COLORADO
Department of Health Care Policy & Financing

# Electronic Visit Verification Stakeholder Meeting
# Closed Captioning Transcript
# September 17, 2019

**Disclaimer:** Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on September 17, 2019. The spelling, names, and language may not accurately represent what was presented but rather what the Caption Colorado staff member heard through audio during the meeting. Should you have further questions or comments please email EVV@state.co.us.

Please stand by for realtime captions.
>> Good morning, everyone. We're going to go ahead and get started. This is the Electronic Visit Verification general stakeholder meeting today. We have a packed agenda, so just want to jump into it. My name is Danielle Walker. I am the HCBS EVV policy specialist. For those who called in, all lines have been muted, but you can unmute yourself if you press star six. If you have your own personal mute, you will have to mute yourself and then still press *6 to join to the meeting. I want to make sure people are aware of that situation.

>> Can you tell me how many are online?

>> If you call in, we will be able to know that number, but we are going to go ahead and start. The department of health care policy and financing, mission is improving healthcare access for people we serve while demonstrating balanced leadership of financial resources. Welcome to those who are in the room. An additional Welcome. Restrooms are located right by the elevators. If you just need to know where the facilities are, need accessible restrooms, they are located on the seventh floor. Restrooms are also located on the first floor. If you attended our subcommittee, we did introductions before our stakeholder meetings due to so many people attending our meetings. We will be during discussion for 30 minutes. For the general stakeholder meeting, we will introduce staff, so you are acquainted with who the department is in the room today or on the phone, so again, my name is Danielle Walker. I am the ACBS quality specialist.

>> I am Jody Davis, project coordinator.

>> Reporter: A Schwartz, project manager.

>> Selena Martinez, participant direction.

>> John Lynch, EVV state plant policy specialist.

>> For others, can you give us a quick sound check? We are able to hear all of the introductions in the room. On the phone?

>> Yes, I can hear you.

>> Yes.

>> Just a reminder for those who are in the room, who will be speaking today, please, just try to use your best presentation voice just to be sure. The microphones are pretty good, but we want to make sure for those who called in, those on the webinar, are able to hear and differentiate who is from the department, and who may be affiliated with something else. Okay, today we are doing introductions. We will do a brief overview of EVV, as always. Again, I see new faces. It's always important to level set. The service types required for EVV, the groupings that we talked about in previous stakeholder meetings. We will do an overview of the technologies, and get into the Good Faith Exemption request, which is our overall project update today. We

will also do a training check in, and for those who know what I'm speaking out, it will make more sense as we go through the presentation today. As always, for our meeting guidelines, it's great that I always try to -- but I always forget, when you're speaking, please try to say your name. I will try to say that I am Danielle from the department. Other departments, please state your name and that you are from the department, so people can distinguish whether it's the department or someone else.

Stakeholders in the room, on the phone, in the webinar, you can state your name or affiliation. Whatever you feel comfortable with. As a reminder, we do like to share the air, meaning many people have been attending these meetings for quite some time, and they have a lot more questions than others, but please keep in mind, I want to make sure everyone has the chance to answer questions, so there may be a Paul's after someone has asked several questions, just to make sure everyone can ask a question or have a comment. As always, if there is anything I'm saying that is not clear, stop me. I enjoy meetings where everyone is talking. So, if there is anything that I am saying, or I am speaking too fast, let me know. I normally try to speak loudly, so everyone can hear, but any time there is something confusing, just let me know. I will be more than happy to go over it again.

For our meetings overall, we always try to say we are solution and goal focused. We try to use this time for potential solutions to help with whatever issue may come up. For those who, again, maybe, this is your first stakeholder meeting, our general stakeholder meeting gets overall project updates, high-level information, and then we also have three subcommittees, which is our training, communications and subcommittees. Mendoza committees are more workgroups, so if we need to figure out a solution, we will take that back to our subcommittees. That is where we try to develop those solutions with stakeholder input. Okay. Why are we here today?

EVV is part of the 21st-century here Zach. It's used to electronically verify information through applications, plus web based portals. Again, states that do not implement the Century Cures Act will have an impact on funding. Currently, the department will implement EVV for January 1, 2020 unless our exemption is approved. I know you probably have a lot of questions around that. We will get to it, so let's go through the overview. And we will jump into the Good Faith Exemption. Okay. We need to capture the six points of data you may hear many people talk about. The type of service being 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. Okay. Which services require EVV? I will go through this slide, as well. We have personal care, pediatric personal care, home health, private duty nursing, hospice, homemaker, respite, consumer direct attendant support services, in-home support services, independent living skills training, life skills training, physical therapy, occupational therapy, speech therapy, behavioral therapies, pediatric behavioral health, Youth Day, and currently, I know we talked about durable medical equipment.

At this time, the department is saying it's delayed. We will give updates in the coming weeks. Providers still need to reach out, which is great. We do still have the document on if EVV applies to you that goes through the different service types where you can look at process or billing codes to see the services you're billing for. Another way to know if EVV is impacting you is if you receive communications from DAC. DAC means, according to our records, you've been billing for services impacted by Colorado implementation, but as always providers, if you have any questions, reach out to EVV@state.co.us.

>> I wonder how many questions do you get from anybody?

>> Just in general?

>> Yes. But the question was, how many questions does the department receive in the EVV mailbox. We get about --

>> 120. It varies.

>> It varies week by week. Maybe, a good average, a safe number is about 70 emails. That's providers, asking great questions, training, interface. Okay. On this slide, we have service type groupings. We will go more into the state solution, but as you may recall, the department has talked about the service types also have routines. That's how the service will be identified in the state solution, so I just wanted to have it up there. Part of that acumen is also on the EVV website. Again, if you have any questions, please reach out to the department. that was just a brief overview of EVV. We have a question.

>> The last bullet says professional building is exempt. How do we go about getting that exemption? If you provide group respite in a daycare type setting for kids on the CS waiver, would that be the professional facility building? How do you get the exemption? Because it felt the same way as if it was happening in other places.

>> That is a good question. There wouldn't be any distinguish. We also included unless noted otherwise, there are some services that could need a EVV. Even if they are in a facility setting. I will circle back around to respite in that particular case. They need to specify which areas.

>> That's an excellent question. We will have to circle back.

>> Are there any other questions or comments? As we look more into our technical components, just wanted to go over some of the key terminologies. Myself and the department refers to the state EVV solution. We are referring to the one that apartment is offering at no cost to providers. This is a reminder, it is not attached to billing or payroll. It is just strictly for collecting those points of data. The provider choice system is for the providers who will be using an alternate EVV system. That is not the state solution, so that maybe a system that you may have already been utilizing or looked at a different vendor to meet specific needs. We also have the data aggregator. That is part of the state solution. That is for provider choice systems to submit EVV data to the department.

When we talk about aggregator training, this is what we are referring to but again we are going into more detail in the next few slides, so hopefully that will make a little more sense just in case this is the first time people are seeing these terminologies. So, as you saw in the previous slide, we had the state solution, and providers will also have the option to use their own system. That is part of the hyper model that the state is using for our implementation. Every state does it differently. There are states who are doing a higher model. There are other states where you can only use their state solution. And there are states where providers are responsible for providing their own solution. It varies. For the state of Colorado, we have a hybrid model. Just important things to keep in mind for our hybrid model, it must be configured to EVV rules and regulations. We must be able to connect to the data aggregator. We will hear more about the choice system, and training in testing. You must be able to connect. Also, knowing that you have to have training for the data aggregator. I know we talked about training for the state solution, but there is training for our provider choice systems.

Okay, we're going to go into the state EVV solution overview. As you may recall, this has two main technology for our direct care workers, which is the mobile application and telephony. The provider web portal is used for administrative functionality. If you attended the stakeholder meeting last month, I've seen the guidance, and talked about entering information on the web portal. That does not suffice for EVV data. That's why we make the distinction for the state solution utilizing mobile application or telephony, and the provider web portal is for administrative function only. Someone had a question. Okay. The mobile application is used to send data. It is GPS enabled unless you are bringing your own device method. Maybe, the department isn't providing any technology for agencies. As a reminder, there is no continual location recording. Location is captured when a person checks in, and when they clock out.

The application is available in many different linkages. English, Spanish, Somali, Russian, Chinese Mandarin, Arabic and Egyptian. Our mobile application has the function to work in areas where you may not receive the signal or have access or, yeah, you just don't have a signal. We can still use telephony. That's also an option, so if you are not receiving a signal, you can use the telephony option. When you are in an area where you may not be receiving signal, the mobile application will automatically switch mode. I use this same example

every stakeholder meeting. If you have ever worked in Google Docs or something off-line, how you are able to work in that document, and then when you're back to Internet connection, it uploads all of your information. It's the same way the mobile application works. You are still able to capture those points of data. And then when you get back to a place where it has a signal or network, you have to log back in, and the information will be uploaded to the system. We also have telephony. Each provider I.D. has two toll-free numbers, so the same language options as available for the mobile application. Both numbers are accessible 24 hours a day, seven days a week. The department calls this our non-GPS option. We prefer you use a phone affiliated with the client, but you do not have to. Then we have the provider portal.

>> With healthcare Association, you say you don't have two lines. Do you get a busy signal?

>> Can you clarify your question?

>> If a provider has two toll-free numbers, is that correct?

>> That's correct. We need to call in. But call into report the EVV data.

>> So, if there is three people calling -- I just don't know if you have enough line coverage.

>> This is John with the department. As the phone call comes in, it is electronically routed in, so it's the same as calling a 1-800 number in any case, or you can have hundreds of calls come in at the very same time and it's electronically routed. The reason why there is two is for redundancy in case there is ever any problem with one of the lines there will be a separate line entirely. In general, the one number would be more than enough, but there is two just to make doubly sure there is the tendency for people to be able to call in.

>> Great. Just a follow up question. How many people will have to answer those questions at any given time?

>> This is John from the department again. The question is, how many people will be answering the phone for EVV calls. It's an electronic system, so it is done via touch tone. It's an electronic interface, so people will not be answering the phone call, and asking you to say numbers verbally.

>> Are you going to get transferred to a live person?

>> No.

>> This is John again. With the department. The EVV system is literally, you call in, enter a code via your touchtone phone. There is actually no need for a person to speak on that.

>> Thank you.

>> Just to clarify, that's why there is no concern about it being busy or not being able to report EVV data. When a direct care worker calls in, the system automatically prompts you. The person will respond either the of the number or potentially verbally. That's just what they go through. Then they hang up. It's normally less than one minute. It's just in case something we haven't had any reason to believe our agencies will need additional lines. Again, each number needs to be used for the agency.

>> I'm sorry. Does it have to be landline?

>> No. You can use a mobile phone, as well. Just to repeat the question, does the phone affiliated with the client need to be a landline? No, it does not. It can be a mobile phone, as well. Provider portal. For the state solution, this is where the administrative tasks will be occurring. If you have a direct care worker, they clock in, they do everything, but maybe, they forgot to clock out, so you say, hey, sorry I just finished with a client. I forgot to clock out. An administrator for that agency could go into the provider portal and make a correction, and so in the provider portal, when EVV data is coming in, there will be a small indicator. It's a reddish-brown

that is normally used for providers. It is something you can look at for this visit. It could be something, such as the worker forgot to clock in or something that requires your attention. That is what the other part of the portal was for. There is also the capacity to enter a complete visit, so maybe, the direct care worker went to provider service, but maybe their phone died, so they were unable to collect the six points of data, then you can enter in a name in the EVV portal. As we have discussed in previous stakeholder meetings, later this fall, I guess we are getting into fall now, we will be discussing the threshold policy we talked about in terms of how many entries we will have under different circumstances. Things of that nature. Again, we are still planning on having a session with stakeholders, and getting feedback on what is important, recognizing that, of course, overnight, all EVV data cannot be manual entries, so we will continue to make sense of the circumstances, and then how can we come to some kind of resolution around that.

>> [ Indiscernible ]

>> That's a great question.

>> This is John with the department. Is there a time frame for correcting a EVV? Essentially, within timely filing constraints for all billing practices as normal. So, this is, right now, following department guidance on billing maintenance. So, the system has been pretty long, right now, but on a practical sense, your EVV won't be stopping your ability to get it and because the billing will always be long enough for you to be able to get the bill in.

>> Are you talking about billing practices for 120 days, and such?

>> Right. So the question is, is this referring to billing practices for 120 days or 90 days, whatever the department guidance is? Yes. EVV will follow that department guidance and give you secondary billing practices as normal, but you will always be able to keep modifying the EVV for 365 days. But we don't want to give the impression that changes billing practices, so the system is set for modifying those EVV, but don't interfere with your regular billing practices. Perfect.

>> I am calling in on the phone with a question. But can we move to phone first?

>> Who is on the phone?

>> Yes. I got a question. Are they going to limit the number of manual entries that can be done?

>> No. This is John with the department again. The system isn't going to prevent manual entries being entered into the system at any point, so you can always keep entering in manual entries, and then we can continue the conversation from there as needed.

>> Just as a follow up, what I was referring to is, again, if you are submitting EVV data, we also need to establish a threshold of how many manual entries will be considered to still be in compliance. We know things will come up. That's why manual entry is still a possibility. If your care worker phone dies, that is a very reasonable component of where you would need manual entry. However, if you are submitting EVV data to the department and 99% of it is manual entry, that would not be in compliance with the real-time data CMS is looking for. Does that make sense? So, the system will never restrict you from entering a manual entry. Just be mindful that the department working with stakeholders later this fall, is trying to figure out in what capacity reports from incoming data can be a manual entry, as well as for state solutions for our provider choices, as well.

>> Demman with MGM healthcare. What will the window be or the time frame be for caregivers to actually check in and check out? Will there be a 48-our buffer to provide an example? Will there be a restriction to not allow caregivers to, let's say, at the end of the week, go in and chart all of their notes or shifts that they've provided, visits, whatever it may be. Will there be a window to check in and check out for each visit?

>> Got it.

>> A 24-hour window, a 48-hour window. I know it will probably fall along the lines of what Danielle mentioned with restrictions for manual entries, or how late you can go back and enter things.

>> Right. The question is, how long do you have in order to be submitting EVV as the caretaker, correct?

>> Yes.

>> The intention for EVV is to actually be as near Realty -- real-time as possible. The time frame we're talking about, going back to modify what is being submitted, that's the 365 days. The intention for EVV is to capture the information in that time, and then transmit it as soon as possible. If there is technology that's being used, that holds onto a real-time captured timestamp, however that is, and then that is submitted later, as long as it can be proven that it was captured at the time, that's fine, right? So, in the case of an off-line EVV visit, in super remote Colorado, you are going off the grid, then you clock in, clock out. Then you come back to connectivity, when that uploads, that's obviously after the time of the visit, but it records the actual time of the visit, and that's fine. But we have to keep in mind on a practical level, as administrators, in order for EVV to load into the system, it does actually take a little bit of time for things to load for the billing to come through, so, if you are submitting any claims at the same time that you are submitting the EVV, then the system won't have an EVV record to bill against, so it's two providers or its to the provider's advantage to get the information in as quick as possible. A lot of people will be concerned, well, if I'm submitting information, then it's already out there, and it's in the system, then I can't modify it. All of the systems are designed to be able to do maintenance, and that's what you do through the web online portal, right? I was doing this service instead of this service. This is how this goes. It can totally take that information in, and that actually provides an excellent trail of saying EVV was delivered on time. It was modified here. It's all totally transparent on top of the table. It works.

>> Rachel with Goldstar. When you say modifying, is that part of what will go to the threshold you guys are figuring out this fall?

>> It's part of that, yes.

>> That's what I thought, was just that intermixing.

>> Kristin with Megan's place. What if there are multiple services within a session? What if you have one employee that provides respite, which is part of the EVV community connector, which to my knowledge is not part of EVV, and then they finish up, so they do an eight-hour day, address cc and then respite. Are they clocking in, clocking out whenever they are doing a service that is EVV?

>> Just to restate the question on the phone, when people are providing multiple services during a visit of care, how is EVV clocked in and out? The general intention is to simplify service, so the intention is to be able to clock in at the beginning of the service and clock out at the end. if there is very specific things. We are all human beings, so of course, we can figure really nuanced situations. If you are going to visit someone for 16 days, and you are doing all of these different services, yes, clock in, clock out. If it's a visit that is a normal visit with a couple of different services involved, you should be able to clock in for those services, and clock out at the end. but if you have specific case uses, please, do email those to evv@co.state.us. We would love to work out the scenarios with you.

>> So it's not a nuance. It's a daily thing. For multiple services or one provider has been hired to do respite and community connector, and enhanced homemaker. They may do all of those things. They are divided up by times, but it's not a nuance. It's a daily occurrence. It's going to be a very regular thing.

>> I think, overall, if they are in specific time frames, yes, that's when they will do the clock in and clock out. When the services are happening simultaneously.

>> Because you can't bill those at the same times.

>> Right.

>> If they are not EVV related. So, when they clock in and clock out, whenever the service is started and whenever you finish it. It doesn't have to be a continual, like doing it over and over again. It just depends. If you have a two-hour segment, to start and finish it, it needs to be captured. And then the non-tran01 services need to be collected and that component. All right. is there a question on the phone?

>> Mike on the phone with a question again, as well.

>> Yes, please. Go ahead.

>> Where are we with in-home care providers on the in and out check-in status?

>> Could you repeat that? It faded a little bit at the end.

>> Where are we with the in-home care provider status of having to check in and out. The last modification I got was that they were trying to get a waiver for the in-home care people to not have to check in and out, but I haven't heard the status of where they are at with that proposition.

>> In a few more slides, we will touch on in-home living caregivers, so once we get for a few more slides, we will provide the update from the department. Was there another question on the phone? Please, go ahead.

>> I wanted to go back to the question about if there is respite and community connector all in the same shift, those two things have wildly differentiating billable hours. Or billable rates. So, that is something my respite care workers to every single day, sometimes a couple times a day where they come, take my son somewhere, and then bring him home. Are they clocking in and out all day long? Every person I know that does respite has the exact same thing, and it's pretty much daily, so it's not a nuance. And then do the workers have to clock in and out all day long?

>> Are you saying this is continuous care happening throughout the day? Is it happening for two hours? What's the time frame?

>> Someone is here from 8:00 to 4:00 and then from 9:30 to 10:30, and then from 1:30 to 3:15, and then they walk down the street to the park, and they come back. It's all day. They are coming and going.

>> That's why it's not just a fixed component.

>> My example is different. I will give you a specific one. I have a grandmother in and play for her grandson. She does respite right after school. For two hours. Then she goes with him to assist him with a Boy Scout meeting, which is community connector, and then she comes back and provides respite again, so he goes to bed at 8:00 p.m., and then she also does enhanced homemaker for a couple of hours. There is three services happening in four to five Hightower chunks in an eight hour period.

>> Got you.

>> Homemaker and respite, those are EVV services, so she clocking in and out? Out for community connector, in for respite, out for homemaker? That's going to lead to a lot of logistical issues.

>> I definitely can see concerns around clocking in and clocking out being burdensome. I think it will still come down case-by-case. I realize this is not a nuance. It's happening on a daily basis. I think that's another component of the overall solution. We will talk about the soft logic, which is that we can acclimate it. What does it actually look like? People will have to cater to what makes sense to them. That's something we keep in

mind if the department isn't having this schedule, or what you need to follow. We just want to make sure when the services are being provided, and being collected, and also how that coordinates with billing, as well, so there is a set number of billable hours in relation to that service, and then how can you configure that. But also, understanding that life happens, and it's not just a rigid schedule. We have stated several times through the department that care always comes first. Before the idea of I have to clock in to provide care for that person. Care is the most important component. That's why we want additional time for people to become acclimated of how to incorporate EVV into these daily components. It's a very diverse day-to-day activity, to ensure I am still in compliance. I don't want to get answers like, this is what you have to do because it is still very flexible. That's one of the things we are still trying to work out and seeking to accomplish throughout the soft lines period. if it's still not working out, we need to troubleshoot from there.

>> It's so much more than the physical clock in and clock out on a smart phone. If they have to submit schedules ahead of time, and it's for a multiple service day, that gives them no flexibility to say I would also like to grab dinner after Boy Scouts. Because the schedule says they were going to do respite instead. I see this being one manual override after another just to provide that.

>> The schedule is not reported to the department, and that is not part of an audit. There is the Six Points of information that come through with EVV, and that does not include a scheduled or intended time for the department. As people have needs, we are very interested in just recording the care as delivered. The schedule is essentially just an assistant tool to help people out, and make life easier, but it's not something that is reported. We don't have a schedule audit by any means. This is just something for your own use.

>> Okay.

>> Please, go ahead.

>> I appreciate the fact that you mentioned billing. I think part of the conversation everyone has to keep in mind is this is always going to go to billing. When you don't have clock in and clock out hours that specifically address the IHSS versus the others, you go with manual overrides over and over again. I think we need to keep in mind the forward focus of this being a billing disaster, as well, and not just maybe, a EVV checkbox audit disaster. Internally for us, keeping up with all of these. And also, can you all share questions being asked on the web now about the overrides, and the visit adjustments to be made for the phone call? As it made from a phone associated with the patient that? Can you use any phone? Please, state the rest of the answer.

>> Yeah.

>> That's a question flying back and forth on the web. Folks on the phone may not be able to see that.

>> That's an excellent question.

>> Can you restate that?

>> What's on the web right now? Is a back-and-forth about can staff use a cell phone versus a landline? That's not a problem. However, it has to be by an associated phone number, client associated phone number. It's extra work levels when you say things like you can use every phone, but the answers the web people are seeing should also go out to people who are hearing you. Yes, but there will be an adjustment if it's not a number associated with the patient and that sort of thing.

>> With the state solution, yes, if you are using a phone that is not associated with the client, the system will ask you to acknowledge if you are aware this visit took place and the phone is not associated with the client, and the department has configured a solution. Again, as far as we don't have any predetermined locations. It doesn't matter where services take place, so that's why also the flexibility with the phones. It doesn't have to be a landline. We just prefer it because then it will have that connection with the client, so you are correct.

When you go to the provider portal, you may see an in Decatur saying, hey, FYI, this phone number is not associated with the client. It also may be a good opportunity where it may be a phone number that needs to be associated with the client, and you may want to go back into that client's profile to add that number, so that in Decatur will stop showing up. It's also a way. The numbers change. On occasion, we get new phone numbers, so it may be an in Decatur. This is an outdated number for this client. Let me go back into their profile and update it, so I can stop receiving this notification.

>> I appreciate you saying the whole thing. The other piece to remember for all the agencies is for you all, this is the depth of cost, and depth of training to additional staff that everybody needs to think about. Whenever there is anything like yes, but you'd have to adjust, or look this, that's an important thing to say out loud to the community of folks who are looking at their business model.

>> Absolutely. Thank you for that Feedback.

>> We did get confirmation that we can adjust the thresholds for manual overrides, or flags by different types of scenarios, so that would be one. If you are checking in from a number not associated, those flags or thresholds could be set at more liberal numbers since we know it's going to be a common occurrence, especially as we roll things out.

>> That's the policy you are talking about after we get through this initial hurdle of stuff that needs to be done, so it's still a conversation agencies can't happen to.

>> Absolutely.

>> All right.

>> Super quick comment. This is a really good sales pitch for using EVV because by using EVV in the self-launch period, we will have this data, have these conversations, be able to use the system as it needs to work. Thank you.

>> All right. The last slide we have is the state solution scheduling model. I just want to reiterate, the scheduling module is optional, so you do not have to use it. We know for many different programs, it just doesn't work. That's not something you are interested in. Keep in mind that it's optional. For those who may have the presentation in front of you, it's also available online. You can read more detail to see if the scheduling module is something you can use with the state system, and also the training that is currently going on. It also builds some functionality. We are going to segue right into the Good Faith Exemption request. Just to level set for those who may not have attended the meeting last month, the department had announced we will be seeking requests to CMS for a Good Faith Exemption request to delay the actual mandate of the January 1, 2020 date. Due to the guidance that was released, was at early September?

>> [ Indiscernible ]

>> Early August. Right. Early August, that provided a lot of new guidance for many things, but particularly around live in caregivers. Currently, the department has submitted that request. That was done on September 5. That was about two weeks ago. Again, the mandate was delayed to January 1, 2020. It's not mandatory use. To have an EV system by January 1, 2020. The reason we want to have a delay in the mandate is that the department is wanting to use additional time to see how our systems can, if possible, distinguish between the live-in caregiver, but currently our assistant doesn't have that functionality, and so that was the rationale behind that.

Currently, again, as we mentioned before, we did send out communication about this, and that communication is also online. We have training going on for the state solution. There is a training right now happening in Denver, and then training is still going on. Many providers and stakeholders asked why is training still going on if you submitted this request? Because we don't know if we will be approved, so we have to move further,

keeping in mind that could be a possibility that CMS denies our request, and therefore, we are going to go into the next few slides. Again, if you are going to use the state solution, please continue training. The administration link is on our website. You are able to get started with that. We still encourage providers to begin using EVV. This is our soft line we talked about, the October one deadline, or not deadline, but soft launch. Then again, if there is any reason the good faith effort exemption was denied, EVV will still be business as normal January 1, 2020.

This slide is smaller. Some of you may have figured this out, but CMS has a list of states that have submitted Good Faith Exemption requests. For those who were approved, as you can see, this is as of a few days ago. I don't know if it has been an update for today, but the six states that were approved, every reason was different. Every reason was different for where they submitted a request, and why they were approved. The one that is slated for this month isn't until later, so I don't have any additional information about why other states have submitted. Colorado maybe one. There is only a few other states that submitted a request around the same time Colorado did, and so we may be one of the only states doing them in the request based off living caregiving. It's a pattern of who's being approved, who may be denied, and so again, for those who were approved, every reason was different for why they submitted a request and were ultimately approved, so that can be a good thing. Also, just to keep in mind, CMS has about 30 days to respond, and that doesn't necessarily mean we will know if they are approved or denied. They may have additional questions for the state. As always, as soon as we know anything, we will communicate that in a stakeholder meeting, as well as a communication.

>> I was just going to ask if anyone has been denied, or if you know that information?

>> That's a good question. On the website they are only showing their approvals. Maybe, there is not a denial box. But it is something we could follow up on. If you reach out to the EVV, if you Google CMS EVV, you will see were to go to access this information, but if you want the department to reach out to evv@co.state.us, myself or someone else will work with you. That was a good question about denials. It looks like from what they are providing, it's just all of the states that have submitted, and so thus far for those who have submitted, they received approval. That is something we can circle back on. Was there another?

>> Betsy from home care Association. What was the exact date you asked to be delayed? How long will that be delayed? What did you ask to have submitted?

>> Part of the CMS guidance for states that have submitted --

>> [ Indiscernible ]

>> Okay, I will speak louder. Per CMS guidance, the good faith exemption request, if a state is approved, is up to the state's discretion of when we decided when to make the mandate live. So, we have requests for specific times from CMS. They just grant us the ability to consider -- or have the ability to have a full year of mandate delay, but the states have, again, the discretion to determine what's appropriate for our program before our system implementation of when we actually go live. That would be in relation to the Colorado rule and regulation.

>> Betsy Murray. Follow up to that, it would be very helpful for all people involved in this to know a specific date of when that would start again because this is a very expensive business proposition for home health providers. And I've talked to people who say, I'm glad they have delayed it. I am busy with Medicare right now because Medicare -- I mean, you are not the only game in town. For dealing with issues. So, the real concern is yeah, we asked for a delay, but we don't know when we are going to implement yet. It's not a business model.

>> I think what we need to keep in mind is we are not responsible for CMS. It would be disingenuous for the department to have any type of deadline. For anyone who has followed this, you know the dates have moved, so first, the department needs to know, are we approved for the request? We need to know at first. That's

what we need to start off with. Secondly, we need to also understand our system functionality. How much time if citizens are able to distinguish loving care orders, how much time do we need? These factors have to be answered for the department to be able to give an informed response of when we will actually have a mandate, so we do apologize. Again, we submitted this request almost 2 weeks ago. The data came out last month. We don't want to throw out any time frames of where it could be something different, so that is something the department wants to reiterate. We have to see if we are approved. We are going to stay optimistic that that's the path in which we are heading.

Two, the department not just for our state system, but for other choices, as well, the ability to distinguish loving care. That is the department's intention for our solution, for our state system, and so, if we are unsure how long that will take, or we are able to have a solution to that, we need to figure that out in order to give a better ballpark estimate. We do know from the committee that providers have asked for some time, so we wouldn't say, you know, we got approved. It was January 1, 2020. Now it's January 1, 2020. We will do something as a turnaround, so please, if it provides any kind of ease or comfort, know that the department will still provide a reasonable time frame for providers to get up and running for their systems. Especially where it is not impacting their billing. That also leads into --

>> Let me finish with one more follow up. The cost is huge. The implementation will still take time, even if they are lining up now. They are losing employees because employees are saying, I'm not going to do that, so those people are out of the workforce now. They are not interested in having that kind of big brother. So, it affects the entry-level employee all the way up as far as cost.

>> Absolutely.

>> I am hearing from parents who are having a problem with their home care agencies, who can't provide adequate people because of this clock in, clock out issue. I hope you are planning for quite a few months of delay.

>> Okay. I am going to continue with our update. If we are approved for our Good Faith Exemption, we will still have the voluntary soft lines October 31. Again, there are many, many providers who are doing training for the state solution, so that's just an opportunity, again, to submit EVV data, to get feedback from the department. This is what your date is looking like. Just to be as prepared as possible. If it is approved, our rough estimate of the mandate from Colorado will be in effect, maybe, summer, maybe, fall. It could be sooner. Please, just take that as a huge caveat that again, we need to have more information, such as determining when that mandate will take place, and then we also will have the CMS mandate, so again, as stated, the department has discretion of when it will approve or go live for our system, but the actual CMS mandate will begin on January 1, 2021. It will work for approval. I know this question has come up in our subcommittee around if we started on January 1, 2021, how that impact billing? As you all may be aware on our current timeline for January 1, 2020 there will still be a soft launch. If we are approved for the delay, we are unsure at this time that we would have the ability to not attach billing to the EVV data. Then we're back to January 1, 2021. That's the pre-payment claims review.

>> Danielle, this is Stacy Worden. I just want to make it clear because I know -- I was at the children with disabilities convention last week. The intent for the state, even if you get your extension, is to go live. You're not going to utilize your full year grace period to start January 2021, that you plan to implement, and go live with EVV probably, at the latest, late summer or early fall of next year. I just want to kind of be clear because I think a lot of us are getting mixed messages or I'm hearing a lot of mixed messages about what the department's intent is. In one breath, you will say the State Department is not at liberty to give us time frames to throw out, but at the same time, I can go to a different meeting and you guys throw out time frames to me. In all fairness, you need to offer us more transparency as a whole as to what the intent really is if you move forward, and grant them an extension, which I'm sure you will, what that timeline is going to look like for everyone since you are not going to utilize your entire year of getting an extension.

>> Appreciate that feedback. On the previous slide, it did state summer or fall of 2020. To be clear, there would be two mandates. There is the Colorado rural implementation. We will mandate that for our program when EVV will need to begin, and then there is also just the federal mandate. That's why there is the scenario of January 1, 2021, and then when will the department actually required EVV, potentially next fall, summer or fall of 2020. So I just want to be clear that's what we are referring to. Again, I understand providing more details around what that would look like. Again, I want to caveat that we are saying fall or summer 2020, again as a really rough estimate, so, please be prepared for things to shift accordingly depending on how the next several months ago. If we get the delay, and then also working on our system configurations.

>> Danielle, I have a follow up from some other things that kind of came out of that children's with disabilities committee. I know there was some discussion or mention of, if you use the mobile application, it is for sure GPS enabled. I know the state has gone back and forth a few times in stakeholder meetings that yes, GPS will be required or no, GPS won't be required. Referred the same kind of thing with geo-fencing, but if you start your services at home, but say, you leave to go to a park or a shopping center, that you have to return home before you need to clock out, that you cannot do both home and community in the same time frame from clock in to clock out, which to me is a form of geo-fencing. The example used in the children's disability committee was with King Soopers. For example, if you start a care plan for the client or child in home, and then you go to King Soopers, and you are shopping, you have to be back to home base for your GPS location was. You cannot just end services at King Soopers at a different location because then you would have two different GPS locations, and start and end date. I know some of the telephone visit reporting says it's a non-GPS option, yet you are saying you're still using the ANI technology, which is still capturing the location or address of for that phone number is coming from. There is a lot of people who have restricted phone numbers for a reason. Whether or not we choose to go with a GPS mobile application, are you expecting all of our providers to use our home phones that we obviously don't want to provide or give out for the sake of this ANI technology?

>> Those are great questions. I will start with your first one. For the state solution, our mobile application does use GPS. GPS is corrected from the worker clocks in and out. There is no continual reporting. And also in regard to your question about services happening everywhere, they are not restricted to the home, the state solution does not have predetermined locations, so we can end if it needs to end or start there. There is no restrictions there. But for the telephony option. It does have the ANI technology. Again, the phone is preferred to be associated with the client, but it does not have to be if a client doesn't want their phone to be used. It doesn't have to be. Data needs to be collected in some capacity, but that is part of the state solution that the client again doesn't want their landline, personal phone to be utilized for EVV. That's perfectly fine. The direct care worker and agency will still be responsible to collect the EVV data in real-time.

>> Do you know if the state has any intentions of doing exemption applications at this time? For instance, I have a child who has been documented for several years way before EVV was even thought of, and he has EMF sensitivities, which is recognized under A.D.A. law. If we have a situation where we have multiple services going on at one time, I can't have five different EMF or cell phone devices, or tablets running all at the same time in his environment. Is there going to be some sort of exception that you can apply to the state to be exempt for EVV, for instance in this case a medical situation? Or, for instance, they would lose their services or care providers because they don't want to participate, and it would endanger their life in some way not to be cared for? Is there anything the state is considering as far as filing an exemption on a case-by-case basis?

>> This is John with the department. If you wouldn't mind, please email this to the EVV inbox.

>> I am happy to do that, but I've done that several times and I haven't gotten a response. Linda Eckert indicated that you've increased the number of people reading those emails to three or four people, but I still haven't heard back, so I am happy to do that, but I would really appreciate the effort of responses.

>> Understood. We are definitely working on those responses. If you haven't gotten a response, if you can refer the previous one you haven't gotten a response on, as well, that will help us out. That's on me, as well. I am one of the responders on that inbox, so apologies for not hitting it back sooner.

>> All right. Thank you.

>> We have about 20 minutes left in our meeting for today. Another reason why there is a lot of specific questions, and why we ask that you reach out to EVV and inbox, so we can further the conversation, and continue to gets her our presentation. We want to make sure everyone has gotten the information the department wants to update them on, and then we obviously will have follow up conversations because EVV is such a large project and it's attached to many things. The next few slides, is just things we've discussed before. I do want to leave this time now for the open forum. If there is any questions or concerns, again, the next slide is around just, again, our provider choice system. This is just information for providers who will be using their own EVV system. Again, just to have all of the steps that you will need. You will need to begin interface testing. And then we talked about the one-time upload. If you have been a provider who has attended training for the state, again, there is this option, only for state solution users, to have this batch upload. If you have 80 or more members, or clients, so that means once you finish training, you will reach out to San data which will then upload your member information. That occurs with the information on there. But can I ask a question?

>> One second. I am just about to wrap up and then go to the open forum. Currently, our EVV timeline, interface testing is happening, and we also have provider training. You can go straight in right now. And also, the call center is available. The number is on another slide. This number is to send data. You can reach out to them. And then if there is anything department specific, they will let you know if you have to reach out to the department, but there is a specific call center for EVV that you can reach out to. And then, this is just the training overview. This is for people doing the training, who are about to do the state solution training. Understand the participant guide and user manual is on the EVV website, so those are materials that you will need for attending training.  That is all I wanted to cover really briefly again to provide time in these last 12 minutes. If you have attended training, we would love to hear any feedback you have, but again, this is open forum session, so if you have any questions, please, go ahead. I want to check in really quickly for those who've called them. Please, keep in mind that your line is muted, please compress *6 to unmute your line. If you have any questions or comments at this time. Is there anything on the webinar?  Any questions?

>> Nobody has asked specific questions.

>> We have questions on the phone. We are going to revert to the phone.

>> This is Denise. About the soft launch for in care providers, are you requiring live-in care providers to participate in the soft launch?

>> That's an excellent question. The question was, if live in care providers are required to participate in the soft launch. At this time, our state system does not have the distinction of provider agencies and live in care. So, if an agency is interested in participating, there may have to be further discussion of how that impacts live-in caregivers, so it may be that you may have to, or you may not. It will come down to the provider agency level at this time because there is currently not a way to distinguish. That is why the department is seeking to have time to figure that out.

>> Okay. Just a follow up. It seems to me that if the provider agency can differentiate between live-in caregivers and non-live-in caregivers for the soft launch, they could also make that distinction for the full launch, and just exclude us from EVV. Is that not appropriate?

>> There was a little feedback. Could you repeat your questions?

>> I said if the provided agencies can differentiate between live-in and non-live in for the soft launch, why can't they be given the same discretion for the full launch, and remove live-in requirements for EVV based on knowing whether we are live in or not?

>> This is John with the department. There is a lot of background noise.

>> Let me try this. Does this sound good?

>> The question is did the agency not submit program care? The latest system is why we need -- [ Indiscernible ] . Can everyone stop making noise on the phone?

>> I couldn't hear what you said. Can you hear me now? I can just re-ask my question.

>> I don't think it's you making the noise on the phone.

>> The question is if agency providers can differentiate between live-in and non-live-in for the soft launch, and it's up to the agency up to whether or not they want to include live-in in the soft launch, why can't the same standards be used for EVV implementation if you don't get the extension, and just allow the agencies to say this one is a live-in? They don't need to do EVV. because there is no differentiation between how a live-in caregiver is billed and how a non-live-in caregiver is billed, what that would mean is all live-in caregivers would not be able to bill Colorado Medicaid without an EVV record. Which would mean there would be denial of service somewhere along in there. Even if our live-in caregivers can no longer get paid by Medicaid, which is not at all what we want to do, we want to make sure all business as usual is going forward. Or if there is some way to create the different methodologies that have been proposed that would allow for no system change to be done and just have things go through without any sort of update or Good Faith Exemption. that would create an immense burden for any live-in caregiver. But just to follow up quickly because I know we are going to run out of time, I want people to be able to ask questions. The department is still responsible for EVV compliance, and so we need a way still to either distinguish live-in caregiver or not, if CMS was ever to audit our data, and that's why it can be as simple as an agency choosing to not have a live-in caregiver. But we need to have some way of verifying that on our system site, so keep that in mind. Hopefully, if we get approved, the next several months, we will talk through this. What about this solution? So, we still want to have an engage in dialogue around live-in caregivers, so keep that in mind. We will have to explore solutions, and then we may have to consider new items, so just keep that in mind. Is next several months, if we are approved, will be working on how to redefine that live-in caregiver. We know that there is from the Department of Labor, and also at the federal level, components and definitions, so how is being a live-in caregiver being defined versus EVV, and the department will work on the system side not just for our systems, but other EVV systems. How or if we are able to distinguish who is a live-in caregiver. We have about 10 minutes left. Do we want to go to the phones first? Anyone on the phones that has a question, at this time?

>> Yes, Mike on the phone.

>> Yes, could you speak a little louder, please?

>> This goes back to the same question that lady had about in-home care providers. We heard this same answer for the last five months. How can it be that the most basic question of an in-home caregiver has not been answered in that period of time? This seems silly. This seems like the very first question that should have been taken care of. As an in-home care provider, having the same response for the last five months seems silly.

>> I want to provide some clarity to the question around live-in caregivers. It has evolved over the last several months. Family caregivers and live-in caregivers have stated, EVV should be exempt from live-in caregivers, so CMS just last month, several months, but just last month in August, finally released guidance stating that live-in caregivers are exempt from EVV, and so that does change the topic, and the response the department has. Instead of stating that we are unsure if live-in caregivers can be exempt, we do know that now because of the guidance that was released last month, so now we are on a new track of trying to figure out, how do we define a live-in caregiver based off the definitions we know that we have? In connection to stakeholder input? And if our system is able to accommodate the guidance from CMS. Again, that is the department's intention. This is all still relatively new due to CMS guidance that was released last month.

>> Danielle, this is Casey Worden. We are still getting mixed messages on the soft launch situation. I don't understand why home health agencies just can't do whatever they've got going on for live-in care providers right now, or their parent CNA's. Somehow, electronic signatures are different from EVV where they just chart electronically and submit at night. I don't understand why the soft launch is even an issue for some of these home health agencies. States taking the position that live-in providers should be exempt, why not let them use whatever current software or practices they have in place for live-in care providers? In the end, it doesn't matter that is not EVV compliant because we are excluded from that software, so I don't understand why you are leaning or guiding everyone toward a soft launch, saying you have to differentiate between a live-in care provider for your software because in the end, you don't. We can just keep doing whatever home health agencies are already doing for their live-in providers.

>> That's an excellent question and feedback. It's a little bit two-fold. The soft launch is optional. You don't have to do it at all. You can just continue on business as normal, like you are saying. Second of all, the department will still need a way to distinguish a live-in caregiver for CMS to ensure that EVV is being collected for all services that is appropriate. That is where the conundrum is coming in, so it's two-fold. Currently, the soft launch is optional. Even if you have done training, you have your credentials that you will receive later this month, you do not have to participate. The reason the department is talking, and there is confusion around live-in caregivers, to be part of the soft launch, at the high level, potentially no. Because again this is not due to a federal mandate. It is not a request that the department needs that data at this time. However, just moving into the future, when it does become part of the mandate, the department will need to have a way to provide agencies who are submitting EVV data to be able to distinguish that those who are not live-in caregivers were exempt. If that's a possibility. I think that is where some of these nuances that we still need to work through these next several months keep coming up. There is more questions around the soft launch and live-in caregiver, or the response from the department to CMS, so if that's still unclear, please reach out to evv@state.co.us. We will provide further clarity in our next stakeholder meeting. It would make sense that we will discuss this in more detail as we get closer to our soft launch, which is about 2 1/2 weeks away. We are at the middle of September already. It's shocking to believe. It's almost October. All great questions and feedback. I do apologize if it seems that there is mixed messaging going around from the department. We will work on more concise answers and put that in writing, for people to reference, and then provide updates as they come in our other stakeholder meetings. Any other questions for those on the phone? We have about two minutes left.

>> I have a training Western. Can you hear me?

>> Yes, please go ahead.

>> We are one of the family caregivers at our agency, but I would like to take both the state system training and provider choice training because just like was referenced, our current system has a way around for live-in caregivers, but it doesn't look like I can register twice for two separate training modules, so how can I do that?

>> This is Veronica, project manager. Are you saying you are trying to sign up for both a webinar, and also aggregator training?

>> No, I want to do the self-paced training for both the state solution, but also for the provider solution because, depending on what you guys come up with, we may keep our current system because it has a way around clocking in for the live-in caregivers, but if we are mandated to do that, then we need to use the state solution, so I want to do both the state and provider choice trainings, but when you go to register, your account is only good for one or the other type of training. You can't do both under one account.

>> Thank you. We can look into that. A couple of suggestions. On the EVV website, there is the provider being used for the state training. You are welcome to take a look at that, and see what the state training is providing. The other suggestion I have would be to call the Sandia call-center. They may be able to help you with training or registration issues.

>> Okay, Thank you.

>> I have a couple of questions.

>> Just a follow up on the training, the number -- is at 855? I should have it memorized by now. The number Youssi in the presentation is also on the website, so that's the number our project manager, Veronica, is referring to so you can call and say, I am trying to register for both of these. Also, if you want to follow up via the mailbox, evv@state.co.us, we can also work with you to ensure there is a resolution, but if you reach out to Sandata call-center, and you are still unable to register, we can see what for the things we are able to do. Currently, we have about one minute left, and I do want to be respectful of everyone's time. And any prior commitments. I know there was much discussion today. There is still a lot of what if's on many items, and on the good effort exemptions. As soon as the department hears anything from CMS, whether it's they need further information, we will let you know. We are looking at the October time frame for when that would occur. We will have that information before the next October stakeholder meeting. We will always send out a communication. Another communication will go out through the EVV newsletter, so if you are signed up to receive information about the stakeholder meetings from the department, that means you have signed up for the EVV newsletter. On our EVV website, there is the ability to also sign up there, as well, if you are unsure, but please know that whenever the department hears something, we will let you know. We will continue to move forward for our implementation.

Right now, we are at noon, and I want to thank everyone who participated in the meeting today. Next week, we have our directive subcommittee from 10:30 a.m. until noon. That information is on our EVV website. Then we also have our training and communications subcommittee, so we have a few training questions today. There is also that tie-in next week. sometimes, we have an additional week. On the 25th, there is a training communications subcommittee, so if you are doing training for the state system or provider choice system, we want to hear your feedback on how that's done, so please, try to attend that. If I didn't get to your questions today, please, reach out to the mailbox or give myself a call. I would be more than happy to follow up with you. Again, I just want to be respectful of everyone's time. Thank you, everyone, and have a good rest of your day.

[ Event Concluded ]