

TO:	HCPF
FROM:	PDPPC

DATE Submitted:	03/31/19
SUBJECT:	EVV IMPLEMENTATION

Please check box below to indicate the type of recommendation this represents.

<input checked="" type="checkbox"/>	Policy Recommendation
<input checked="" type="checkbox"/>	Operational Recommendation

Summary:

Electronic Visit Verification was mandated by the 21st Century Cures Act for all services that have the participant direction option. EVV is a way of tracking employee hours and activity electronically. As of now, EVV must be implemented on or before 1/1/2020 unless the state requests and receives a delay. Failure to implement will cause a reduction in federal match. Providers have been told that they can use their own EVV system or use one designed by the state. Each FMS vendor has to have an EVV system. Providers also are allowed to spend their Medicaid dollars purchasing tablets or other devices for workers.

There are serious privacy concerns with some of the EVV methods and practices happening in other states. There are also concerns with accessibility of the methodology, help for those with out devices or access to internet, as well as concerns about employee pay when the EVV systems do not work.

Therefore, for CDASS clients, who are the employer of record, the ability to choose the best possible (or least damaging) EVV system is important. At the same time as EVV testing is happening two of the three FMS vendors are changing. As of now, there is not good information on the EVV systems of the new vendors.

To discharge our duties as responsible employers it is important to have full information about the EVV systems of each FMS vendor so employers can choose a system that will work for their unique employees. For example some employers may have employees with disabilities that will not be able to use certain systems. Some systems have stronger privacy protections, or easier ways to address errors. For these reasons the PDPPC recommends to the Department three policies regarding implementation:

- 1) The Department should allow CDASS employers to choose either the vendor of their chosen FMS or the state Sandata EVV system. Changes to this choice

can occur quarterly during open enrollment. This is the same choice offered to other employers providing the same service.

2) The Department should require each FMS to disclose all details about their EVV system by 4/30 at the very latest so employers have a month before the 5/31/19 deadline to make a decision. These details should include but may not be limited to a "Sandbox" where an employer and their employees can test the software, information on how they provide training including policies about individualized training for employees with disabilities, clarity about if they capture location information other than home or community, clarity about if they identify services other than "CDASS", how they address services (such as homemaker) that may be provided while the client and attendant are not at the same place, how they allow for edits, if they have any schedule requirements, and how they account for services such as overnight care where labor laws have specific requirements based on how many hours the worker is allowed uninterrupted sleep.

3) The Department should specifically prohibit FMS agencies to use geo-fencing (only allowing employee log-in at specific pre-determined locations), geo-tracking (keeping track of where a client and attendant go during the course of a day (when care is and is not being provided) or use of biometrics. We understand that Sandata is using geo-tracking but is not using geo-fencing or biometrics and if CDASS employers choose Sandata they will be choosing that system. FMS agencies that have these features in their chosen system should be allowed to simply turn off those functionalities for Colorado, not design a whole new system.

Response: Response from HCPF regarding any recommendations from PDPPC, should be provided to PDPPC as follows:

Written acknowledgment of formal recommendation and subject received by HCPF with inclusion of HCPF decision (i.e. will all or portions of the recommendation be implemented? If not, why?). The response shall include the implementation date(s) and if necessary work plan or milestones. All written acknowledgment should be provided to PDPPC co-chairs, so written response can be disseminated to all PDPPC stakeholders.

CDASS or IHSS Program administrator will offer verbal explanation of HCPF written response/decision to PDPPC at the next PDPPC meeting and will offer HCPF management verbal explanation and answer questions regarding the recommendations. **HCPF response to PDPPC recommendations are expected within twenty (20) calendar days of submission to HCPF management.** This will enable PDPPC to provide a timely reply to HCPF

responses or to respond to supplemental questions at the next PDPPC meeting.

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The PDPPC will respond with suggestions within one week following the next PDPPC meeting as follows:

- If the PDPPC does not agree with decisions made by HCPF regarding recommendation/s or
- If the PDPPC has questions about the HCPF recommendation

Example: *PDPPC meets the fourth Wednesday of the month. On Wednesday January 23, PDPPC submits a recommendation to HCPF. HCPF would receive that recommendation between January 24-28. Therefore, HCPF would need to respond by February 14-18. The PDPPC would then answer questions if any by March 6, one week after the February 27 meeting. Hopefully this will result in HCPF providing a final decision and implementation plan by the March 27 meeting. There may be some rare occasions where an additional cycle is required, and the group agreed to monitor progress without requesting a more rigid response deadline with an expectation that recommendations will be prioritized and move with appropriate speed. The group will monitor the effectiveness of this regularly.*

Date HCPF Response:	
Date: PDPPC Response:	
Date: HCPF Final Response:	