Electronic Visit Verification Stakeholder Meeting
Closed Captioning Transcript
September 18, 2018

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Please stand by for realtime captions.
>> Audio check. Good morning everyone, this is Danielle, this is the Electronic Visit Verification   they color meeting, we will begin in about five minutes, -- stakeholder meeting, we will begin in about five minutes.

>> Good morning everyone. Welcome, audio issues.

>> For those who have called in, please press * 6 to unmute anytime.

>> So today we have quite a bit on the agenda, hopefully that will leave time for Q&A, about 15 minutes. As always during the annual stakeholder meeting, those in the room, those calling in, anytime you have questions, comments or concerns please feel free to interrupted anytime. We want to make sure the diagram -- the dialogue is flowing throughout this meeting. From there, we will begin with introduction for those who work with the department, starting in the room please introduce yourself. I will go first, my name is Daniel Walker, I'm the home community based policy specialist. Stephanie, EVV quality assurance specialist. [Indiscernible] EVV , Lana Eggers, John, [Indiscernible], EVV communications court Nader, -- coordinator. Lena Correll, [Indiscernible]. Jodi Davidson, project verification. Anyone that is called in representing HCPF could you introduce yourself at this time? Please remember to press * 6 because all lines are muted, Diane [Indiscernible]. Stephanie Holsinger, Montrose County, [Indiscernible] homecare, for introductions, for those with the department. We will only do HCPF introductions.

>> Anyone else on behalf of HCPF? Please introduce yourself at this time.

>> Okay. From there we will go to restroom locations, as you may have seen when you exited the elevator, there were restrooms located on either side, there is also accessible restrooms located on the seventh floor, two located on the fourth floor, and for those in the room today, the need gender-neutral bathrooms they're located on the third floor next to the elevators as well.

>> We will go into the agenda, as always, for those who have called in, those on the webinar, and people in the room as well, we will go through a brief overview of EVV, we will talk about the stakeholder engagement focus, and the focus and purpose of this meeting, from there the bulk of the meeting will be discussing our pilot program, as well as testing we will discuss those further down the road. And then as always we have our top FAQs, that we will go through with the department, and then if there are any outstanding questions, we will open it up to the open forum to work through that. Before we begin, for the meeting guidelines, I want to highlight in the room, as you may see we have [Indiscernible] for those who have called in the sound quality should be better for you, if not please let us know, so we can adjust it. If you have a laptop, when you speak try do not speak into the laptop, it could inhibit the volume to buy the speakers. For those who have -- picked up by the speakers. Speak over the laptop, for those who have laptops in the room. A few a stakeholders today called same it has been challenging to hear sometimes. I want to make sure that those calling in on the webinar can be able to hear what is going on in this room. I will also try to make sure that I repeat questions, to make sure that everyone has heard the question that was given in the room, for the webinar as well.

>> Everyone is quite today. -- quiet today. The meeting subject for today, we will be discussing briefly, implementation, where we in the process, any updates, and always addressing stakeholder concerns. From there we want to make sure that the meeting does serve as a platform for stakeholders to provide feedback if they have concerns or questions.

>> From there we will shift to the stakeholder engagement considerations, I've had conversations with numerous stakeholders over the last few weeks of stating that they really enjoyed the subcommittee layout of how it is a working type meeting. The department ring something to these subcommittees, and it gives purpose and meaning to those planning. For the general stakeholder meetings I've had feedback with stakeholders and wanted to make sure that making sure that engagement is consistent, and beneficial as possible. One of the things when I was talking to other stakeholders, they said they wanted to make sure that when we are having these general stakeholder meetings is serves as a time for the department to provide updates as well is here feedback from stakeholders. Some stakeholders were thinking that as we navigate through the general meeting we discuss, a stakeholders provide feedback, what are the purpose of the feedback, what are we trying to contribute, how can we ensure the department is taking in the feedback and generating movement around that. Another concern that was brought up around the stakeholder engagement was around the objectives, stakeholders communicated not all but some, that at times it seems that you are aware, that EVV is not popular amongst people. Shocking, it is not that popular, some stakeholders were saying that we understand that this new implementation how do we move forward to get past, we understand that it is not the most appealing thing that is happening. Especially with how it impacts, but moving onto the next one on the screen, thinking about outcomes and solutions.

>> If there are queries around how the communication is communicating around the benefits of the EVV, if we as stakeholders consider being part of the communication and training subcommittee, work with us on the language that we are using to make sure it is appropriate, and to ensure that we are demonstrating benefits for example of EVV. So that is something I wanted to briefly bring up around how we have the meeting today, for those calling in and on the webinar, the meeting guidelines, we are solution focused, we can be sure that we are having a productive meeting, and that we are moving ahead as best as possible. If there any issues that arrive, as we work with stakeholders, and Colorado been one of the states leading engagement, as we continue to configure this, we will continue to help alleviate concerns around building a system that is matching the colder needs. -- stakeholder needs.

>> We know that EVV is not popular but we will keep moving forward, and try to be more solution focused on how we navigate this meeting. So from there, we will briefly go through what is EVV, it is the technology solution which electronically verifies that home and community-based services are actually delivered to people needing the services by documenting the precise time service begins and ends. One of the ways that EVV can be verified is through a web portal, mobile lab, if you've been reading up on [Indiscernible] there are a lot of technologies that are available but for the state of Colorado we are only using these inputs used on the screen, telephonic, mobile and web portal.

>> So why is EVV required? This is in relation to this federal mandates, one of the things that we try to make sure that we are stating, at first it was mandated by January 1 night teen -- first, 2019, however with the health bill 6042, it has delayed the FMAP reductions from 2019 to 2020. So we will see with the delay means, and how that has impacted the current system development that the department are working on currently.

>> I want to do a quick check in for those who have called in, please remember that all lines are muted, if you have any questions or comments you can hit star six.

>> The 21st century cures act, we want to establish that these are some of the guiding principles that we use of organizing what the 21st century cures act as, it does not limit the services provided, the state works to ensure that as we can think of the statement -- the service, to ensure that the limitation is not limiting the services provided by making an overly complex system. The other thing it does not limit provider selection, it will not constrain individuals with their choice of caregiver, it will not impede the way that care is delivered, and the act will not establish any employer employee relationship.

>> The next slide talks about what EVV must verify, any time during these meetings, as we talk about the points of data, this is what we are referring to. If we do not specifically name all of them, the type of service performed, the individual receiving the service, date of the service, location of service delivery, individual providing the service, and the time the service begins and ends.

>> We know that a few of these data points, have caused concerns, location, which is what we will talk about another stakeholder meetings, we want to make sure everyone is clear on the six points that we're referring to for the implementation.

>> From there that is a brief overview of what is EVV, it is a federal mandates, I want to stop for a moment and see if there are any questions at this time?

>> There are none in the Q&A part.

>> For those on the phone, please make sure to hit * 6 anytime you have a question.

>> We are going to our state EVV model, as we mentioned in a previous light, we discussed how and implementation of EVV will not limit any type of provider selection. That is one of the reasons the statement with a hybrid model, is to provide choice, and that'll if the provider -- not only for the provider but the vendor as well. Other considerations that we have to keep in mind about the hybrid model, as we continue to develop the state system. The hybrid model in a nutshell provides an opportunity to use the current system, and to ensure that they can interface with the state system, those that don't have a current system there are options to use the state system with no additional charge. One advantage of the hybrid model, -

>> Question? We want to go quickly so we can get to the fun stuff today. Providers have no cost, those are the core components and benefits of the hybrid model, if it any time you think that this is meeting -- missing any of the benefits, please interrupt me and provide further clarification.

>> We are going to transition into this slide, should be similar from last month's we focused on the services, I know that many stakeholders, particularly provider agencies, continue to reads out to [Indiscernible]. And they ask if EVV applies to them. As we go through the services, I do not believe we will be adding any additional ones, but we continue to refine and we are confident that these of the surfaces that are a part of EVV, and then in the general stakeholder meetings, we will sit and create a confirmed list so that you can plan accordingly. I will read through the services for those who may have called then, on the webinar to make sure that everyone is aware of the services. Personal care, home health, private duty nursing, hospice, homemaking, in-home respites, in-home support services, independent living skills training, specialized medical equipment and supplies, outpatient physical therapy and occupational, that is provided in the home, and the behavior how that is provided in the home. Once again, - behavioral health is that behavior services on [Indiscernible] or is that something different?

>> Behavioral services are offered through the state plan for pediatric client, and then through the [Indiscernible] waivers.

>> Does that answer your question? I think so yes. Once again, for the sake of clarity, we can go into E services and once they apply, once the department finalizes the services we will have more details that way there is clarity around which services and how they relate to the waivers.

>> Alright, hopefully this is not a shock to most, these are technologies we are using for Colorado we have a mobile application, we have a web portal, which is Santrax, that we have the telephone he -- telephonic feature.

>> Any questions? Yes go ahead.

>> So there are three options, the web portal, the telephone and then the app? Is there a device is a device that might work if the caregiver does not have access to the web portal or does not have a landline available as a client phone. What other options for technology can be used to verify? A separate device? If the client does not have a landline, I think those are things we are working through of the state to figure out, if a client or member does not have a landline then they would use their smart phone, - not everyone has one. I think that is what we are trying to figure out. We will get to this later in the presentation, and try to figure out the technology that you need for Colorado identification. With the agency's report, 90% of my attendance have a smart phone. Which lets us know from the department the more or less that we know the mobile up can be used to verify. Some providers are providing that their clients do not have a smart phone, and also the member might have a landline either, that is something the department will have to work through along with a colder input to figure out how in those types of lettings. -- settings.

>> Current access is only for the provider agency, giving access to caregivers as relevance, that is something as a team we need to work with and through with stakeholder input does that answer your question?

>> Yes, there is still no answer on whether there will be another device or not? If they have a tablet? People lose their phones, they can afford their phones, some caregivers take the bus, they might not have a phone, I want to make sure that there is an option that we can put a separate device or is there anything like this available? The department will not have any devices in anyone's homes, they will not be giving out devices, it will come through the smart phones, or landmines, or phone that will be the main capturing components. Then there will be the web portal to make edits as needed. If there was a situation like talked about, maybe neither of them have a device, how will you capture the data? That is very relevant, I think it is something we are still working through as a department. Thank you for bringing that up.

>> Does anyone on the phone have any questions before you move on?

>> Everyone is muted, so please press * 6 to unmute your line.

>> The last stakeholder meeting, in August, we discussed the EVV the federal delay, and that the state has made a decision to have the delay as well. However, we want to clarify what that delay means. And how that impacts current EVV process for the state, there are concerns from stakeholders about what the delay actually entails. I want to go through this to understand that basically when the mandate was obtained, it has changed to January 1, 2020, that is when the mandate will go into effect for the states will have penalties for not being compliant. That is with the delay means, at the time the department still has to work on developing the system in order to adequately prepare, including testing, the private program and then training which will happen in 2019.

>> So from there we are working on the update to the EVV timeline, around how we will use the extra time, and one of the things that I want to keep in mind, this came up in subcommittees that is essential that our stakeholder engagement, we've had a pretty solid consistent engagement process, thus far. And it is really important that it does not die down, such as today there are major components to discuss about implementation, so we want to make sure for those who called in on the webinar, please make sure that you are informing others that it is essential that they continue to come to these meetings, however where they are calling in so we are in need of stakeholder feedback, as we continue to work through system configuration and we will need stakeholder input and feedback to ensure that we are meeting the needs of our stakeholder population.

>> So this was the last draft of our current project plan that we will continue with, the stakeholder engagement, and system development. Starting in 2019, the test and refine may be in 2018, but we have the pilot program, training for providers, and the soft lunch and then the third party systems will integrate with aggregator, meaning that we will begin a pilot around that as well to figure out certification for third-party vendors.

>> I do have another question. Of course, the third-party, the providers is there a risk make a list of providers who have been certified or approved by the state? We are currently working at a department level to get that list to figure out what exactly is the certification process, is it system specifications, that is something we are continuing to work on through the meetings. Once we have that information and have it confirmed, we will immediately release that for stakeholders. So therefore people can make adequately important decisions, with the third-party system, and we will be able to integrate with the aggregator.

>> Let's say somebody wants to become a third-party provider, they would have to go through the certification process? Through this stage? Correct? Still try to figure out exactly what that process look like. That is a legitimate focus, [Indiscernible].

>> It should not be that complicated. For the third-party provider, it should not even take 90 days.

>> Danielle, I have a question? Please go ahead. Can you tell me the difference between pilot program and soft lunch? -- soft launch?

>> I will be more than happy to explain the difference, the pilot program is slated to begin in the beginning in 2019, would have the provider agency part of the pilot and to work through scenarios, or to really begin having access to the system to figure out if there are things or issues that may be occurring that we need to consider. The pilot program as we work through it, for a few months is used to get the feedback from selected providers. Certainly we would have about 2012 -- 10 or 12 providers wanted to be part of the pilots and we can use that feedback, so we start a very small, with a select number of providers who have volunteered to be part of the by the program, we also have to configure these details with the data, to ensure what capacity. For a pilot program, we would have all provider agencies a part of it, we want to make sure that the department's strategic on ensuring that those who have expressed interest will have the ability to be part of this, and if there is adequate representation. From there, [Indiscernible] will begin for all provider agencies, that way you will have to have the credentials to have access, that is with a soft launch comes in, hopefully around July of next year where providers can start using the system in order to see, if I was to submit this to the department, this would be flagged, providers have an opportunity with the soft launch for providers to see what it will look like once the mandate is in effect to ensure that ability is not disrupted.

>> Go ahead. If you could put me in the queue lease. -- please. Danielle, will Bill be anyone else besides providers participation in the program? With of the other clients involved in the pilot program? Or is this just for the providers?

>> The departments, we are still working on the details around [Indiscernible]. That would require stakeholder client inputs, that would be a mini pilot, the overall pilot we are talking about now, is relations to agencies. In addition to your question we are [Indiscernible] about user's seconds testing, -- acceptance testing, that is where the feedback can be part of the process.

>> Thank you very much. Have a comment for you, please go ahead. This is Mark Simon, don't mean to backup, there was the issue raised of what if someone does not have a smart phone, etc. Keep in mind, first of all, a big chunk of our states, the last number I heard was 40% does not have Internet. I can tell you where I live, because I live in the mountains, there are many areas that do not have cell coverage. In our case, many of the folks that live here have, the Internet is very unreliable my goes out probably three times a week. So using an Internet-based system or a cell phone-based system, for somebody who lives in the rural part of the states, very well may not work. Then the question comes up, how do you have those people contact the system electronically? To be able to login and out as they are showing up and leaving? What if the Internet is out? What if you do not have a hard line, just like I do. I think you need to keep that in mind, ultimately you will have to have some way for the provider to go in and make those entries or edits after the fact.

>> Marketing you so much for that comments. To address your concerns around Internet or signal usage, particularly in rural areas, with the mobile app, it will be able to collect points of data without Internet. Those

are things that we want to make sure the technology that we are using, - then I have to ask, what if you do not have a smart phone?

>> Writes, with these scenarios, as a stakeholder community and the department, eventually we have to sit down in a subcommittee, and go through the scenarios. We start off with we have the situation, and then what happens? That is something we will continue to work through to make sure we are taking into consideration all possibilities that can happen. And I'm glad you did bring that back up, as we try to figure out, we know the mobile app is contingent upon someone having a smart phone, [Indiscernible]. Without a landline, how can the information be collected? That might come through the provider agencies.

>> Also keep in mind, many of these workers in this field make 10 or $12 an hour, they cannot afford to go out and buy new technology, so that they can keep working in this field. If we try and impose that on them, we will lose more home care workers, as I'm sure every provider in the room can acknowledge, it is a struggle to find home care workers, for people to work in this field and it is difficult to find quality people to work in this field. We do not want to create a system that will drive folks out.

>> Thank you so much, that is very important to bring those concerns to the departments. To make sure that we address those concerns. To ensure that we are making rules in collaboration with stakeholders, to ensure that we are not adding undue burden on their already demanding and very important jobs. Thank you.

>> This is one of the biggest concerns that everyone has is technology? What if we start losing caregivers because of this? Speaking with other states who have already implemented this, that is not something that they have experience. That tells me that the department will keep this in the pure real, -- purview, to work through this implementation process to ensure as much as possible that we are not making decisions or policies or rules that may have a negative or detrimental [Indiscernible] on the caregiver.

>> This is off topic, you might lose caregivers because of the [Indiscernible] on the Medicaid part of it? The minimum wage? I do understand that. There are many concerns that are impacting caregivers, I think that in this we are working to ensure that we are not putting an additional thing that is having a negative impact on caregivers. We appreciate the oversight that we are keeping the caregivers in our focus. Thank you for the comments.

>> I will blaze through these next few slide so we can get to our pilot program, great question thank you. We appreciate the feedback. I just want to make sure we have adequate time to get through the testing and the pilot program.

>> On this slide the updates through the Sandata business rules, there was questions raised about predetermined locations, we are still config rating through the business meeting with Sandata, once we have new updates we will provide that. Probably at the next stakeholder meeting.

>> From there I will briefly go through the EVV subcommittee updates. Privacy, will be meeting on October fourth? Yes. So the privacy subcommittee will be meeting October 4, information will go out soon there will be a save the date in the system. The system subcommittee we focused on discussing the testing and we requested if you scenarios, I will go into details on the next slide. Participant directed, we used the last meeting to discuss the current [Indiscernible] to gain feedback from stakeholders to make sure that these were the questions the stakeholders [Indiscernible]. For training the communication, we have been working through and giving feedback from the stakeholders on the provider survey, the question should be a part of this, I'm still working through how you can make sure that information is disseminated to as many people as possible will to get a great response rates. The training we are still discussing things such as location, what is needed, is of the things we have been talking about in the subcommittee updates.

>> From there we will transition into the user acceptance training, for those who attended the company -- the subcommittee last week, this will be familiar to you. If you did not attend I will tell you in more detail now.

Someone on the line brought up where do stakeholders fit in within the pilot program if both are provider agencies? The department will be working on user acceptance testing.

>> The user acceptance testing, we have really bare details at the moment, we actually just started, but the new update on the process, ultimately it will provide an opportunity for stakeholders for the provider agency, and the clients, to test the system later this year and in 2019. We're still working out the details when that will occur.

>> However, with the user acceptance testing, for today this will be in them -- a main thing in all the subcommittees and the general committee, to provide time for stakeholder feedback on what types of scenarios, and what our systems department will called test cases, that they will use to test. In those meetings, and those attend the systems meetings, help me out with all the scenarios we came up with, one of the scenarios or topics that was brought up in the system, subcommittee, was travel time, not having access. The feedback we are seeking from the department can be topics, or let's get into the weeds, what happens if this happens and this happens? Those are the types of feedback that we are asking for. Right now in this meeting, you can shoot an email through the mailbox, so that will be a core component of all the stakeholder meetings for the next month or so. So I will stop right there, before we get into the pilot program, I want to focus more time on what do you think the department should test for for the system. And what ideas people have.

>> [Pause] go ahead. This is Alex, I think for any user acceptance testing, I think you need to break it down. To break it down by user, we have agency users, [Indiscernible]. Each of them have [Indiscernible], for agency users, there is a portion how do I get all those schedules. Input is a bigger part of what needs to be tested and to see that when he support that online, and the caregivers have a different requirement. So what user you are talking about, is important, to see what you want to test. I am guessing, it is probably simpler because you just test a regular clock in and clock out, so you might not need to worry about that. And we can test it out over the web app, so you have all three devices that you have, [Indiscernible] you have a supervisor we need to understand how the visits leads to scheduling visits, that is probably the biggest part of scheduling. When moving to a new system, [Indiscernible]. You need to go and verify, and approve each day, it is a different scope that you have there.

>> When you think about user acceptance testing, if there is a provider agency, and advocate, clients, hopefully there will be caregivers in attendance as well, maybe that is where we should start were first. This is what we are collecting to figure out what makes sense. In theory, we would hope as a provide more details in a moment, we would have a scenario for example in this room, we would actually go through the particular scenario or test case. So everyone in the room with see how we would do that scenario and address that particular concern. Does that make sense? The details we're trying to work out, the departments we would take place as a webinar of where we are learning, this is an identified concern, this is what it will look like in the service. -- in the system. So this is how works, or it is not working, and we address that issue, and therefore will be in a better situation once we start that pilot program. Was there a question on the phone? I'm a caregiver, I guess what I would like to see, as part of the user acceptance test, is to do an actual two-week period where I would do the multiple services, that I usually do, and see how it would work that with the system and if I make a mistake, or something does not get recorded rights, how I can reconcile that before the end of the two-week period, to make sure that everything is accurate. And the multiple location issue, test that out, to see how that works out. So a dry run of the supports, and to see what glitches and exit planning and improvement systems could be made to make it more accurate and easy for caregivers. That make sense. Thank you for that feedback. For the user system testing, the system would be are basic, in specific scenarios we will be trying to address sometime in 2019, we can so figure out ways of concerns really within the community about how we can test the UHT, or the things that we are working out to the timeline to see the configuration that is needed. But that could be an opportunity for stakeholders to provide feedback there. With the scenarios, what you want to do is stay these procedure cold, -- code, clock in and clock out, today we are testing what should not be so much different from the [Indiscernible] test. With the personal care services, clocking in and clocking out, travel time, can I click off, to the times go up on the mobile device. Go through all the services and procedure codes. Hopefully after that, we will know where the bugs are.

>> So a typical general day, go through everything. So all of the modified codes, we want to see it come out on the other side, 22 write procedure codes. Eventually, [Indiscernible]. I agree with that, once I make a mistake, I would like to see, which I don't plan to do but I'm sure I will, how easy it is for me to do a real-time or near time correction before he gets into the big system.

>> Was the department has coordinated with the staff there will be meeting the components, we will provide more details that way we can give more attention with the scenarios and cases we're looking for. With the compliance, specific scenarios, we will coordinate from our end of the department, with our staff, doing the UAT, to figure out if it is a scenario we can utilize. We need to know how many are needed, there are many unknowns, we are just at the beginning of the process, for those who are hearing this for the first or second time, you can ruminates on this more, to figure out what is needed for the testing. The scenario I have a big question about, is access to the program, which has several procedure codes and it pays at a higher rate, it's a higher rate activity than a regular person would get with their homemaking tasks, it may be performed by the same person, this is the scenario that we will have to work out. [Indiscernible].

>> Low audio.

>> I wanted to say from a supplier perspective, these particular codes, keeping that eye towards it, understanding that it will not be operationalized into the future, I appreciate making sure that the things come together with all process. I know we are talking about [Indiscernible]. I wanted to bring of the scenario that has been echoed in the previous meetings. If I have a supplier the was to provide a wheelchair, and a supplier delivering oxygen, in the home, then we have the provider providing care. It adds to that testing, you would have the supervisor checking in going through and thinking about that. If you have multiple suppliers making edits throughout the day, also there was another piece that you have been talking about. Multiple suppliers, there is a concern about real-time, putting in the edits, such as the concerns with rural areas that do not have Internet access, uploading that, the caregiver supplier, whoever is providing that information, would be available to upload. I'm not sure if the departments will be doing anything, my question is, thinking about those Internet delays in with the caregivers have to do, I don't know that we will be doing anything in real time that would cut them off. What I'm saying is, the question is what if they're in an Internet free area, the caregiver, the manager, in the Wi-Fi zone.

>> That's an excellent point. If I word this completely differently, you're wondering about if we have access, as a provider in my pushing the button, and that is where the scenario is identify sensitive [Indiscernible]. Or restart building automatic system, if I did not push any button after one week, it would go somewhere and get fields. So we would all like to maintain control, and have a chance to review, and then push a button rather than if I was on holiday, on vacation for a week on a come back and I made it through, and the Medicaid fraud unit was knocking on my door because something was wrong. And I hadn't had a chance to review it. Is that something, we have not spoken about this is much, I think it would be important to make sure that an automatic system is great. But we have to maintain control. When something goes off.

>> In your example, takes a week or two to get back to Wi-Fi and upload the clock in and clock out, as lungs have control that is fine, I do not need to upload yet I'm not submitting billing till he does. So that is a good porridge. -- that is a good point.

>> From my personal perspective, I've been on the reporting unit for six months, and this happen at this time it has been edited multiple times. [Indiscernible]. I just wanted to point out. If you have talks about automatic billing, we are working on that to the department, when you have information around with that would look like, as far as the testing supplies, the parts such as the testing component the parts that are independent. We will have a controlled to review, edit and things like that.

>> I keep a list, [Laughter]. Try to configure when is this able to [Indiscernible]. Sometimes the table is turned Katter patient because we are not there yet. -- counter patients because we are other you.

>> Just like in her initial rollout, the system automating is not going to be a part of this. The department will work, on the communication side to discuss what we need by that and what we mean by that component.

>> Have the question previously, from what it sounds like the system does not eliminate the time first -- the need for timesheets? What I can understand it we sell to keep a paper timesheet the clock in, clock out, the test performed in the schedule, this system does not eliminate the paper timesheet that we have to keep. So what you do in your business practices, more or less, but for the stateside we need to electronically verify those six points of data. Is want to jump in, in a perfect world, we get the system that the data is offered commercially. We will have the ability to have your timesheet uploaded electronically, and the mobile device will be able to check off those tasks. Potentially.

>> As we continue to configure. I'm not saying that will be the end result, I think that makes a lot of sense for that end result. If you don't get rid of the paper a lot of that information cannot be achieved. If you buy a system from Sandata today and has a scheduler component, so you can upload your personal tasks, and from Sandata it go to the client, and clock out and you can receive a report whatever amount, you can potentially create a record of the services provided. In that scenario, the caregivers have multiple devices, and you've uploaded a bunch of cares for all of that, you have effectively eliminated the timesheets.

>> Will not be accepted? I know people have these systems, [Indiscernible]. The electronic records. We are trying to work on this, hopefully to have something similar in place here, that they [Indiscernible] will be [Indiscernible] with the system, otherwise it does not make sense. Any tasks here, and I cannot verify the services.

>> [Indiscernible].

>> Hopefully for this corporation, we can avoid that outcome. Here is the biggest problem that we have, they check off their own boxes, [Indiscernible], on the schedule, we have this and this task, and then it is deficient. That problem actually goes away, the time she have all the tasks, -- sheets you have all the test, with this system it only displays the five tasks the possibility of error is much smaller.

>> Specifically within the system we will go into more detail with a different rollout. With what this will look like, we will be able to schedule or things of that nature. If you more slides we will discuss the timeline, and provide clarity concerning features of the system that will be operational so I will provide clarity on this, there is a schedule proponent for the sake of time I do want anyone on the webinar who has any scenarios for user testing?

>> A lot of individuals you need more information and I completely understand that, there is 100 time that we can test for, what is fair? I understand that, the department will work on providing more details around user assessment test, working through the stakeholder meetings working through detail, so they will be more informed to understand.

>> I will come up with a list, such as having ADA as a topic, we also need to know what to test for with the 88 compliant, we will work with the court Nader, to gain the feedback for what is appropriate for testing. Those are things to think on specifically until our next general stakeholder meeting, for the scenario or anything you think the department should test for, at a basic level.

>> [Indiscernible]. So I can send you all of the codes, 30 or 40 of them. And if is a clock in and clock out for them, and the travel time at a, that can be 40 or 50 scenarios.

>> We currently have a list of the procedure codes that are required, and we will certainly take that recommendation and make sure within our new [Indiscernible] clock in and clock out. You don't need to go through this this and the receipts we have this written down. What we're looking for, either way you approach a service, homemaker, delivery, differently than what you focus on as a personal care delivery, and the

scenarios would need to look different. Not clock in and clock out, but if there is something weird about the service you another provider, or attendance,

>> With a specific scenarios, that will be helpful, we will work with those in the subcommittee. So that we know that that service, represents personal care, and will do something different with relative personal care, brainstorming, you don't have to give us everything now, if you're going to the attendance time feature, verifying and services or provider, this looks different. Help us understand, how we might look at combinations.

>> So we struggle with this a little bit, so most of these make perfect sense, these are all things that you test with a scheduler. For example, I have personal care, that is something determined in the schedule. From two through four, I have [Indiscernible] and then from 4 to 6 have regular tasks. And then they pull of the mobile device, information is already there, to set all of that up, you just have to get used to.

>> We will have modulo four, the scheduler, Tesco you have to select the procedure -- you have to select the procedure, has someone preprogrammed that?

>> When the attendance get out, there are set of buttons available. There's personal-care, homemaker, personal-care, there will be a list of available options, and the intendant checked in and checked out, that will not be any task level options on our first rollout. On the scheduler rollout, there'll be some task level options and we will get into that, for our first rollout it will be very BASIC, the services available, earlier in the presentation, and we will look at these and a high level, if you need verification.

>> Diana, as for is the first rollout, with the mobile operator, that the system is friendly. We want to make sure the the attendance, the service, we are not scrolling through hundreds of scenarios, and procedure colds, -- codes. Once again the department wants to make sure we are not interrupting services, we don't want someone who should be administering a service be focused on the correct procedure code. That is something we've been working on as a department for several weeks now, I go back to the previous lights talking about free line services, streamlined services that is what we are referring to, how can we bundle services have the same rate and things of that nature, to make sure the attendee when they collect the service they don't have 100 to choose from, personal-care, homemaker, and things of that nature. In her initial rollout, -- in our initial rollout for testing.

>> Potentially, if I understand you correctly, if I send out a [Indiscernible] for real-life services, and she selects the right code, and everything is correct, in that scenario, you would not need a timesheet, because she still needs a document which serves as an accountant. For me as an agency, have enough of those, because I now have a clock in and clock out in the system, then I now have to compare the time and and timeouts on the papers. I could be a big problem, to have seven different [Indiscernible] on the parts, with over 70 different tasks. Right. They are talking about, the department understands in the beginning for the mandate to apply, the scheduled to apply there will be a dual process for providers who are opting in. That first rollout will be a very simple easy one where you click the billable code, that you are looking at just or [Indiscernible]. Not with the tasks for the in-person care for the agencies, or for your [Indiscernible] surveys. It's a very soft rollout of the beginning and we will do the user acceptance testing early next year it will be a basic model, so that our basic state system is up and running, once we schedule the system and what that module is up and running it will have that [Indiscernible]. We want to ensure that her current rollout that everything is going well. Before we add on anything extra so we will have stakeholder meetings, we will have the UAT sessions, pilot sessions, so that we know that we are looking at this in blocks to make sure that we can get the system implemented correctly.

>> That is the benefit of having the delayed allows us time to configure the slots, and to make sure that they are good before he move onto the next section of the system. So we can have the configuration fixed out, before we add on these additional features.

>> Here is another concern. From the provider community, I am not trying to be critical, I understand that there is no other states were this is being rolled out separately from the scheduler. They are ruled out -- rolled out together, particularly for the providers, there is a significant dedication of week between the E module and the scheduler. It is a little bit easier, there is a time of transit. For the agencies, it is a multi-performance to get that data in their. -- there. So we talked about upholding the data, that is hopefully not too difficult, with some Excel format that -- spreadsheet the have to be formatted. [Indiscernible]. Through the schedules, all the things that I know of at least needs to be manual, it can be uploaded, if you look at the amount of work required for implementing, 80% of that of not more is getting [Indiscernible]. You have to enter over 1000 schedules. So one client has five, six or seven, but say 3 to 5 schedules. So that is a significant amount of work. There is no way to transfer schedules from the EVV back to the scheduler, it only works from the scheduler to the EVV.

>> So we're still trying to flush other concerns, with another stakeholder meeting. Or in one of our visits we can figure out how is that information being transmitted. I think overall, I hear your concern, we are trying to make sure that the department timeline, to understand when you actually do have an impact. The scheduler configured sometime in 2019, is before the actual mandate. These concerns about implementation more or less may be alleviated once we get that to go live sometime between 2019.

>> Maybe is an option for agencies during the pilot stage, once the scheduler becomes available as well, if we all work with the scheduler for the agency to work with [Indiscernible] I maybe wrong, it is more geared toward [Indiscernible] user, you don't enter too much, it's a plug-in and plug out. Maybe to say that concern, that there is a way that the agency does this in a one shot, where the scheduler is also available.

>> I agree with the last comment. We don't want these kinds of problems especially in a soft rollout there will be chaos. You all of this worked out before you get to the soft rollout.

>> Okay, the department is taking notes of these concerns thank you for the feedback. The time is 11:48, roughly. I do want to move on to the last few slides and then open up for any additional questions or comments or concerns. These of the slide that we have from last stakeholder meeting that the department is so working on, this is implementation timeline. We do appreciate the patience of the stakeholders we are really working hard to be sure that we have these, we are still trying to make sure that it makes sense for our stakeholder community, is different dates that we have to work through our timeline during the next couple of weeks or so. From there we have the concerned service list, as well is still working through the third-party certification details, the department these last few weeks has been working on streamlining the services and working through new timeline, so that is why these other items will come down further down, the pipeline a little later. For their we are still working through our pilot phase plan, and the once again the business draft.
>> This slide briefly goes over identify think older concerns. And use -- new concerns have been brought up today so this slide will be updated, we talked about GPS, predetermined locations, billing, automatic telling, soft launch costs, these are a few of the concerns that have been stated in this meeting alone, and we will add some updates for this concerns. From there, we will brief around the top FAQs. We talked about this already, briefly why is the department still working on the system configuration if there is a delay? I think that we more or less answer the question for us to be system testing, the pilot program, there has to be a system built. It is essential to tell your friends that have to come to the stakeholder meetings. We neither inputs, we need to make sure -- we need their inputs, we need to make sure they are are part of this process. So we can bring information that we have to gain feedback and comments. From there we are operating other guidance, we are still working on that, to figure out if there is more guidance such as family caregivers, things of that nature. I know providers who are still in a conundrum, I don't know which system I need to choose. Part of a hybrid model, we can talk about other meetings, there is still concerns, what are other states doing, we have a bimonthly call now, once we have that, later this month, help provide an update in October, in our stake older meeting about what other states are doing in lieu of the delay. So we will provide updates on that, we are still working with Sandata to see how they can be brought into these meetings. And what will that dynamic look like. That has been an agenda item for stakeholders having Sandata be a key representation, on the phone.

>> From there, we can go ahead and open to form -- open up to open form. Does anyone have any final questions? Concerns? Anything that needs to be clarified? For those on the phone please make sure you press * 6 to unmute yourself, everyone is still muted to cut in on the background noise.

>> Danielle this is Jim, first of all I want to say this is your best meeting, I appreciate all of the work that you are doing. To get this far, the one concern I have after today's meeting, it sounds like if I'm wrong tell me, I like the phasing the you are starting to show, with the test phase, and the pilot program, and the soft rollout, is the goal to have a system that is 100% ready as far as you make it ready for the soft rollout so the soft rollout is for the people who have not use the system, and are not used to this doing a couple different ways to do time sheets, to get them ready before the official rollout in 2019? Is that your goal?
>> It does not sound like it when you talk. Yes. There are multiple components as we work through that process, we may have a goal of things we want to see happen at a particular time as we coordinate with the systems department and Sandata, there may be configurations and other things to take into consideration that may push back some of those dates that are ideal. Ultimately for the soft lunch -- launch that will take place in 2019, departments will have a system, after the training is complete to begin to become more acclimated with it. Once the mandate is in effect, and we are working through those dynamics in phases, we are definitely trying to ensure the system and the scheduler, and things of that nature are ready around 2019, but we also have to be realistic when we are trying to work through our systems, and data, these components that we can have ready at that time. We are definitely aiming to ensure that the system is more or less 100% ready with the opportunity to become more acclimated, so when it is attached a billing there is not any disruption.

>> If were trying to train people like me during the soft rollout, and the system is not ready, that is going to be very problematic. I like what you're doing a thank you very much.

>> We will have a system ready, especially when training starts, one of the things is communicating what features are part of that feature configuration. Those of the details were so working through, once we have can ideas and confirmation around with these different faces will look like, obviously we will communicate with the stakeholders for them to have more understanding of what we mean by what will the system look like, and then additional features to be added on.

>> Thank you. So we have about five minutes left. Are there any other questions, comments or concerns? Have a comments. For the stake holder meeting next, so someone from [Indiscernible] should be presence, and the Sandata representative for the remainder of the rollout. We are working on that. We talked about this many times, do you think when we rollout the portion it will be able to handle the travel load? That is also the function of the scheduler? We don't have much information about. [Indiscernible]. We are still working on that. So thank you for bringing that up.

>> In their world, [Indiscernible].

>> So let's make sure that functions, the flipside of that and certain things that may not work, the task list travel time, I'm only bring this up, to think about some of these issues, with the timeline for the rollout, something sounds logical at first but when you get into it, without that I can't test half the stuff I want to test. So does the caution there.

>> Thank you for that input, one of the reasons the department has decided to create a soft rollout, is to understand what kind of processes and policies only work linear. We need to flesh that out more. We're really hoping that the soft rollout will help us understand from all standpoints would needs to be in the system before we do the hard rollout. The soft rollout is the basic system keeping a working and to ensure that we are compliant so there are no repercussions.

>> What a great meeting. I'm always enthusiastic about stakeholder engagement, and he feels that we have made headway. On some things we've been trying to address for the last meetings and we are moving forward. Once the department releases the timeline, it puts things in perspective so we can see where we are

going. I appreciates everyone's feedback, those who have called in, please provide feedback on the sound quality, we tried the new speakers today, if they were good, compared to other times, they have called on that make in, let us know -- called in, let us know. We want to make sure that everyone is able to participate in a way that is most convenient for them. If the sound quality was not that great, we need that feedback as well so we can continue to ensure that those who are calling in are able to hear what is happening in the room. So from there this concludes this meeting, I hope everyone has a wonderful afternoon, thank you everyone.

>> [Event Concluded]