



COLORADO

Department of Health Care
Policy & Financing

Electronic Visit Verification (EVV) Stakeholder Meeting Closed Captioning Transcript March 19, 2019

Disclaimer: Below is the closed captioning dialogue captured during the EVV Stakeholder Meeting held on March 19, 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 real-time captions.]

Good morning sorry about 20 minutes find a few things to figure presentation. For those who have called in, all lines are needed and our presentation will be a little different today due to presentation data. We are happy to happen here today. But also the webinar, please respond in the community have any difficulty hearing any of the speakers. Good morning, my name is Danielle Walker and I am a policy specialist and for those in the room, as you may see, the presentation of the room has been a little different due to come again, what is on our agenda today. I like being up here. I used to be a teacher so I'm used for standing on a podium. I like this set up. I might keep it.

Okay, as always, we will go through an overview of EVV , introductions, nothing out of the ordinary for the presentation. We are concerned about ensuring we get all of our's life today and ample time for any questions for the audience for those who called in, for those on the webinar and of course those in the room. Does that sound good? We are good? Okay. I have to use my speaker voice because they do not want to overwhelm the sound system. Okay, so for those in the room, if you're unaware, the restrooms are located right outside the elevators. If you need accessible restrooms, they're located on the seventh floor and the fourth floor and if you're in need of gender-neutral restrooms, there on the first floor as well. I am Daniel Walker the EVV policy specialist we will have introductions around the room and then maybe have our data team introduced themselves.

>> Hello, my name is Alanna and I work on EVV policies for community-based services.

>> Good morning, project manager.

>> Good morning, long mills, WorkStream training and outreach.

>> Denise, senior vice president of sales from strand weapon Sandata. We are excited to answer your questions and show you the presentation.

>> My name is Jenny Richardson and I am VP of sales and responsible for the Colorado contractors.

>> Anyone else who want to reduce themselves?

>> We have a couple on the phone, Tim and Kelly Burke in the back.

>> And there was a hiccup. We have Veronica our project manager holding out down and we have the policy specialist for day plans and we have a policy specialist for the state plans and so on.

>> And we have Jodi Davidson the project coordinator for EVV projects. Just to make sure that we give her all of our slides today, we have a brief overview and I see a lot of new faces it is important at the beginning of their presentation to discuss what is EVV why we're what is going on and before you jump into the actual demo for the data. So, again, for the agenda we have our introduction, a brief overview followed by some cells and have a demo of our state EVV solution and conclude with an open form.

>> So the meeting guidelines are a little bit different. So within the same spirit making sure that since we have many slides to today, we normally have everything open, a policy as far as questions and comments but to ensure that we are getting through the material today, we are going to hold off on questions and comments towards the end of the presentation. Unless time permits, you may have some time during the presentation to take a few questions so for those in the room, please make sure you write down your questions so you do not forget in case you don't have a chance to ask them. Those on the call, do the same. Write down your questions. We have department staff for the Q&A monitoring questions you may have and want to make sure that, again, that every minute is utilized to the best of her ability by getting through the different flags. Today, we will not be taking questions time permitting during the presentation so please just keep that in mind and also for ensuring everyone has a chance to ask their questions, whether they have called in or in the webinar. So the purpose of our meeting is to have the faces, see the faces on our calls, they have actively participated in stakeholder meetings. We are happy to have them here today. They are here in person to coordinate with our stakeholders and to have this meeting today.

>> And as always, and our stay cold media rings, it is important that as we facilitate this meeting today that I should generate questions, comments or concerns, you are really thinking through what is the purpose or my concern and what is the objective we are trying to seek and what solutions can we come to maybe today or at a later time in order to address any concerns that may come through today. As always, keep that as a thought.

>> Am I going to fast? [Laugh] okay, sorry about that. From there, we will begin with what is EVV? It is always a technology solution which electronically verifies that home and community-based services are actually delivered to people meeting those services by documenting the precise time service beginning and end. That includes multiple technology, where you can abuse EVV used EVV for verification. And why is it required? This is part of the federal mandate that requires all state agencies that have to implement EVV for personal care services and home health services and Colorado has always had additional services that is part of our limitation. It will go through those services for those who are not familiar with them in a presentation today.

>> So any time during the meeting today, you may hear us talk about points of data. We are talking about what EVV must capture, and they are the type of service being performed, individual receiving the service, date of the service, location of service delivery, individual providing the service, and the time the service begins and ends. If you hear six point of data, that is what we are referring to these items that must be captured in order for state agencies to be compliant.

>> Colorado, we have a hybrid model and what that means is that we have the state solution and we contracted and subtracted people who provide the EVV solutions and providers may not have travertine solutions can use this state system free of cost for providers who may already have this EVV system, they can currently use their current solutions as long as they are able to keep up with the state solution.

>> As you may recall, we have a few key terminologies. A lot of those terms are used interchangeably. Those on the webinar in the room, when we talk about the state solution, we are referring to our EVV solution that is been provided by the data and we talk about provider choice systems by referring to the

provider agency that has chosen to use either a third-party alternate EVV system versus using a state system and alternate vendor is any vendor EVV system that is not the state system.

>> So for Colorado, we will be using two main technologies, which is the mobile verification and calling an application and the web portal is more for administrative functions as so it is not necessarily for caregivers in order to collect those six point of data. We will go into more detail through the presentation today.

>> Okay, so which services require this? For the Colorado limitation, everyone may have a presentation and I want to make sure everyone has a chance to know all of the services. I will go through them as quickly as possible. We have personal care, personal care, home health, private duty nursing, hospice, homemaker, and home respite, consumer directed attendant support services, in-home support services, independent living skills training, physical therapy, provided in the home, occupational therapy, provided in the home, speech therapy that is provided in the home, vehicle services that is provided in the home and pediatric vehicle behavioral services and youth a and durable medical equipment require and home set up. And I know that many providers, when we talk about the services they reach out to the mailbox which is here. It applies to me so if you want to reach out to the mailbox if you have any questions, you can use that as a requirement for you. Okay, so again I do apologize if there are questions up to this point please do continue to write those down and we will get to questions and answers and we will try to get through as many as possible to begin normally hour format for presentation, we have our to stay colder meeting is that we have time Denise would you open the forum. We want to make sure everyone will get representation we will bypass that. Okay, so for some of you who may be coming to these meetings, this is the end my part so you will be not hearing my voice. For some of you, your like finally. She is not talking anymore. You get a new voice, new voices. It is great to have a change of pace. So from here, I will turn it over to Sandata we are good to go.

>> Let's see, I think that this sound is caring me okay? I think I'm going to use it. Hello, good morning my name is Amy Richardson. I am with Sandata and am responsible for the corridor contract and I am going to walk us through a little bit of the information and all the demo that Danielle mentioned and I will also be working here with Denise as we show you where we are excited to be here and we have been working with the HIPAA team for many months and we have been working with in mentation processes and setups and a whole bunch of work has gone under when we are processed excited to share it with you. I am going to start a little bit by going through the components of EVV, first and foremost there is the interaction that your caregivers or employees will have with the system and that is that is a verification capture of those six tiers of data that Danielle mentioned earlier. And we will talk through exactly what those capabilities are but that is where they walk in and the check in and they check out and they make sure that all that is compliant with information and it is gathered and collected and they interact with the system. The other component is the provider, having a portal, a web-based environment that will be set up a specifically for your agency that you will use for administrative purposes, all the information is not verification information that your caregivers are gathering and real-time be available to see in real time. You will be able to run reports, you will be able to act on it, you can input data and things like that and then we can show you so that as well.

>> And then the third piece really is as Daniel mentioned there is a hybrid model that is being put in place here in Colorado, meaning that if you have your own alternative EVV system you want to continue to use, then there will be a process developed so we will bring that data in to what we call an aggregator environment and that is an environment that houses all the EVV data across the entire program, both from the Sandata system, which the state is providing as well as from your EVV system, if that is the route you choose and also it will be I would get it together into a single environment for purposes of reporting and activity. Okay? Let's walk for each of those. Is my sound okay? I do not of it got closer I got louder. You can turn me off.

>> Let's walk through these. So the mobile application, you will fill the term mobile visit verification and it is an application just like any application that you get or that you have downloaded yourself. It is available in Iowa's and android, both of those stores will have it and it will be made available to your caregivers or to employ staff once you designate that there is someone who wants to use the mobile application. That will be private training. It is a bring your own device program that we have and so once again it will be downloaded actually on your caregivers individual phone very little data is used. It just transmits information from the phone system into the portal or Weber aggregator environment. So it is a GPS enabled, meaning that we call one of the compliant locations and it will capture the GPS coordinates only at the check in and check out. So when they push the button, it says I'm starting my visit and we will show you those details in a second and push the button and they say I'm ending my visit and that is the point in time in which the GPS coordinates for that visit is being collected. Okay?

>> We will show you in a second that, once again, when they access an application, they will be downloading it and setting it up so they can use the application and they will need a login, which will be there email address and there will be identifying the agencies they are working for, so all that is set up really behind-the-scenes and you will see all the data you need to support that and then they will login and quickly access the application when they want to visit it. It is important to note that this is the expected preferred visit verification technology for the Colorado program. So it will be encouraged to use the mobile visit verification as the method to capture the this verification information in those six cures of compliant data points. Okay, some items to note, one, that the application itself is available in multiple languages, so they are listed here. It is something that can be set at a caregiver level, so if they chose to interact with the system at a different language or their preferred language, they can certainly do that and that is part of the equity implement of the system when you access it come to use it for the first time, that you can set up very easy to do. As I noted, the number, the caregiver will be identified through a number that is through the serious and do that by identifying your ID, to find the number within the system. We will show you how that works as well.

>> All the data that is on the application itself is encrypted, so it is safely stored on the application, but it will be immediately transferred off the phone come off the device if there is trouble and it is instructive and stored into the data environment. It is safe and secure.

>> The password rules were have to update your password on a regular basis, there are other rules that are very similar to other security components like if you have an unsuccessful login over five times, if there's a jailbreak on the system, anything like that, then it is locked off immediately. So it is very secure. And an important point as well about the mobile visit verification that is so critical to success is that it can also be used and disconnected. So in areas where he may not have connectivity, you can capture that exact same information, exactly the way that we will show you how it is done, you identify the caregiver, the member of identified, the visit starts, the visit ends, that GPS, that information because GPS is being served. It is usually connected even when there is no data transfer. The information is then stored on the system, securely, encrypted on the system until connectivity is made. We have seen a lot of caregivers and other programs that will use a Wi-Fi connectivity either at their home or maybe at a coffee shop that they use because, once again, all the security is built into the system, so it is safe to store some information and as soon as there's connectivity and in a sense of the system and encrypted.

>> So now because we wanted to make sure that you could see it and there is a little bit of challenges showing you a system on if phone just playing it, we actually did some screenshots so that you can see it and I know I am going to start moving. I cannot help it. Can you still hear me? Can you hear me okay? Great, thank you. I will do a little pointer here so I can show people exactly what is going on. Hopefully you can see the screen and can also see the screen in the web environment. First and foremost, you will download the

application so it is available with the little icon on your smart device. Once again, Iowa's or android. You will have some key information that the caregiver will need in all of this will be available in training but I know that they will talk about it. The ideas the agency ID, that has already been identified and they will have it in and the username is going to be there email may have to be set up in your environment with an email and they can establish their password. So it is all very safe and secure. Your password, they'll be given a password initially and then they will have to go in and change it, so it is really something that is known to them. And that is how they log into the system. The next point is going to be where they are about to start a visit. That is why they are accessing the mobile visit verification application. So they need to identify the member that is receiving care. Or they are going to provide care. And that is when they will do a search on the client, all this information once again will be available in training, and this example, I put in key ideas, 7229 it is putting me the clients or numbers information. It says Avenue Lynn alterations. I can see her client 80 within the environment and system. So after that, I will continue and this is where it is also prompting me to select a service. You can recall on the compliant information you need to identify the service that is being provided. There will be a service list when you click on the little arrow where it says select service. There will be a list that will be provided that is still being specified and specific to the hip-hop current program. There care cover will collect information and say okay and then the system is giving them information that says do you want to start your visit? Well most often, the visit is yes. And then is giving you a time. This example is 10:36 AM, the time that has been recorded across the EVV environment. All this information and all this detail, the caregiver, the agency, the member, the clock in time, the service, all that information is being gathered in real time, specific to this visit, and we will show you later where you, as administrator portal user can see this information in real time.

>> Sorry to interrupt. Real quickly, logistics, for those were in the room, please make sure that you are not logged into our webinar. We are at capacity we want to make sure that everyone that is seeking access to the webinar has a chance so if you're in the room and in webinar, please exit out of that. Please do the same. Thank you.

>> All right, at this point, I started the visit and I am done. That is all. I have started my visit that is all he need to do. I would hope that they would go away and they provide the care that they are there to provide. Okay? It is only at the point of time in which they are ready to complete the visit that they will access the mobile application again, likely have timed out because they have to login again and that is where all they need to do is hit complete visit. There is the opportunity to also capture notes. This is a note field just like any other note field on an application. If you press it and access it, it will come up with a little keyboard just like you text it and if there were notes that they wanted to add or part of your requirements that they can certainly do with an application itself. At that point in time, let me back up a little, sorry, at that point in time, that complete visit has a very similar screen to what you see here for the start visit. I have got a time, I completed the visit, the GPS coordinates are being collected at that clock out time, and then all the information required for the data elements have been completed. Okay? Okay. So that is a little bit about the mobile application itself. You will fill the term mobile visit verification and hear the term Sandata mobile connected get all the materials you need to set up your caregivers, to be able to train the caregivers on how to use it, a lot of good materials and I know that Long will talk about that in on of cream in training.

>> Another way -- there might be times you do not want to use the mobile verification or there might be caregivers that are not able to use the mobile verification, so it is important to have an alternative method for visit verification. In this program, the alternative method is the telephone. And so it is that same concept that once again you can collect those six data elements during interaction with the telephone system. So a couple of things about that. Specifically, I will point out that if programs 10 years ago, the

telephone was the most common way for visit verification. But over the past few years, and the adoption of mobile technology, and other programs were definitely seeing probably 80% of the time it is really or more the mobile visit verification application that is much rarer a telephone. On the telephone system, what will happen is the caregiver when they arrive at the home they will be given a couple of training packets ready will be given a couple of numbers that are specifically associated with your agency. These are toll-free numbers that can call either one. We give you two so there's always a backup in case something happens. And on those actual lines, there is the ability to access those alternate languages we spoke about. So if they chose not to do the call in English, a brief call, very easy call they wanted to in their own language, they can do that similar to the mobile application. Those numbers are available all the time for any visit captured. This is a non-GPS option. The client phone is the preferred phone line to support telephone visit verification, okay? Within the program, you will learn more if there can be potentially other phone numbers. So we talked about on the mobile application, the numbers identified based on that ID number. And the in if I'm calling from a specific number like mine or Denise's home phone, then the system already knows that is Denise. She has a home phone associated specifically to her. You also have the ability and prompt where maybe you are using a phone not associated with the niece that you could put in her ID. So all that information is once again available to clarify. The caregiver is identified by an ID. To quickly recap, I call in on a number associated with the provider agency, I input my ID, I am the caregiver, I am using the clients phone, and then the system knows it is Denise, knows it is me, and the agency I am working for and it also will capture the exact time of day. It will tell me when the distant visit takes place. Let me -- I am holding too many things, I am sorry. Okay, Jamie will demonstrate now that telephony call. She is a caregiver and she has arrived at my house and she is dialing an the number.

>> Welcome, please enter your ID.

>> She is entering her unique ID as my caregiver.

>> Press wants to call in or two to.

>> She is and getting whether this is a login or lockout.

>> That is it.

>> All that data elements that we talked a little bit about, that is all captured within that very, very brief call.

>> Let me also -- I will let you narrate. Let's see. It is the end of the visit and she is calling.

>> Please enter your ID.

>> She is entering the unique identifier that identifies her as a Jamie, my caregiver.

>> Press wants to end or two to call out.

>> She is indicating it is in our call.

>> Please enter first client ID or hang up.

>> She is entering my client ID, so this is an option.

>> Please enter the service already.

>> Now she is entering the service ID for what she performed when she was with me.

>> You entered personal care with a W. Please press one to accept or two to retry.

>> She just confirmed that is the service that you perform.

>> That is it. The data prompted was giving me was to say if I wanted to do another client ID, you will learn in training there are special components, a group visit or more than one person. That is once again the telephone call. Pretty straightforward, pretty simple. Okay? Okay, all right. So once again, what we have gone through, mobile visit verification with the mobile connected application and the telephone, that is going to be the caregiver employee interaction with the EVV system. And we always want to plug -- I know there are different stakeholders here in the room, but the more consistent the caregivers use and get a habit of using the visit verification technology, you will really see the easiest is out and everyone. It make sure that they have gathered all the information that there required to gather in real time at the point of care. Now we are going to talk more of the provider agency, interaction or administrative portal. The most common ones for example are provider agencies, we'll talk about alternative options as well but the provider portal is every agency in the hip to run a program that provides services identified on the service list will be set up with a web-based environment. We will use your specific ID information and key information to make sure that it is your system, that you are accessing. And it is set up having access to it after you have received training but you will you will find is there is a demonstrator of the portal or E environment that can set up additional users. We have this instruction because you might want to set up someone who was in training for a caregiver. You might want to set up someone who is running reports or something like that. So all that access and capability is provided. As they mentioned, as caregivers clock in and clock out and all that visit information is gathered, you will be able to see that in real time. You will also be able to see if they were successful in collecting all the complaint information. The three in some instances there will not be. You will need to potentially correct or make adjustments to a visit to make sure that it has all the required information. So this is another key component of the portal. It is also where you can manually enter visit information if for some reason your caregiver did not do it. Once again, word is going to encourage you and a caregiver to do it but under unique circumstances, that cannot be done, this is where you would add additional information.

>> So at this point in time, we are going to jump into our demonstration of the portal. And this is just a demo system we have set up with the HIPAA compliance system. And as I noted, every single provider will have a system that will be set up for that. So what you're seeing on my screen is I am a provider and generally on someone responsible for scheduling or managing the staff and making sure that care is delivered. So the first thing I'm going to do is I'm going to log into my agency portal and I have a secure login and password. And I want to start and I want to see all of the visits that are occurring today. So I started my visit maintenance dashboard and in this particular example I have two visits, I have a visit that occurred this morning for Kelly Carr and they clocked in and out and they recorded all of the required service elements. And now my second visit there is one where I have something missing. I have missing service, and a caregiver has not actually called out here. In that instance, I have got indicators here that says this is a missing service and by the way this is all wonders are present ADA compliant so it will work with adoptive tools like a job screen reader or anything like that. You might be using that to help someone with the page on the web. And so anytime there is an exception on a visit, I can go in and the system is going to tell me what are my exceptions and tell me what I need to do. So in this instance, I have a visit with somebody who has not called out and I am also missing a service. And both of those are based on program rules and required to be fixed because those are required data elements. And so as I go into fix anything, I can go in for example here and I can select services. And in this particular instance, I can see the service that this person is supposed to receive. It could be a drop-down list, at least configured to match Colorado program rules. So I'm going to select the right service and now the system is going to ask me to input a reason code for why I am manually doing it. Manually doing it. This is to support the audit trails and indicate that there was an issue with this visit that had to be manually adjusted. And so I'm going to select a reason and

anywhere you see these big lists, these are configurable and I can put in why I am making this correction. I may have additional requirements that are programmed to specific and this system is actually a demo system based on Ohio rules and you have to do corrections and additional documentation that has to be maintained. I can also do free notes on why I forgot to enter my service, so I can give additional context there and then I hit save. Once I do that, that particular exception has been removed, and so I no longer need to worry about the fact that there is not a service on this visit. The system will keep a full audit trail as well of all of the edits that are done and this supports the state as they look at making sure that visits are automatically verified than possible because that is the most efficient use of the system. If you constantly have to go in and make corrections because your staff are forgetting to clock in or clock out, that might indicate a training issue where they might need some additional support to help them understand the importance of using the system. Again, this is really just meant to be as efficient as possible for the home care providers.

>> Let's show the co-log and the details there.

>> One ever a call is recorded in the system, you can see the dates and time of the call and then also the phone number where the call originated from. So you can see what it is a telephone call or a mobile or location so you are getting the information about exactly how this call or this visit was created. You will also see on the screen that this is where you can add a manual call as well, where we identified that capability existed for some reason. And it is important to note that the system is also set up so that all your member information will be housed in the system, so that members that you are providing care to, your caregiver information, it will be housed in the system, so because you will need to input that data because you know who your caregivers are and of course it is important one of the complaint data elements is knowing that the caregivers are so you need to be set up so that they will be clearly identified, so that is where they would be housed in the system as well as all that visit information that she was showing you come all the visit information it is a lot of data. It is a lot. She was showing you two examples of a visit, one that was perfect, one that needed a correction, and you can appreciate usually there is a lot of visits depending on the size of your agency, and those showing on the screen. This is the area that we always encourage agencies to usually focus and land on this particular arena because it is where they are really acting on it. Okay? Let's go back to the PowerPoint.

>> Obviously, pretty high level, a lot of details to go through but it gives you an idea as to how the portal works. I do want to reiterate here that we talked a little bit about exceptions and the exceptions are really in the Colorado program and are focused on the cures data elements, the six data elements that need to be collected as part of each visit and once again we have the member in the caregiver and the service and the location and the start time and the end time. Did you get them all? If one of those items is not captured, with visit verification, then that is one that exception needs to be addressed. And it is noted that most of them because they do need to be there, need to be fixed, an example where the service code was missing for some reason it was not collected, it needed to be fixed and acted on and of course there is a reason code as to why it was -- it could be as easy as caregiver forgot or was not on the list or whatever it could be. There is also some exceptions that can just be acknowledged which is I hear you, I see you but I cannot go back and get that information or re-create it. That is fine. You will see that very clearly on the system, which needed correction and data, which exceptions indeed acknowledgments and usually a recent code or something to identify why that was anything.

>> Disable just means that it is not an exception that was ever show up. This is some of the work that is being going on with our team's, setting up all these exceptions, once you get the system, you will have all this information very clearly presented to you. There is work behind the scenes to make sure that we set it up the way that HIPAA and the state is expecting. We mentioned reason codes, once again reason codes will

be specific to your program to the Colorado program and when a EVV visit is added or fixed, we have the reason code and they are associated with the changes just to understand why the change occurred and there is also an ability to add a note.

>> This is actually the reason code specific to the hip and program and you will see here we even specified is not required and most of the time the note is required unless you choose other and it is because the program system is wanting to better understand what is not being represented in the reason code available. Okay? Great.

>> Okay, so I do want to talk a little bit about scheduling. Scheduling is a module that is going to be added to the HIPAA EVV system which is currently working through that it was kind of a phase 2 component of the implementation project, so just now there is a lot of work underway as we set up the scheduling module but we do want to take the opportunity to talk a little bit about that functionality as well as we show you an example of what it could be like. So the concept of the scheduling module is that you would basically, one identified, I need to provide care, I have personal care services, I need to provide those to Denise Rennie to have my caregiver provide those to Denise and you would schedule those visits. Okay? That is obviously doing it as soon as you learn now that and that is recorded in the EVV system. The other part is scheduling is enacted, that the mobile application can actually show when a caregiver logs in the schedules for that caregiver. So they're searching for that client and they might click on I have a schedule with Denise today at 9:00. It is all integrated into the EVV environment with a caregiver as well as for the provider. Obviously, it allows the agency to communicate in advance that a visit is going to take place and it can also create alerts for the agency to say maybe Jamie was supposed to be at Denise's house by 9:00 and it is at 9:15 AM. The system can be set up to say, you know, why hasn't Jamie checked in yet? Once I do check in, you will have that information in real time. Those are some of the general capabilities of the scheduling module and system where we are at the point where we can show that. But once again a lot of the details are being worked out just now and we will have more information about exactly what can be deployed for the Colorado programs.

>> What I am showing you now is an example of some scheduling modules and when you think about schedules, there are several different types of frequencies. You might do a single events, you might have a schedule that is every Monday, Wednesday, and Friday, and you might have her current, you might want to make it a permanent schedule, meaning the schedule goes on until you go in and take action to end the schedule. You have a lot of flexibility to match or scheduling to the way that you are supposed to deliver care. In this particular example, I am going to do a schedule that runs from today for the end of the week and the next thing I want to do is I want to go back to my client and I will select the client I am delivering care to and I will indicate what service that particular client is going to receive. Again, this drop-down service list is exactly like the list that the caregiver has on their mobile phone, or a list of services that they are entering if they are using telephony. With my client, I can select my staff and I can have a lot of search capabilities around staff and I can just say show me everybody who is available or I can look for availability or proximity, searching, I have a lot of different tools to help me find the right person. I can even search by physicians. If I needed someone who was, for example, a PT person versus an RN, I can say show me everyone on my agency that meets those requirements. I have language requirements, if the client needs a particular language, or the ability to search on that as well.

>> Once I select my staff person, then the last thing I need to do is indicate the time of the visit. So I am going to do 2:00 to 2:30 AM. From there, I can just go ahead and at the visit. This system is going to perform some checks and balances and you can see it has picked up the next visit on Wednesday and also on Friday. It gives me a chance to look at it and make sure that I have set it up correct the and if I made a mistake, I can cancel out of it and start over and depending on the data that is available, again, as Jamie indicated,

the scheduling part of the program configuration is just getting underway so this is not a lot of decisions that have been made yet on this but in general we set up checks and balances around scheduling so for example if you try to schedule an RN service and you put a staff member who is not an RN on there, it will not allow you to schedule a person because you got a mismatch which does not have the required skill set for what needs to be performed. That is an example. If we have data about what services the customer received and you try to schedule a service that the member is not eligible to get, then you can get air handling on that. I want to caution you not of the rules requirements have been worked out yet. That is part of or the implementation is going next. So as the system is made, there will be more information. But from here, once I am ready to cover the schedule, I hit commit and it will automatically post the schedule. Once the visit has been scheduled, if the caregiver does not clock in, on time or within a certain tolerance, then the scheduling system allows for alerts to be sent. And the alerts can be sent to any number of parties, could be sent to the home care agency, generally what we will recommend is the first alert goes to the home care agency, and then you have an escalation of alerts and the second or third alert could then go on to someone else, to the case manager, to someone at the state, all of this information is also available in reporting so that you can see how well your staff is doing in terms of being on time as a delivering care at the time they were scheduled or do you have someone who is chronically late because they cannot find parking? [Laugh]

>> She is still recovering.

>> That is a lot of really valuable information about the quality of care. And that is a quick overview of the scheduling. Any questions? A quick question? Perfect.

>> We are almost to the end of the system discussion. Let me just note a little bit more about the consumer directive electronic visit verification. This is a program. I know that it is part of the Colorado hippo program, another area that imitation and configuration and a lot of details are still being worked out. It is not concluded as to a lot of questions around this. But what we want to clarify is the same technologies that we have shown you are also used in consumer direct programs. Consumers, for example, the employees are using electronic visit verification, mobile applications, or the telephone, to capture their visit information. Okay? So where they might be doing a timesheet today, maybe in the future they might be using visit verification into creating that timesheet. It would be a concept. We have very similar portals that can be set up for the administrative users in a consumer directed environment. Those users are often different. They might be from a fiscal agent, so that all the members of their employees, that they are serving or supporting part of that environment so they could maybe help run reports or monitor to ensure that the data is being collected. We can also set up portals for the member to view their caregivers visit information and potentially make corrections or proof that information. You can also set up an employee to be able to view their visit information and may be, you know, act on it or report on it. So all of that capability exists really the same that we have shown you here today, but the details of exactly how that will be used and specifically configured here in Colorado, it is still under discussion and I know there will be a lot more information about that in the future. And obviously the system will be used based on the policy specific to Colorado. Okay?

>> So the last slide, quickly touching on verification and the portal and then we mentioned earlier that there is an aggregator. This is my scary visual graphic. I hope it is understandable that once again the aggregator is set up so that all the data, all the EVV visited a we have been talking about that is gathered into the environment is housed in a single environment. So we have been explaining the Sandata EVV system , and any agencies that use that system, all that information will flow into the aggregator as well as there will be some entities or agencies that will use their alternate or third-party EVV systems and all that data, they will be using it very similar to ours, I am sure they will be using it and bringing all that data into the

aggregator. And this is where once again all the data is housed and might be used by the end of my system and it will certainly serve the EVV environment with the portal for reporting , how the program is doing, whether areas of opportunities exist. They will have tools that will allow them to look at the data and understand its use and value to ensure obviously care is being delivered as expected. Okay? So just a big scary graphic just to kind of give you an idea of that aggregator environment and how it is being used and we always like to touch a little bit on the data interface. So for the agencies or entities that choose to use their own EVV system, I think that there is misinformation or information in the year about details about how to accomplish that and oftentimes you're working with your EVV standards to push that that we are going to give you a very high level understanding of what that process will look like. Okay?

>> First and foremost, there will be information that is shared with you about the requirements and it will be at a high level, what I do, this is how I sign up, in order to have an interface, but we will also publish working with HIPAA a very specific data specification document. It is quite boring to some but critical to the data interface. So it will tell you exactly what data needs to be sent and what field needs to be scented and how long it can be really very detailed and very specific. As you see that information, and you express were interest, there will be a process by which to do that, the registration, etc., and sharing what you get signed up, we will start interacting with you to make sure that you can successfully through your vendor development interface. Okay? So once they develop that interface, we will work with you specifically on testing it. And this is just standard process of policy for any interface. It means that you have created a data file that is sent to us and we usually go back and forth through the times and remember you cannot have it in the field, remember we need this data over here, and this is really interface testing, once that is completed, we have a key staff dedicated to support this interface process and you will find they are experts and they have developed many, many interfaces. I know that and they deployed them for hundreds of agencies across the country. They are pretty well oiled machines as far as that process and then once it is processed fully passed all the testing process and confirmation, you will be set up in a production environment so it will happen automatically. Okay? So just so you know, that is what is coming. And once again, the first piece will be publishing all the details. I talked about that but that is the process as you work through it and all that information will be available as part of our materials as well. Okay, I did not know if we wanted to do questions or comments now or Daniel wanted to have long speak to the training information.

>> At this time, we are going to go ahead and transition to an overview of the training so that we can at with our open form today. Again I do apologize it is different than I would normally handle our presentations but just to ensure we get through all of the slides today, I want to make sure that everyone who has called in on the webinar has ability to look at the slides we will transition into the webinar.

>> Will transition into the open form.

>> Thank you, good morning. This is a Long director of account management . Along with the training outreach area, once we are live, we will be responsible for the Colorado program softly will be seeing a lot of it as you go forward. Today, what I wanted to do is just kind of go over and give you an overview of our training program itself. So the first thing we are talking about is our training team. I apologize if I am going fast. You know we are pressed for time and want to make sure you have ample time to ask questions and get any comments in, so get apologize if I go to this in a little bit fast. So training team although her trainers are certified trainers and that means they go through a robust program that we have to make sure that they understand how the software and everything goes on with the program. And they are very heavily trained on states specific so meaning that all the program rules, the department has, policies, features, we have that training to make sure that they know those policies and we made all that your caregivers. Just overall, we successfully trained over thousands providers in general. So some of the delivery methods we

have, we try to offer a wide range of different modalities so that everybody has we understand there's different types of learners out there, some people prefer classroom and some prefer to learn on the web and others want to take their time and do it themselves. We do offer different types, so the first one is classroom. It is a daylong session, more hands on and we have that feedback and we are able to help do exercises with the participants. The webinar, this is, you know, helping with scheduling and it is a program that we do in the all-day session except it is broken out into 32 hour sessions. Then you can schedule your staff if you hear somebody busy in the morning they can continue a session or go through that. The webinar is more of a demo, what you saw from Jenny and Denise, going through how to login and all the different pieces that they will need to do to do their work. As with the webinar, there is a Q&A available and it is part of the systems that we use and it is web-based and you can login and have the opportunity to ask questions and that session is also instructor linked.

>> The last one we have is the self-paced one. This one is nice because it is available online 24 seven and anybody can access it once you register and this one is allowing for a little bit more time in terms of usage because you can go in each of the different pieces of the software or security, maintenance, and is broken out into different modules. So as you're going through the training, you can start a module and you can stop the module and come back two minutes later and come back. It offers a little bit more flexibility to the agencies that are more busy and you have ample time to do it at different points. So the first thing that we will talk about with training is registration. So once we get all the schedules worked out with HIPAA, everybody will receive training welcome letters. You will receive training registration letters and in the you will have links to the different programs that are offered, different modalities, different sessions and then you guys can use that to sign up and it allows you to have access to the learning management system, the webinar, this is where we track all of the attendants and making sure everyone will comply with the program.

>> I am sure if you have a question, who should I be sending to these trainings? I want to spend a little time on this. Basically, the people that we are looking for is kind of like your office administrator. The person who knows your business because this person is going to go back and after they receive the training they will help all your different employees learn the different job functions that they have. For example, you have someone specifically enters in client data entry. Well, in order to make sure that their workflow is working into your overall plan, you want that office administrator who has knowledge of your overall functions, who was an early adapter of technology, things that come to the office and want to be able to make sure that everybody has their knowledge for their pieces of how they do their work. The other type of person is the system of technology person. The person who is going to learn the new software, you get a new program and you build it and that person is helping and teaching others, your office trainer. Those are the type of people that we recommend having attend the sessions. So we want to also make sure that when you register, those are the people that are attending. If you register for John who is your office manager to attend, if you send Susie instead, you want to make sure you cancel John's registration and register Susie otherwise the system will not have that access for John bready for him to get through.

>> A little bit on the actual day of training. Within the classroom, we want to make sure that the provider experience is the number one goal that we have during these classroom sessions. So as we get in there, their individual work spaces provided and we have participant guides and as you heard before, when Jamie was talking about the recent codes and the programs and service cuts we have supplemental information. All that is documented and we are working with them to get all that and traded and supplemented the truth will be available for your staff and your caregivers to be able to have with them. Part of the nice thing about it, the instructive classrooms it is really hands-on and they get to participate with the software and go through into the training exercises and learn that way. The other sessions that we have are the webinars

and again this is more of a demonstration as you saw Jamie and Denise do. It is going to the software being able to see where you go and enter names and numbers and passwords and things like that. Again, participants get supplemental information available and must be downloaded. We have downloads electronically while they're participating in the webinar.

>> That takes me to what we get training completed one of the first things you will get is making sure that everybody gets what we call a welcome kit. These welcome kits have your login credentials and it comes with a temporary password for your admin. We do not want everything to not be secure. You will be prompted to change your password what you need for your agencies. Part of those welcome kits, we have getting started guides, call reference guides. So the getting started guide is a quick reference to set up bookmarks for your EHV portal, or links so you have all the information available for you for guidance and a call reference guide is a one page handout that can be printed for each of your caregivers and it has your one 800 phone numbers and your instructions and it has your phone numbers on what to do if something goes wrong or to the not go through, what do I do next. So we have those available to you and like I said we want to make sure that the provider experience and the caregiver experience is very robust so you guys have everything you need to not only train your employees going forward but any time you employees come on that have that reference to the portal.

>> The last couple slides, just wanted to go over things that we have encountered in the past and throughout her history of training and making sure that we have successes. I will touch on a couple of them, one key thing is within your department or your agency, making sure that you have defined roles for all of your employees. Everybody knows what they're doing, so that you can see mostly integrate our software into your workflow. It is a day-to-day thing and Jamie mentioned is the more that you use it, the more that your caregivers use it and the better that they're going to be. So as you go through training, your office administrator, that is the person that is going to be the seamless person to put everything together and tie it together. We want to make sure that whoever has materials, we have it available online, when you register an LMS, it is streaming. You can go back at any time once you look at the module and replay them. We have had ones where you can sit back and have agencies reviewing specific modules on security or any of the different one so that is nice about having the LMS available 24 seven.

>> So once you go out you want to make sure that you get the mobile application downloaded. You want to have everybody test logins before they go out there. Make sure they have the reference guide, have access to the supplementary materials that we will provide, like Jamie said knowing those familiarity with the services, you can see the demo was really easy to memorize and could put it on there. Obviously, the caregivers are going to have multiple clients and multiple codes so if they can write anything down on the reference guides that they want to. Again, like I said, the goal of our training is really to provide a genuine provider experience to make sure that everybody can go back to their agencies and be able to relay information seamlessly putting our into your everyday work. Thank you.

>> That was perfect. Perfect, perfect. Hello again, this is Danielle. As of this time, we are going to transition into an open forum. For those of you in the room, there are two podiums with microphones. What is going on with those? For those in the room, we have it for control for the sound webinar, it would be essential that if you have any questions in the room, please go to the microphone to ask questions to ensure that, again, those who have called in and those in the webinar are able to hear the question. Also, in consideration of time for those who may have questions, in the room or on the webinar, please try to keep your question to co-one to ensure everyone has the opportunity with an our time to ask the question and also for those who may not be able to go to the microphone we have another Mike Reich and floated around. For anyone who might have a question but may not want to go up to the podium itself. So again for those who have called in, I know in order to assure you can hear the presentation today, you will not be able to

ask a question however any questions you may have had during the presentation, please send that to the EVV mailbox. And then very quickly if you are not aware of the department has issued a new fact sheet on our website, so please also send your questions through that fact sheet. You can go to the website to gain access to that. From there, if there is anyone in the room that has a question, please go to the podium and if there is anyone in the webinar I will coordinate with department staff to ask those questions. Thank you. Are we ready?

>> My name is Lindsay I'm a director of adults and children in disabilities and I had my biggest question here, for people who have multiple in-home services, are they two separate visits were you able to log those services so if you have a homemaker and personal care happening in the home, during the same shift? How is that address?

>> Sure, I can take this. This is Lynn. For clients who receive more than one service, like a maker of personal care in your example, that would be a clock in the personal care services and then a clock out for personal care and then the same for homemaker services. We do have some services that are streamlined and for examples of our consumer directed services, so the goal of the department would be to have a single clock in and clock out for services that can be provided in a more fluid nature like ours CDOT for the last one more question.

>> Another question, you're talking but the telephone options and it says that the client phone number was preferred. Is that an option or is that a mandate because I'm thinking of the children that we serve do not have phones. If they are getting picked up at school or somewhere else in the community, how will that work?

>> Sure, this is Lionell. The client phone number is preferred only because it will automatically record which client services are being provided to you at any telephone number can be used to provide services. It will just take a little extra work on the back end to make sure that this is assigned to the right client but absolutely any phone number can be used.

>> We have no mini ideas for the capacity of 100 or so I would hope that you would offer this again. Is that a possibility?

>> To your question is around the ability to have another stakeholder meeting? We can definitely discuss that in the department that is always our presentations are recorded and so for those who may not have been able to access the webinar, we can be able to have the wording and then a follow-up for questions through the EVV mailbox.

>> It is a Broadway recording? You do not have slides they can follow?

>> They can access the presentation on the EVV website .

>> And keep track of their listening?

>> That is correct. Normally for our reported webinar, thank you.

>> So for those who did not get there, I feel bad, I think I kind of maybe have six or seven agencies in the room and the transition that is new is the plant location we have always been concerned about and I could not quite tell from the presentation if there was no information there or not. So I know that is a concern if it did the provider got to the client at that particular location, and it is recorded and they saw a slide that said we will keep track of that visit, I think that we need to have clarification of the visit and the location, which is one of the requirements.

>> So that is still a concern.

>> Thank you. Do you have any --

>> Are you referring to the functionality that we talked briefly about for the scheduling module?

>> Yeah.

>> We will definitely provide stakeholders with more details on the scheduling module functionality as we develop that but as of now, any information around recording the location has not changed since our last stakeholder meeting.

>> I would hope that you will work with providers and incumbent applications there. That is what we are worried about.

>> Absolutely, we will work with providers to work on that. We cannot do it without you.

>> I am with home care and the home care Association of Colorado. Just to clarify, are you saying that right now the way the system is designed the caregiver can clock in from any location and he could be at home watching a football game and clock in and clock out successfully and the provider would not be wiser? Is that how it is currently configured?

>> Yeah, I think you might want to.

>> So the way the department has set up our 12 EVV decision was from stakeholders. The client and stakeholders were not looking to have predetermined locations for example a list of locations where the client has services and that doesn't work with why R programs are currently administered. We do not have any predetermined locations within our state EVV solutions is the department will not verify that services are provided any place in particular, so, yes, caregiver can clock in and out from any location to allow for flexible service delivery.

>> I believe you also receive ample feedback from stakeholders that 99% of the services are delivered at the clients home and would be nice to have a system that would at least provide a flag to the provider that is known they were not at the client's home and the agency will then investigate whether or not they were asking supers, shopping, which would be legitimate or they were at home, watching the football game, which would not be legitimate. And without that, you know, think that you do not have a verification. What good is a missed visit notification as I understand will get on the schedule if you do not know if the client was there or not? Please take that into consideration. There is ample provider feedback on that issue and to my question, I wanted to ask I apologize this also has been questions with respect to the Colorado specific issue of travel time and are we any closer to a solution there?

>> At this time the department does not have an update on travel time but I assure you we are working very diligently and as soon as we have more information, we will provide it to the stakeholders.

>> Thank you.

>> We will transition to this person.

>> I have also questions about the GPS. We have been told several times that GPS location was not going to be used and now I do understand the difference between customers and agencies and I understand and I can see how agencies do need to have some data about location, however because this technology, I imagine, will be for spectrums of service, my question is this, what is for example [Indiscernible] because they have a difference in privacy for example, will lead have interface file that they can [Indiscernible]. For

example, if I am an administrator, my GPS is always off, so if I was [Indiscernible] because actually [Indiscernible] .

>> Sorry, your first question and this will also be --

>> It is focused on three. And is that connected and does it say the GPS location and if there is no GPS location, then what?

>> Okay, so to your first question, around GPS, we will start there. As you may recall, in the presentation, and our mobile is it application, GPS in order for that application to work, it will have to be enabled and that is why we also have telephony feature just in case someone does not want to coordinate with her caregiver if they do not want that GPS captured but they prefer to have a call in. They will capture that as the data. And the second part, to answer your question, get a move on? To make a want to make sure because we are also running short on time and we have two more questions I want to do the respect of everyone's time and so I want to quickly say that we are -- we are supposed to conclude our meeting so if someone needs to leave, please feel free. We may just go about five more minutes over and then conclude the meeting. If everyone is okay with that.

>> They have the drop-down for services even though they're not required. Is that implemented in the system?

>> We want to make it as easy as possible. A lot of these people are family members and so to be like this is not just personal-care but for mentorship and I think that this may be instrumental in deciding what provider would be, if we would go send data or provider to capture everything.

>> Sure, for the state solution that we are developing with the date of the only services that we will be listed are the services that are mandated for EVV in Colorado.

>> Great, thank you.

>> If I could add one other piece, though, we also are it is not an uncommon request to say this system is for my Medicaid but I have other lines of business that I might be interested in using for. In those particular areas, is there the opportunity -- we can potentially work with you separate from the state contract. We can provide the capability but that is another division that does that.

>> I just wanted to address the client verification or we are showing a mix between the regular personal-care and we want to make sure he was saying if they clock in and out and it is community-based services and there is no client visit verification that is very confusing as to what they will require us to have extra above and beyond the call in and out to verify where they're at and what services they were providing. Does that make sense?

>> Yes, that is where we are in the middle here, how do we verify and make everybody happy?

>> Right, we were talking but how you provide this we should not require client verification at the level here that you may have other requirements with the part that's a public health and environment that you require and at this time the state transport solution through Sandata will be captured at this six points of data mandated by the act and other information required for surveys or certification will be recorded separately.

>> Okay.

>> And just a side note, as far as that is considered, is that with the consumer directed program for the portal possibilities that are being worked on as far as the CDOT side of things? I was involved in that or mixed in? I do not know exactly the specifics of the configurations.

>> Sure, this is Liana. The consumer directed portal, the intention is it is only going to be for CDOT and we have that spoken about including in the assessment but it would be interested to talk about that since it has not been a question. Thank you for asking it.

>> It is a mix because they do have the choice of directing. We have the agency involved, so it is an interesting mix when it comes to this. Thank you for addressing that. At this time, it is 12:04 PM. Do you have a question? I did not see you.

>> I am Kristin from Rocky Mountain human services and I have questions about if you are able if they were able to connect with our single sign-on through active directories.

>> Once you do you currently have a solution and you want to know --

>> They were able to use providers to sign up through their phone and their device and they have to sign on separately.

>> Yeah, and -- go ahead.

>> This is Jamie with Sandata. We have the capability but it would be something we would have to work with you individually on.

>> Okay.

>> We have done some on it with other programs but I cannot speak to the details.

>> Okay.

>> In my second question, it is about how much time it takes for him in a straighter, if we were to how much for administration?

>> This is Jerry. Let me go back to the point which is administrative time is significantly decreased. Caregivers are successfully trained to use EVV. You will hear why diversity, how much does it take, because if you do have a lot of exceptions because the information is not being collected successfully for the visit, there will be more administrative time. So it is very hard to answer that question and we do know from experience that it probably starts higher and then over time a couple months it definitely narrows down and so it is very straightforward, but it is all going to be about caregiver compliance.

>> Thank you.

>> Since I do not have any more specifics for the Colorado, my question will be if we have any demo versions --

>> The question is around the department, coordinate with our vendor around having more materials and Karen right now, having more familiarity with the system. Currently, with the different materials, we need to generate in order to ensure that the providers and caregivers and they are backed and feel confident but you make an excellent point. We are slated to start training and it was in 2019 so that is when we have material but waiting.

>> Okay, thank you went a little over time, I want to give you a round of applause. Four hour slide currently as you may see, we have over seven director subcommittee that will take place next week on March 26 and

we also are having this discussion for people who attend a lot of general meetings of discussions of having a preview and so this is where they have been working on it. And so we do have two meetings next week and more details will come through our normal communication channels, so if you sign up for the evening newsletter or part of our email list, and not only when they will review they want quick announcements and again as always if there is any further questions comments or concerns, please do reach out to the mailbox at here. Otherwise, everyone please enjoy the rest of your day and thank you for being here today.

>> Thank you.

>> [Event concluded]