caregivers , the live-in caregivers, and I'm sorry to go so far back, but I wasn't able to ask my question. My question is, I know in the caregiver and CDASS stakeholder meeting, we were discussing what kind of documentation would be required to prove that the person was a live-in caregiver. So I wanted to see if the department had come up with any thoughts for that idea. Thank you.

>> Thank you for the question.

>> Can I ask again that everybody on the phone please mute the lines if you want talking. There is a loud buzzing sound that we are hearing, it's pretty disruptive.

>> We will meet all the lines and then answer the question. Okay. So what documents will we be using to determine if someone is a live-in caregiver? We are working on that. We are intending to utilize multiple definitions and then whatever document would be required to meet those definitions, I'm not exactly sure what those documents are yet. So we are looking into that. Again, we are trying to be as flexible as possible, but a little bit of that discussion again, and hopefully folks will have some information for us at the next subcommittee because as provider agencies, you are collecting that information and as caregivers, your currently providing it. So you all are the experts. I do look forward to having that conversation. And because you are new to now, if you want to speak, press star six and it will unmute your line.

>> Make sure you do not have your regular phone muted as well.

>> If you are muted on your own phone, unmute yourself and press star six.

>> Hello, is someone on unmute? [Laughter] Okay. I will move on and if you guys have questions, feel free to jump in. Okay. So I'll, there is the question in the comments. Our provider choice system process overview them excuse me, I'm not sure that I know this was covered in a previous meeting or not, I'm trying to fill Danielle's excellent skills here. So to interface your provider choice system, okay, the first phase is outreach. Providers need to determine if they are using the state EVV solution or provider choice system. The provider will review the technical specifications and that is posted on the EVV website. Providers coordinate with contracted EVV vendors whoever you choose to utilize, whatever that is. And they will reach out to Sandata to begin testing processes. There is an email address and a phone number, you can reach out to matter which you prefer and begin the process of interfacing.

>> Step two is to set up interface testing for Sandata. Providers will register with Sandata to request test credentials and Sandata sends the testing guide and checklist to providers. And it creates an account to support testing efforts. And Sandata will provide contact information for Sandata's technical interface support team if there are any questions or issues. Step three, we will begin interface testing. From my understanding, this is the longest part in the process. This is to ensure that test files are uploading by the vendor and you guys fill out a checklist. Providers will send a completed checklist from the vendor to Sandata and request validation. If the validation is unsuccessful, the checklist will be marked with errors in it will be sent back to the provider. This checklist will be corrected by the provider and sent back to Sandata. This is a back-and-forth time to let you know, you try to fix the errors and make sure that everything is moving properly. And then phase 4 is production ready, versus when, this is when providers are testing successfully, Sandata will send production credentials to the provider. The provider will take the aggregator training and if you want to take the aggregator training prior to this, you are welcome to. And if providers will start sending EVV dated for the soft launch. If there are any questions on the phases of provider interfacing? Okay. That's probably best. Sandata will be able to answer them much better than the department will be because it is their process and they are managing it.

Okay. So provider choice system update. Did someone unmute themselves for a question? Okay. So alternate vendor interfaces. You are the providers on the room and on the phone, you decided to utilize the provider choice system at a pace that is larger than expected. The business demand for provider choice systems is significant. Due to high volume of alternate vendor interfaces, the department has exceeded our system capacity and currently we have 41 alternate vendors connected with Sandata. That is a lot. When we were talking to other states prior to drafting and executing our contract, that is 31 is substantially more than other states have connected. They were hovering around the 12 range. So due to those limitations, if you're alternate vendor has already interfaced, great, you can get in the system and start using it. There is no delay for interfacing. However, if you're alternate vendor has not already interfaced, there will be a slight delay in interfacing. We are updating our contract and we are working with our federal partners to increase the number of alternate vendors that we can connect to our Sandata system, we have a contract amendment and we have request for funding available. We are in the process of that, and we expect that those new spots will become available in early 2020. [Indiscernible - speaker too far from mic]

>> My name is Veronica, I'm the project manager. Just a couple of things, those 41 alternate vendors that are currently connected, if you're planning on selecting one of those vendors, you can go ahead and do it through the process. The [Indiscernible] we are expecting a delay with his with the net new vendor. It is a vendor that hasn't ever connected with Sandata before, those are the ones that we are putting on a brief hold before connecting.

>> But you can still work with your vendor to look at the specifications for the system and begin the process of building those specifications so that we can, when we can get you off of that list, you will be ready to go ahead and start [Indiscernible].

>> Is her frame of reference, this is a list of vendors that have already connected. If you are vendor and you have an interfaced yet and you are looking to immediately, if you are a vendor, if your vendor is on the list, we can get you in and connected right away. As EVV became kind of, as we got up a little closer to the deadline, a lot of new EVV vendors popped up and it makes sense and it's a great business market. It's just a

significantly more than how many vendors were available at the time of the contract execution. These are the vendors that have already interfaced. If your vendor is on the list, you can start immediately. If it is not, then there will be a slight delay.

>> I've a question. So just to be clear, if your vendor is not on this list, you can't right now connect and start working with the vendor, but it will take until early next year to get those slots free that you are talking about?

>> That is correct.

>> And a question, [Indiscernible] I don't see Sandata on there, is that an oversight or are they actually not able to connect themselves?

>> They can connect to themselves, that is on there.

>> I'm sorry [Indiscernible]

>> Is it Sams? Then apologies, that was an oversight when copy and pasting this into the presentation. Of course they can connect to their own system. Yes.

>> I just want to make sure that didn't free up their spot for somebody else and anybody that wants to choose them can't connect.

>> No. That is not the case. And the way that Sandata system works is because they are in so many other states, if a state doesn't have a limit on their connections at the moment, so let's say in Ohio or a different Sandata state, the new vendor decided to join Sandata in Ohio, then they would automatically make the vendor available to providers in Colorado. They would take up an interfaced slot in Ohio and be available to us. We just can't at this point in time until the beginning of the year, Colorado cannot accept new EVV vendors under our contract, but if someone else does, then it would free up a spot for us as well. So this is new information, does anyone have any questions about this?

>> As a reminder on the phone, you are muted, star six to unmute and be sure to unmute your own telephone as well.

>> Sorry.

>> So these lenders that popped up, do you know, did they just request the connection would send data so they could go around and market [Indiscernible] or do they already have [Indiscernible] and we are doing it on behalf of those ?

>> That's a great question. Thank you for asking that. We get this question in the inbox frequently from alternate vendor saying hey, can I connect to Colorado? The way that connection works is you have to have a provider in Colorado wanting to use you. The interface testing is the EVV vendor and your provider ID without an associated provider ID, and alternate vendor cannot begin testing or utilize one of those interface slots.

>> So there are real clients being --

>> Yes.

>> [Indiscernible] than anticipated and provide choice systems?

>> Yes. So in Colorado, Colorado executed this contract, both the contract 2 years ago and executed a year and a half ago, so within that time, a lot of the EVV vendors join the market and we are hearing from our Colorado providers that a lot of you all are developing your own systems. You're being innovative in deciding I have a EVV solution that I would like to women and market to my colleagues. So we've had folks in Colorado

getting their own systems and here and we wouldn't have seen those in any other state or would've had no way to know that they existed. Okay. It sounds like we have some folks having trouble on muting. We can try on muting lines all again. See if that works. If you're not going to speak, please mute your line.

>> Or at the dentist.

>> Is any one phone going to try to speak or you can always chat a question, my colleague, John, is sitting right next to me taking questions, and he is letting me know if something needs to be brought up to the room, so you can chat a question, you can speak now during the pause let's try that again.

>> Okay. All right. So if you have a question, star six and unmute your own line as well, so that would be if you are on your telephone, you have to unmute the phone and then get to the keypad and press star six, if not, type a question to my colleague and we will get that answered.

>> Okay, does anyone else have questions before we move forward? Okay. State solution update. You all should have received a commit occasion, I think it went out maybe last week or it will be going out soon about the one-time bulk upload. I'm getting a nod from the project manager --

>> It will be sent out and we are aiming for this.

>> Okay, so we have a commit occasion going out, so what, to let you guys know, and I know we mentioned this in stakeholder meetings, but so a bit more formal about the bulk upload option. This is for state solution users only, so only if you use the Sandata system. You can request a bulk upload option or a batch upload option. That is available as a one-time courtesy option for agencies that serve 80 or more members is Medicaid covered services offering a spreadsheet for the agency to populate with their attendance and individuals using it and they will upload that into the state EVV solution for you. From my understanding, it's easier to properly that spreadsheet than to go in and enter all of the clients into the state EVV solution. If you would like to utilize this one-time bulk upload process, it is important to do that before you start entering any clients into the system. This needs to happen first and if you start entering clients into the system, we can no longer do this batch upload.

>> Again, this will load numbers into the state EVV solution and it also loads attendance and agency staff into the state EVV solution. The process is completely facilitated by Sandata and I am informing you of it, although I don't know the nitty-gritty of exactly how it works, so I recommend reaching out to Sandata and asking for that option and they will help you out. The email address and phone number are on the screen. This is the same email address and phone number you would call from many other things, but contact them and since they do like that option. And again, this is not an option for provider choice systems since Sandata doesn't manage your systems. Any questions or comments? Okay. We are coming to the end of the presentation. So we will have some time for the open forum and we are [Indiscernible] the bubbles have changed a little bit and arrows have changed because of the delay. We are currently in the interfacing process and our soft launch has begun. And we have the orange bubble which is mandatory use of EVV and we have summer of 2020 with the*. That is the anticipated launch date and all of that really determines on how quickly we can develop a system solution to exempt live-in caregivers. The slides were a little out of order, so I'm sorry can we have a few more left, stick with as little bit longer, Stephanie went over our training a little bit earlier so we will [Indiscernible] , but basically the avatar instructor led classroom and webinar training and self-paced e-learning and self-paced e-learning is the only option for those using a provider choice system, there is still time to register for the instructor led trainings and we encourage you to do that soon, they will conclude in the next few weeks here. And the materials you get when you go through training are the participant guide, the user manual and soon you will have a caregiver FAQ and a caregiver letter coming out. That was one of the requests from agencies to have an FAQ and caregiver letter, you can all headed to your caregivers and say this is EVV, this might help answer some of your questions.

>> So EVV project accomplishment. You will see on the very right side, state EVV system live, that is a huge accomplishment and it was a very large system to develop and implement and we are now in production. So

we are good to go on that. The data aggregator is also live. But a few other things we've done, the roadshow, we wrote welcome letters and we have the new website and I think it's a lot easier to navigate, but if you have suggestions, we will take them. Let us know. Okay, we are at the ending of the formal presentation. Maybe I talked a little too fast, I will have Daniel come back and critique my presentation skills. Are there any other things you would like to talk about while we have you in the room and on the phone? As a reminder, you are muted on the phones, star 6 to unmute and unmute your own phone.

>> How do I get in touch with you?

>> Sure. You would get in touch with us, my name is Linda Eggers and the EVV mailbox is EVV at state.co.us and is managed by about four staffs in the department and if you have a question for someone in particular, if you like to get in contact with me, this address, address it to Elana and if not, the person best to respond will reach out.

>> How about a phone number?

>> We can give you a call if you want to email us with your phone number and we can give you a call back.

>> I don't have email. I just have a landline.

>> Sure. Let me get you a phone number. Depending on what the question is, anything regarding EVV, if it is about the system at all, you would call 855-871-8780

>> This is John Lentz with the state. If you call that number as well, it is tracked by the state, and so we do, we know what is going on with that. So that will also get to us, it's not, it is not just going to Sandata and we don't have eyes on it. So that is a really good research to call and then we get a summary of what's coming in and we have good metrics on it.

>> But is there any phone number to talk to a person?

>> Yes. That goes directly to a person.

>> Okay. Thank you.

>> Thank you.

>> Any other questions or comments?

>> [Indiscernible] I know you made sure that [Indiscernible - speaker too far from mic] 15 days ago , [Indiscernible] extended?

>> As far as the instructor of training, we don't anticipate extending that. We canceled a few webinar trainings for the purpose of moving them into the new year and because our instructor led classroom trainings already have facilities booked and trainers flying in, we aren't moving any of the classroom trainings. The material is covered in the classroom training in the webinar training and the e-learning. It's still the same material.

>> Thank you.

>> Anyone else? Okay. We will give you 20 minutes back of your day. Thank you for coming and participating. We appreciate it and as always, reach out if you have any comments or concerns or suggestions.

>> [Event Concluded]