



Financial Management Services Providers' Perspectives on Electronic Visit Verification Best Practices for Self-Direction

April 2023

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Table of Contents

Introduction	1
What are the top challenges in implementing EVV for self-direction?.....	1
What are the possible benefits of EVV for self-direction?.....	2
Recommendations for States and MCOs.....	3
Appendix I- EVV Implementation: FMS Member Survey.....	6
Appendix II- EVV Focus Group Series Summary	15

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Introduction

Electronic visit verification (EVV) is a federally mandated requirement for states to electronically verify the delivery of certain Medicaid-funded services, including self-directed personal care services. EVV is intended to prevent fraud, abuse, and waste in Medicaid by capturing information such as the date, time, location, and type of service provided, as well as the identity of the worker and the participant. However, EVV implementation also poses significant challenges and burdens for self-directed participants, their workers, and the financial management services (FMS) providers that support them.

FMS providers typically play a lead role in implementing EVV in self-direction programs. They have an on-the-ground perspective about the unique operational challenges presented by EVV and work closely with participants to adapt to their needs and preferences in managing EVV.

In an effort to capture this collective wisdom, the National Self-Direction Policy Workgroup conducted a survey and two focus groups of FMS members to gather their perspectives and experiences on EVV implementation in the state(s) they serve. See Appendix I for a complete survey summary and Appendix II for a focus group summary.

This report aims to present the findings from these data sources and provide recommendations to state and Managed Care Organization (MCO) representatives on how to improve EVV implementation for self-direction. The report covers topics such as the benefits and harms of EVV, the workload and compliance issues, the impact on the direct care workforce, and the best practices for EVV systems and policies.

The National Self-Direction Policy Workgroup hopes this report will inform and influence state and MCO decision-making on EVV and foster collaboration and communication among all stakeholders involved in self-direction.

What are the top challenges in implementing EVV for self-direction?

The current EVV approach in many states has created significant burdens and barriers for self-direction, such as increased staff time and expense, glitchy and unreliable systems, privacy and location concerns on behalf of the participant and worker, accessibility and language barriers, disruption of services and payment, compliance and exception complexities, and workforce crisis and retention. These challenges have not only undermined the efficiency and effectiveness of EVV but also the trust and autonomy of self-direction participants and workers. Moreover, these challenges have not necessarily helped to prevent fraud and abuse, which was the main rationale for EVV.

Most FMS providers feel that EVV is challenging, burdensome, and disruptive for self-direction. They report various issues such as increased workload, staff turnover, participant dissatisfaction, technology barriers, compliance problems, and aggregation difficulties. They also express concerns about the lack of state and MCO guidance, support, and reimbursement for EVV implementation. They do not see EVV as improving the quality or outcomes of self-directed services, and they question its effectiveness in preventing fraud and abuse.

Key challenges identified by FMS providers include:

- EVV implementation has been challenging for most FMS providers, especially in states where they must use an external vendor, submit data to an aggregator, or follow unclear or unrealistic policies and timelines from states or MCOs.
- EVV has increased the administrative burden and cost for FMS providers, who must provide technical support, training, and communication to participants and workers, as well as deal with system glitches, data errors, and compliance issues.
- EVV has caused participant dissatisfaction, anxiety, and confusion, especially among live-in caregivers, family members, older adults, and those with limited access to technology, internet, or language options, as well as direct care staff attrition.
- EVV has not improved the quality of self-directed services or prevented fraud significantly and may have eroded the flexibility and autonomy of self-direction.

What are the possible benefits of EVV for self-direction?

Despite these challenges, FMS providers have reported that EVV is going well in some states or has some positive outcomes for self-direction. Some FMS providers report that they have achieved high compliance rates, streamlined payroll, and billing processes, eliminated paper timesheets, and increased data integrity and transparency. They attribute their success to factors such as early engagement, ongoing stakeholder work groups discussing and responding to feedback with both system and policy solutions, regular communication among stakeholders, phased launches with realistic timelines, dedicated staff, and in some instances even funding for the additional dedicated staff during the implementation phase. FMS providers also see EVV as a tool to enhance customer service, support, and satisfaction.

EVV can potentially benefit self-direction by:

- Providing a convenient and secure way for workers to record their time and tasks electronically, reducing paperwork and errors.
- Enhancing the transparency and accountability of service delivery, and allowing employers and FMS to monitor and verify the quality and quantity of services.
- Improving the efficiency and accuracy of payroll and billing processes, reducing administrative burden and payment delays.

- Offering data and insights to inform program evaluation and improvement, such as identifying service gaps, trends, and best practices.
- Enabling workers to use their own devices or other available options to log in and out of their shifts, making it easier and faster to submit their time.
- Giving employers more control and visibility over their workers' schedules and activities, allowing them to approve or reject shifts and track their budget.
- Streamlining the communication and coordination between workers, employers, and FMS, facilitating timely and accurate information exchange and feedback.
- Protecting workers and employers from potential fraud and abuse, ensuring that services are delivered as authorized and agreed upon.
- Providing valuable information to measure and improve the outcomes and satisfaction of self-directed services, such as worker retention, quality of life, and cost-effectiveness.

Potential benefits of EVV for self-direction	Challenges of EVV for self-direction
Efficiencies and less paper	Increased staff time and expense
Fraud detection	Glitchy and unreliable systems
Real-time data and automation	Privacy and location concerns
Standardization of time entry	Accessibility and language barriers
Customer service and support	Disruption of services and payment
Potential for quality improvement	Compliance and exception issues
Customer satisfaction (some)	Workforce crisis and retention

Recommendations for States and MCOs

States and MCOs should implement changes to their EVV approach that address the aforementioned challenges and leverage the potential benefits of EVV.

Adequate stakeholder engagement is critically important to the success of EVV implementation in self-direction. FMS providers recommend the following approaches to ensure participant and worker feedback is prioritized:

- Involve FMS entities, self-direction participants and workers early and often in the planning, implementation, and evaluation of EVV, and ensure their representation and input is included in policy and decision-making processes.

- Establish clear and consistent communication, training, and support for EVV users on EVV requirements, expectations, and options.
- Provide accessible and user-friendly materials and tools in multiple languages and formats.
- Ensure that EVV systems and vendors are reliable, user-friendly, secure, and compliant with privacy and accessibility standards and that they do not limit or restrict the location or type of services provided in self-direction.
- Offer flexibility and choice to participants and workers on how to use EVV, such as allowing them to use different devices, methods, or vendors, or granting exceptions or exemptions for certain situations or populations.
- Monitor and evaluate the impact of EVV on the quality, satisfaction, and outcomes of self-directed services, and address any issues or challenges that arise promptly and collaboratively.

States have significant leeway in developing EVV policy and it is possible to build in more flexibility while still adhering to the Cures Act requirements. FMS providers recommend the following policy approaches:

- Exempt live-in caregivers from EVV requirements, or at least simplify and streamline the process for them to submit and verify their time worked.
- Offer multiple options and methods for EVV participation, such as mobile app, web portal, landline, fixed device, or manual entry, and ensure they are accessible, user-friendly, and available in multiple languages and formats.
- Establish clear and consistent policies and guidance on EVV requirements, expectations, and timelines, and communicate them effectively and frequently to all stakeholders, using multiple channels and formats.
- Ensure all policies are established and communicated early enough to allow adequate testing time prior to implementation deadlines. Stakeholders' feedback should be requested to ensure ample time exists.
- Provide adequate funding, support, and training for EVV implementation, including covering the costs of devices, internet, and technical assistance for participants and workers who need them.
- Allow for payment to workers for their time spent on EVV training.
- Establish reasonable and realistic compliance thresholds and exception policies that recognize the diversity and variability of self-directed services and do not penalize or disenroll program participants or FMS providers for minor or unavoidable errors or difficulties with EVV.

States and MCOs should consider the following approaches to work productively and collaboratively with FMS providers in EVV implementation for self-direction:

- Consider that the technology needs for EVV systems are different in a self-direction context versus an agency context. Common EVV system requirements such as scheduling and attestations are not aligned with the philosophy of self-direction and can cause unnecessary restrictions and burdens on the participant and their worker.
- Allow FMS providers to have a choice of vendor, a hybrid system, or an in-house system that supports integration with their portal and payroll processes.
- Allow FMS providers to choose or develop their own EVV system that meets the federal requirements and supports integration with their existing systems and processes, rather than mandating a single state or MCO vendor that may not suit the needs of self-directed programs.
- Provide adequate funding and reimbursement for FMS providers to cover the costs and workload associated with EVV implementation, including staff training, technical support, data reporting, and compliance monitoring.
- Provide FMS providers with accurate and updated technical specifications and guidance on data submission and validation, and notify them of any changes or issues promptly. Ensure technical specifications are applicable to self-direction.

Many FMS providers noted challenges in partnering with data aggregators in EVV implementation. States and MCOs can help by doing the following:

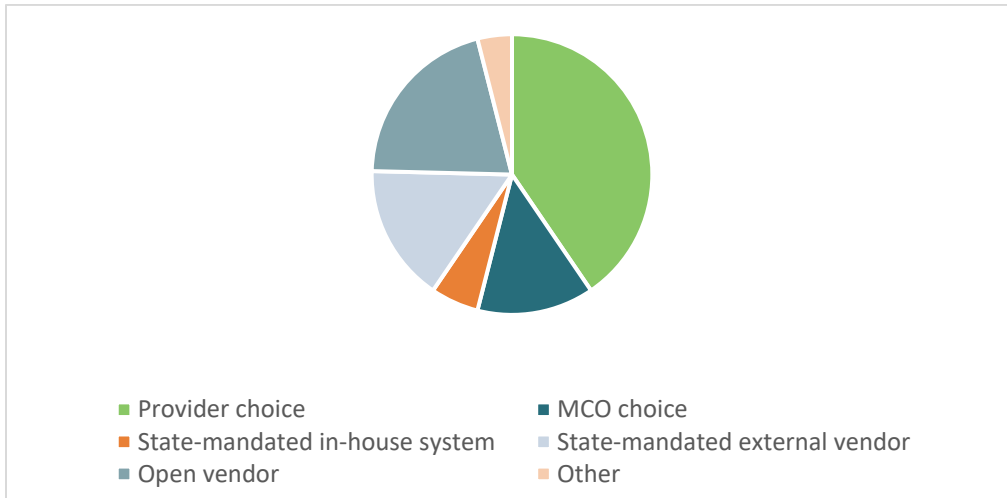
- Involve FMS providers in the selection, contracting, and oversight of aggregators, and solicit their input and feedback on the performance and functionality of aggregators.
- Establish clear and timely communication channels and protocols between FMS providers and aggregators, and designate a point of contact for each party.
- Ensure that data aggregators have the capacity, expertise, and technology to handle and process the data from FMS providers efficiently and accurately, and to resolve any errors or discrepancies quickly.
- Align the data elements and formats required by aggregators with the data collected and stored by FMS providers, and minimize any duplication or inconsistency of data entry or reporting.
- Allow FMS providers to test and verify their data transmission and aggregation before going live, and provide feedback and support to address any problems or gaps.

Appendix 1- Electronic Visit Verification (EVV) Implementation: Financial Membership Services (FMS) Member Survey

October 2022

41 Responses

1. Which EVV models are used in the state(s) you serve? (Select all that apply)

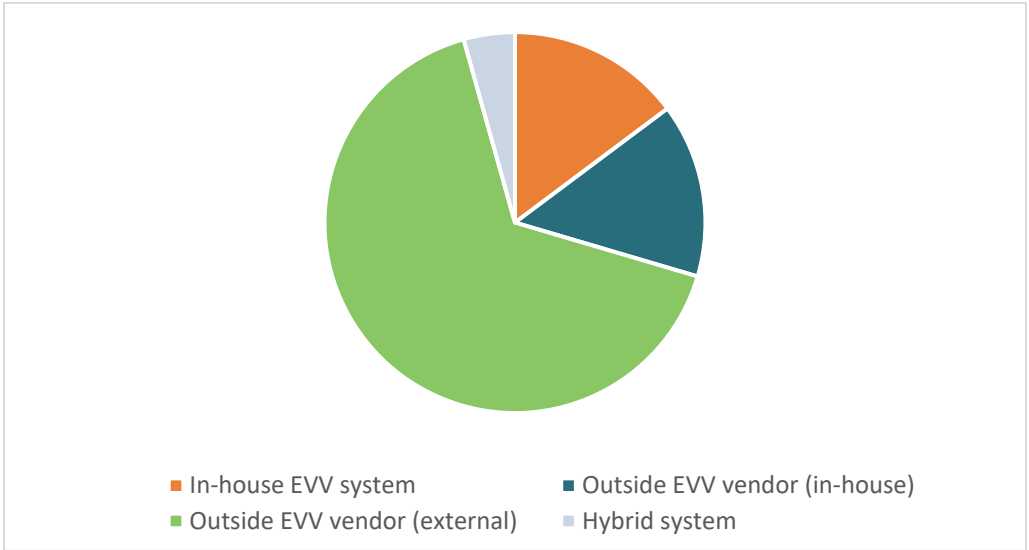


	Percentage	Responses
Provider choice model (Providers select EVV vendor that meets state requirements)	51%	21
MCO choice model (MCO selects EVV vendor)	17%	7
State-mandated in-house system (EVV system developed, operated, and managed by the state)	7%	2
State-mandated external vendor (State contracts with one EVV vendor)	20%	8
Open vendor model/Hybrid model (a state contracts with at least one EVV vendor or operates its own system; the state then gives providers or MCOs the option either to use the state system or continue using their own existing EVV system)	46%	19
Other	5%	2

Other

- State mandated contracts with two vendors one for SD and one for everyone else.
- Our state is contracted with an external vendor, but allows providers to work with provider of choice - currently being implemented.

2. How does your organization provide EVV? (Select all that apply.)

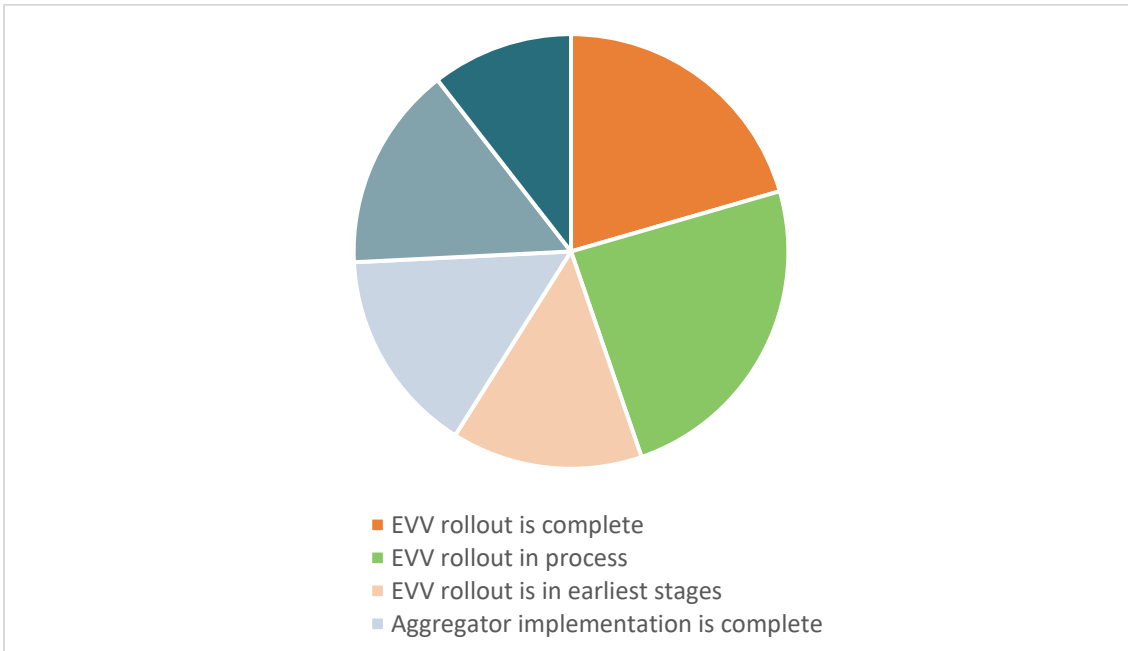


	Percentage	Responses
We use an in-house EVV system (EVV system developed, operated, and managed by your organization)	17%	7
We work with an outside EVV vendor (in-house)	17%	7
We work with an outside EVV vendor (external)	76%	31
We use a hybrid system (please specify)	5%	2

We use a hybrid system (please specify)

- One state uses a different EVV system from our time capture system
- We use our contracted system and submit to the state aggregator

3. Which of the following best describes the program(s) you serve? (Select all that apply.)

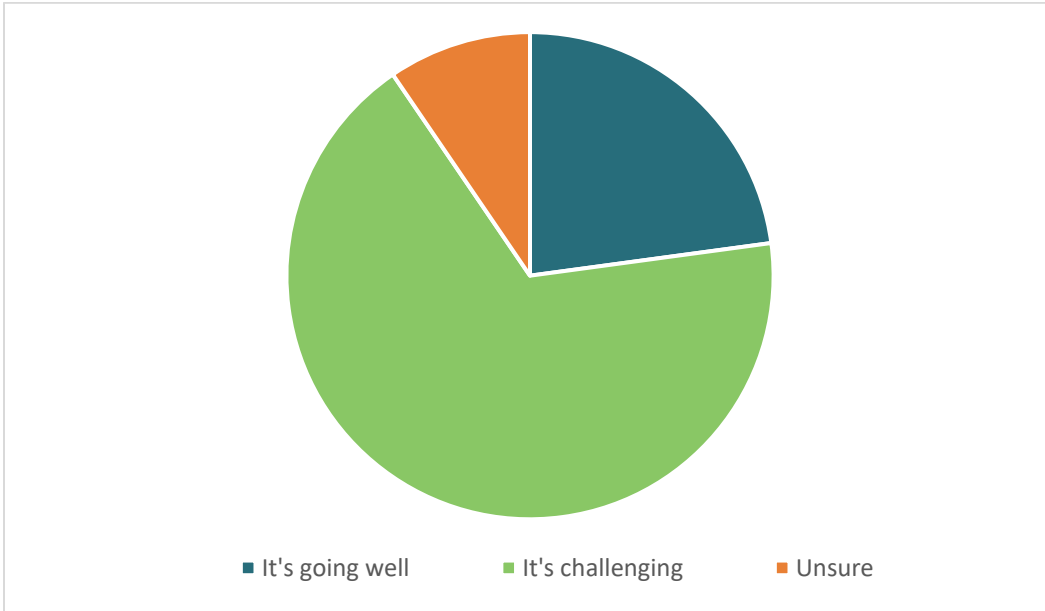


	Percentage	Responses
EVV system rollout is complete for self-direction	39%	16
EVV system rollout is in process for self-direction	46%	19
EVV system rollout is in the earliest stages/has not yet begun for self-direction	27%	11
Aggregator implementation is complete for self-direction	22%	9
Aggregator implementation is in process for self-direction	29%	12
Aggregator rollout is in the earliest stages/has not yet begun for self-direction	20%	8

Comments:

- Our EVV rollout and aggregator implementation is complete for our Consumer Directed Services program. We are not yet using EVV for our Veteran Directed Care program.

4. How is EVV implementation going in the state(s) that you serve? (Select all that apply.)



	Percentage	Responses
It's going well	24%	10
It's challenging	71%	29
Unsure	10%	4

Comments:

- Because our state allows for relative caregivers including paid parent and spouse, as well as allowing the live in caregiver some of our families just try and push the requirement off and don't understand why they still need to learn the system to approve non-live in caregiver time.
- It went as well as could be expected. Same comments and issues we've heard in other places: change is hard, location tracking concerns, forget to log in and/or out
- Now that programs are up and running with EVV, biggest challenge is getting providers to clock in and clock out as they deliver care, in order to meet EVV compliance requirements.
- We have experienced a few challenges through the implementations and some on-going challenges but overall things are going well.
- With little state guidelines at this point, most agencies are just riding the wave waiting for clarification. Our company is ahead of the game in deploy of EVV while others are still in rollout stages.

5. What have been the most positive outcomes of EVV implementation?

- Efficiencies/less paper
 - Discontinued use of paper timesheets, moving providers to electronic submission, even if submitted manually (retroactively via electric means)... provides increased controls and improved data integrity. More frequent submission of time worked vs. waiting 2 weeks to submit a timesheet.
 - Efficiencies - moving away from a paper timesheet to an electronic system helps.
 - Eliminating paper timesheets, efficiency
 - Elimination of paper time sheets
 - Getting workers off paper timesheets
 - Less paper documentation
 - Getting rid of paper time cards
 - Reduction in paper and more automation for timesheet payout.
 - Significant time-savings for payroll staff who no longer have to manually enter timesheet. This also means fewer errors due to input mistakes
 - The reduction of paper timesheets and manual entry or timesheets. The employers and providers having the ability to see the status of their clock ins/outs and make corrections at their fingertips.
 - Unsure - maybe nice for people that prefer paperless timesheets, although we already have apps for payroll collection
 - Use of electronic timesheets
 - We have a lot of people that enjoy using the EVV software system and like not being tied down to a piece of paper. Budget details at fingertips. No overlapping shift issues between staff.
- Encouraging all workers to have an email address. Increased education for participants and workers on electronic forms and communication methods.
- Fraud detection
- Has a cell phone app option
- It has automated payroll processes more and allowed for growth in SD.
- Standardization of the time entry process
- System efficiencies provide time to focus on quality management, positive outcomes, increased customer service and support. Expedited payroll processing, timely billing and claims issue resolution.
- Taking the responsibility and burden away from one person to accurately enter all employee's time.
- There are a lot of conversations and collaborations.
- When an employee is able to successfully log in and create their time entries in EVV, it eliminates issues such as over budget & overlapping times.
- When it works, it works well. It has the potential to minimize the amount of time spent on correcting payroll/timesheet errors or missing information

- When used correctly and when the system cooperates, it is an easy way to log hours for caregivers.
- Once users are in the system it seems to go well.
- Consumers like it because it's easier for them to manage.

6. What have been the most harmful outcomes of EVV implementation?

- More work. Team members quitting because of workload. An EVV system that we had to 1. build and 2. still does not work as designed consistently. This has not been a positive experience.
- A huge amount of resources, both financial and human, to get these systems up and running.
- Forcing FMS' to work as technical support - no budget for IT support. Slow responses on EVV issues from vendor EVV system has serious client access issues for each and every new person using it.
- Increased staff time and expense associated with manual workarounds made necessary by fact that EVV system is based on a scheduling model. Also, our state has carved out live-in attendants, which has substantially multiplied the complexity of the process.
- Loss of revenue- a LOT of phone time with individuals- limited errors permitted
- More administrative work.
- Glitchy system and time consuming. Lots of tech issues happening intermittently that the families and FMS then have to work through troubleshooting and passing along to the EVV vendor.
- The entire process is cumbersome to the agency, client and their staff.
- Staff quitting, admin burden, employer non-compliance, employees want to be reimbursed for phone usage
- For some people, their disability prohibits the use of EVV so making it mandatory has been a very major challenge for them.
- Application reliability and log in issues.
- Challenges with using an outside vendor. Challenges with members having to use multiple systems to submit time for different services.
- Challenging for older adults who are not tech savvy or clients without technology (do not use technology or do not have smart phones)
- Constant unreasonable expectations of usage rates from states and MCOs. Bad user experience.
- Costs increases
- Difficult to use, cumbersome to members and employees, external EVV vendors unwilling to help with issues, lack of access
- Disruption of services for people with poorly coordinated rollouts with unrealistic timelines for compliance.
- Disruptions of service- lack of payment
- Employees have been quitting due to the GPS location. Time tracking down to the second is causing issues with overlapping time.
- Employees quitting because they do not want to deal with EVV.

- Families whose English is a second language face the greatest challenge.
- Hard on people that aren't 'tech savvy' - frustrating to have barriers when it's already hard to find staff. People are very concerned about privacy.
- High anxiety from participants and internal staff navigating shortcomings of the EVV systems.
- Individuals think that is a change that we are pushing for vs. being federal requirement to implement. Caused increased customer service inquiries.
- It's very cumbersome for live ins. They have to have 2 emails even though it's just them caring. Seems redundant and is no time saver for them.
- Live-in caregivers thinking they are exempt from EVV as a whole. Retraining/training internal and external staff on new software.
- No clear direction regarding alternatives to EVV app that will be used.
- No harmful outcomes to date
- Not all participants can use EVV easily due to disability, English not being first language, etc.
- Our families and their workers are truly concerned about privacy and what the apps are monitoring. We have reassured their concerns with what our vendor has specified for the GPS component but their concerns are still there. Families that live in rural areas that do not have internet or reliable cell services continues to be a major concern when our state will not set specification on telephonics.
- People choosing not to use services. Lack of understanding of the complications for self-direction
- People overwhelmingly respond with not wanting to learn new systems and not understanding how EVV benefits them or their workers - in fact, they fear it will make hiring or retaining workers more difficult
- Policies and communication efforts that are burdensome and not accessible to program participants, their workers, and provider agencies. State contractors who assist with implementing the program have had to increase staffing to accommodate EVV changes while also withstanding rate cuts. Many of these contractors have decided to save money by reducing the amount of accessible options available to program participants and workers. Additionally, program participants, workers, and provider agencies are not well represented in policy planning and implementation meetings--there is one program participant on one advisory committee for the entire program, and nothing specific to EVV. Lastly, the state-provided option has been largely unwilling to make system improvements that would benefit those in self-direction, even with the state requesting it.
- Provider and participant dissatisfaction... negative impact on self-directed model, as well as negative impact and significant financial risk to FMS providers based on challenges with some states' expectations of matching EVV data with claims reimbursement
- Self-direction population moving to traditional agency services due to perceived burden of EVV
- Stakeholder pushback, user errors, state micromanagement of functionality
- Systems not working correctly. Aggregator not able to handle data that is sent to them, ie the states vendor wasn't setup and ready to go when we were given a timeline to get started. Lots of concerns from participants and employees about privacy and GPS tracking. Concerns about

how this affects the ability to have services provided in the community. Additional time and cost for the provider that isn't covered anywhere. We aren't increasing out fees or getting reimbursed for the additional support needed to get EVV going. Families choosing to not use staffing supports because it's too much of a hassle to use the EVV system.

- The initial set-up of users has been challenging. Also, EVV app having glitches and, in some case, completely shutting down for a period of time.
- There are some participants that have experienced anxiety with the change.

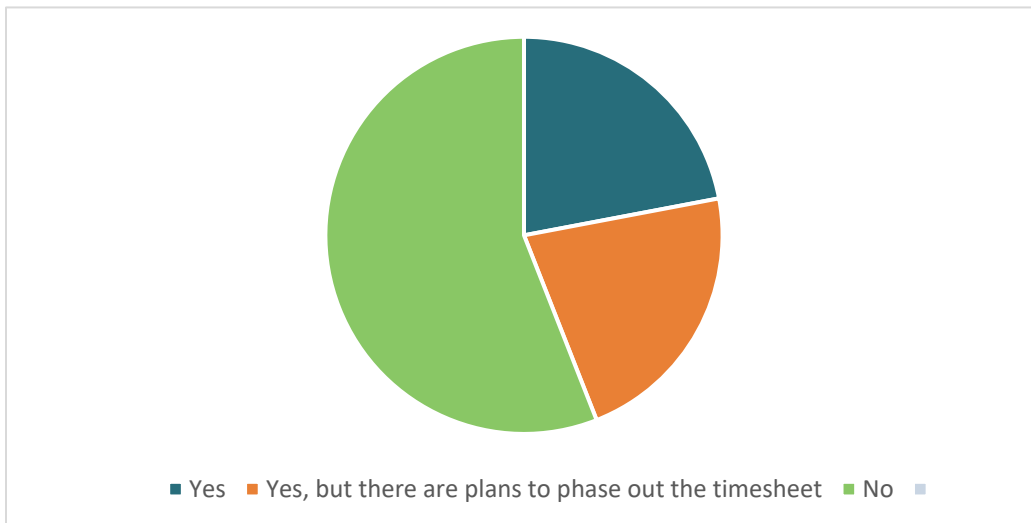
7. What concerns you most about EVV implementation in self-direction? (Select all that apply.)

	Percentage	Responses
Access to the internet, phone, & electronic devices	73%	30
Lack of clarity from decision-makers	46%	19
Onboarding participant employers & employees	46%	19
Direct care staff attrition	32%	13
Billing accuracy	29%	12
Participant dissatisfaction	73%	30
Time tracking issues	24%	10
Erosion of self-direction	46%	19
Cost of administrative burden	66%	27
ADA accommodations	27%	11
Partnering with aggregators	32%	13
No concerns	0%	0
Other	5%	2

Other

- Working to update instructional documentation - our vendor will not provide instruction or updates
- No clear plan for use

8. In addition to EVV, is a separate timesheet still required in the program(s) you serve? (Select all that apply.)



	Percentage	Responses
Yes	24%	10
Yes, but there are plans to phase out the timesheet	24%	10
No	61%	25

Appendix II- Electronic Visit Verification Focus Group Series Summary

Applied Self-Direction conducted a two-part focus group series with Financial Management Services (FMS) members to gather insights and discuss challenges and best practices in Electronic Visit Verification (EVV) implementation. The focus groups were each one hour and held on December 14, 2022 and January 18, 2023.

SESSION 1: DECEMBER 14, 2022

This focus group contained seven poll questions followed by seven discussion topics. A total of 13 FMS member organizations participated, with 17 total attendees, representing 40 states.

EVV Implementation

How is EVV implementation going in the state(s) you serve?	Percentage
It's going well	18%
It's challenging	82%

If EVV implementation is going well for your organization, what has helped in your success?

- *Things are largely not going well, but one success we had as an FMS was convincing the state to allow self-directed participants to have a 60-day grace period before hard launch implications begin.*
- *Using our own internal EVV system was much easier than in states where we needed to use an external vendor.*
- *Regular meetings with FMS entities, case management groups, and the self-directed personal care agency has been helpful in aligning on new policies and procedures.*
- *The most important thing is to start early and consult with not only the state selected aggregator, but also the state stakeholders to ensure that they understand nuances with self-direction. Self-direction is often not considered at the table at the start of the state implementation. Once these decisions are made by the state and the state elected aggregator, it's often too difficult, based on the timeline for them to reconsider a different approach.*
- *Working with states early on and being a part of the implementation so we were involved in the planning*
- *Allowing enough time for employees to test and get familiar with the system and to what is required*
- *We feel like it going well. We are highly adaptable and have created new processes and efficiencies while learning the new system. We've had regular meeting with the EVV*

software companies. We've started our process in November 2021 and created an EVV Specialist position to help guide and train internally and externally.

- Training for end users
- Launching to FMS entities before a broader audience

EVV Workload for FMS Providers

Do you work with any states or MCOs that have successfully helped address the increased EVV workload for FMS providers?	Percentage
Yes	0%
No	100%

What can states and managed care organizations (MCOs) do to address the workload associated with EVV implementation for the FMS providers?

- Pay FMS providers for their time on implementations
- Adequate reimbursement
- Increase reimbursement rates
- Clear direction
- Increase rates for FMS. We had ours reduced in 2022 even with EVV implementation being demonstrably burdensome. Also, involve the FMS earlier on in the policy decision process to gauge feasibility of the direction they are looking to go.
- Help provide tech solution for families that may not have internet or tech access
- We evaluated the work required and laid out implementation costs for the work.
- State requested admin and implementation time be tracked and this was subsequently reimbursed with grant funding

Improved Efficiencies

Do you think EVV implementation has resulted in improved efficiencies for self-direction in any states?	Percentage
Yes	45%
No	55%

Many FMS members indicated that a positive of EVV implementation has been improved efficiencies. Please describe the impact of these improvements.

- In my experience, the contacts at the state and/or MCOs that we work with on a daily basis are too far separated from detailed EVV knowledge. This often means that when we try to engage with them or the state aggregator we are stuck. The state aggregator defers to the state, whereas the state contacts don't understand how all the parts work together and where the disconnect may be that is leading to aggregation problems. For

example, we often start EVV in a state where the state must send a client file to the state aggregator to expect the client details that we would send to the aggregator. If the state fails to send the client records to the aggregator, our visits will continue to fail and nobody has the knowledge to assist.

- *I'm not positive on a specific increase, but our state is asking all contractors (FMS, case management) to track how much time they spend on EVV so could use that to calculate an appropriate increase.*
- *They will need to have plenty of help lines*
- *EVV entry app is easy to use and allows workers/clients to easily confirm time has been submitted.*
- *Yes! Reduction in data entry, paper submissions and verifying accuracy of shifts. Clients state it is less time consuming using the EVV software. and easier to manage their self-direction services.*
- *Paper timesheets and EVV has made implementation very confusing to program participants and their workers. Our state doesn't allow workers to correct their own EVV visits in the free state-provided EVV, so the FMS needs to make one on one calls or require workers to complete a form to update their visits.*
- *It has minimized fraud and allows for real time data*
- *Yes, still some opposition. We dedicate a lot of time to train and come alongside those to support them and help them feel successful.*
- *Efficiencies from an FMS perspective are primarily the gains from electronic submission methods and the benefits that come from that. However, we have had to provide and offer more support for those who move away from traditional paper timesheets. This ends up being a wash from an "efficiency perspective" for an FMS. Decisions states or MCOs make to support efficiencies regarding EVV are really surrounding live in caregiver exemptions, some states are choosing to offer it and others are not.*
- *The one issue with the state option requiring paper timesheets is it either forces FMS to accept that many participants will transfer away if they have that option, or they have to invest in a better solution and take on the financial burden of doing so. This goes against CMS requirement that EVV be "minimally burdensome".*

Aggregators

Do you currently work in any states that require the FMS to submit data to an aggregator?	Percentage
Yes	100%
No	0%

If you are in a state where you must submit EVV data to an aggregator, how is that process going? What has contributed to the successes and what are some opportunities for improvement?

- *Yes, we are required to use aggregator. Our state is rolling out EVV with our FMS agencies, I feel that our aggregator is not actually aggregating the data at this point, simply collecting it (when the county/state have timely uploaded the SA). I feel our state is building this as we go prior to rolling it out to our PCA and other agencies. Our biggest concern is disruption to the startup and renewal process due to delay service agreement.*
- *Not well. We are using the state vendor and they are still having issues uploading the data.*
- *Make sure the specifications that are given to the FMS are correct. We were provided specifications that were not correct which required programming and then reprogramming for the aggregator.*
- *Another glitch is that we are only required to upload shifts in the personal assistance category and not the other labor categories. Hmmm. Seems like a disconnect. Why not all wages?*
- *Our state uses an aggregator but there are many layers between the FMS and the EVV vendor. They prefer to work through the state than directly with the FMS.*
- *Make sure that there is a conversation with the aggregator on how overnight shifts will be handled.*
- *If we are sending EVV data, again it's important to start early and engage with stakeholders to educate the state and state elected aggregator on why self-direction are different than traditional provider agencies. Tech specs to send data often change and we are not notified proactively. There are some aggregators that are both visit aggregation collectors and also billing vendors. If this is the setup it strips the billing autonomy away from the FMS which adds additional layers of complexities as now this is a billing transaction, with EVV elements, rather than true EVV visit collection.*
- *Yes, a contract with each FMS would be very beneficial to establish that point of contact and roles/responsibilities.*
- *Billing needs to be billing and aggregation needs to be aggregation, this is way too difficult to combine both of them into one transaction.*
- *A billing payment can be denied if there is not a matching line in the aggregator*
- *We are required to submit to an aggregator*
- *Aggregators make it difficult for third party systems to be used. States should make sure that the aggregators are offering the tools, enhancement and support for those who do*

not want to use their systems and ensure the vendor isn't being preferential to those who choose to their own tools and opt to use their own

EVV Models

Which EVV model do you believe works best for self-direction?	Percentage
MCO Choice	0%
State-mandated in-house system	0%
State-mandated external vendor	0%
Open vendor/hybrid model	100%

Which model of EVV implementation do you believe is best for self-direction and why?

- *We use the open vendor/hybrid model. I like that FMS providers have some choice as one size does not fit all*
- *Open vendor/hybrid model only if the state has minimum requirements for what the EVV platform must do. For example, workers can correct their own visits, it serves as the electronic timesheet, and there are options for mobile phone, landline, and some sort of FOB/device.*
- *I am conflicted on which model works the best because there are pros and cons for each model.*

EVV Systems

How does your organization provide EVV? (Select all that apply)	Percentage
In-house EVV system	22%
Outside EVV vendor (in-house)	44%
Outside EVV vendor (external)	44%
Hybrid system	0%

Please share how your organization provides EVV and explain whether you think this approach has been successful thus far

- *We work with the external vendor provided by the state. We are looking to change because it does not serve as the timesheet, as well, and the vendor will not send out emails directly to mobile users, but relies on the FMS to forward those messages.*
- *Our own in-house EVV system was an easier implementation because we had control over the training and communication to members and employees. We also were able to mirror the look and feel people were already use to with our online solution so people had less of a transition compared to states with other models.*

- *We were able to work closely with our developers of our chosen EVV vendor. This has been very beneficial as we have been able to guide and develop the software together. This provides us an understanding of how the functionality of the software works.*
- *The EVV System needs to allow flexibility as Employers like the option to be able to have the option to view the staff's punches as well as the employee's. Offer as much training as possible so that it is as friendly as possible.*
- *In order to reduce the confusion for participants who risk disenrollment per program policy if they don't comply with EVV, our FMS will need to invest heavily in additional staff and probably new technology so we don't lose our customer base.*
- *Figuring out what to do with live in caregivers and workers not performing personal assistance tasks. Many of our programs have these workers and the scope of their work is outside of what EVV must capture. It would be nice to have more direction in this area*
- *At this point, states are beginning to consider compliance thresholds. They struggle with their policies as they want to manage a one-size fits all policy approach. But again, states or MCOs cannot hold the FMS accountable to these thresholds since we are not the employer. Rather we have to support the state and MCO with tools and a different perspective to look at compliance rates by employer. This makes it very granular for the states and more difficult to manage, but I'm not sure there is another way to enforce it considering our unique role as an FMS.*

Federal EVV Requirements

How will your organization be impacted if there are no future changes to federal EVV requirements for self-direction?	Percentage
Negative Impact	67%
Positive Impact	11%
Neutral Impact	22%

Assuming that there are no future legislative changes to EVV requirements for self-direction, what would be the impact for your organization?

- *Emphasize that accessibility of the EVV option should be a top factor in vendor choice. Most options we've viewed are not intuitive and do not have accessibility features or different language choices. We need to keep in mind the populations we serve and make decisions with their wellbeing at the forefront.*
- *Yes, this comment is great! Many of our clients that speak another language have really struggled with EVV!*
- *Having clear direction and deadlines. Overall this impacts our clients and our families and would like to be able to communicate the expectations clearly to them.*

- *If the state is choosing the EVV vendor it is really important to understand the vendors experience in other states working with self-directed populations. Seeing how they have handled those implementations. States and MCOs also need to remember the difference between SD and providers.*
- *Opportunities for joint meetings with the state, counties, aggregator, and agencies at the table.*
- *There would positive and negative impacts to our organization*
- *Having clear direction on how to handle "rounding of time"*
- *Customer service for the EVV vendor is really important also. We receive many calls because the EVV vendor does not answer their phones.*
- *Four-part comment:*
 1. *Your state elected EVV Vendor should not also be converting the transmitted data to a billing file. We need to keep the path to send EVV visits separate from our established billing path.*
 2. *The state/MCO contracted with an FMS to apply authorization validations and enforce business rules. These types of validations should be done by the FMS not also the state elected EVV vendor, this introduces too many systems all trying to do the same things and makes alignment difficult.*
 3. *Self-direction must be considered from the start of the discussions in the state so nuances are considered between FMS and traditional agency providers.*
 4. *Thresholds must target the employer, not the FMS.*

SESSION 2: JANUARY 18, 2023

This Focus Group contained seven poll questions followed by eight discussion topics. A total of 14 FMS member organizations participated, with 25 total attendees, representing 36 states.

Participant Dissatisfaction

From your perspective, has participant dissatisfaction with EVV improved in the last year?	Percentage
Yes	31%
No	69%

What can states and MCOS do to address ongoing participant dissatisfaction with EVV?

- *They could improve communications and training efforts. With COVID-19 concerns, states and organizations are moving away from hands-on training modules but are not ramping up virtual offerings.*

- Also consolidating information for folks on where to get access to free or reduced cost devices and/or internet access.
- Consumer directed participants are very different from traditional agency workers and their differences aren't considered
- Workers are often elderly, ESL
- I would agree with communication, understanding that this change is not coming from the FMS' but that it is a Federal Mandate. All the communication is falling to the FMS provider
- Not tech savvy or comfortable with it, may not even own a cellphone or computer
- Rural locations may not have internet connections, or consistent connections
- Seems that a lot of the expectation for execution and compliance comes down on the FMS provider but not all states and MCOs allow for the FMS entities have the flexibility to select and partner with EVV vendors that may function well with their systems.
- They are allowing one FMS to bypass the requirement to provide more than just a mobile app. Other FMS entities would need approval to bypass this requirement.

Access

Do you work with any states or MCOs that have successfully addressed issues with providing access to the internet, phone, and electronic devices?	Percentage
Yes	25%
No	69%
Unsure	6%

What can states and MCOs do to address ongoing issues with providing access to the internet, phone, and electronic devices for EVV participation?

- Our state offers an EVV system that has a mobile app, landline, and fixed device offering. However, they are allowing one FMS to only offer a mobile app in their alternate EVV selection.
- Our state is using the "bring your own device" option but is not providing resources for participants to access affordable options for technology.
- Not everyone meets the requirements for the cell phone programs
- We are using the state vendor and the portal a consumer must use to verify hours is hard to see and navigate on a mobile device. It's important that these vendors are offering very easy to use software when finalizing hours.
- They are allowing one FMS to bypass the requirement to provide more than just a mobile app. Other FMS entities would need approval to bypass this requirement.
- Have seen significant success with combination of use of federal programs to provide cell phone when needed but also the state/FMS allow for the use of mobile app on smart phone or tablet, and landline.

- *[State] is not allowing participants who need to use EVV to purchase a device for their workers to use with their program funds.*
- *In states we serve the employee would be able to use the Employers phone/tablet to login and clock in/out*
- *The state vendor provides cellphones to the providers that choose their vendor, but no funding to other vendors to provide a phone or landline*
- *In our state telephony is an option but his is only for the employee to clock in and out hours but not for the support manager to approve the hours, so does not address the technology barrier for them*
- *Our state will not allow the participant and worker to use the same device*

EVV Compliance

Do you work in any states where EVV compliance in self-direction has improved significantly in the past year?	Percentage
Yes	21%
No	79%

What can states and MCOS do to address issues with EVV compliance?

- *Moving towards the hard launch - it's been tough across all FMS providers to achieve compliance in the past few years.*
- *Have a plan for exceptions, determine the exception rate up front, phase out the launch and communications.*
- *Yes, to go in phases and to hopefully allow exceptions where it makes sense. During a workforce crisis, it's so important not to add barriers for people trying to use services.*
- *Some states had outreach to members who were struggling with adoption to EVV. Personalized meeting to remove barriers.*
- *As an FMS provider we've had significant success with both MCO and state partners regarding compliance. Exception policies are key as well as specific reporting and training mechanisms in place to capture non-compliance and why. Also, transparency from the start of rollout regarding compliance, exceptions and training. In the states we implemented we had 98% compliance within the first 6 months.*
- *With self-direction, reaching hundreds of employers individually to get them to understand what to do takes time, land then to get them to 15% compliance is another long and arduous process.*

Live-In Caregivers

Which of the following approaches do you prefer:	Percentage
Exempt live-in caregivers from EVV	83%
Require EVV for live-in caregivers	0%
No preference	17%

States have the option to exempt live-in caregivers from EVV. What do you think is the best practice approach for states to take regarding this decision?

- *Exempt live-in workers since this encompasses many family members. If fraud is taking place, tracking EVV data is not likely going to be mitigate those issues and allegations can still be reported through standard channels.*
- *Many live-in workers are doing many more hours than they can bill. They are also trying to fit in their hours around other workers at times. It's important to help these workers submit their time in a flexible manner as many live-ins are helping clients stay in their home*
- *Prefer for the state to establish an attestation form for live-in caregiver exemption. Some states have created these forms while others have not.*
- *If we were to have 100% EVV would make a better tracking system in order to understand which EE are live in vs non live in*
- *I am for Live-in caregivers being exempted but there seems to be some confusion to what they are exempted from. In our state they are still required to clock in and clock out.*
- *From an execution standpoint we don't have a preference however, we are aware of how challenging EVV is on live in workers. With such workforce challenges it is helpful to have the option. We gather exemption documentation at the point of enrollment paperwork. This is tracked and maintained in our system (FMS)*
- *They are not required to clock in and out live and are not required to have the geo fencing.*
- *In my experience, live-in caregivers are most likely to have difficulty remembering to clock in and out, but also more likely to "fudge" their time worked and probably considered fraudulent. Since many are "working" 24/7, perhaps just pay them a flat rate daily and not require clock in and out.*
- *We hear the most push back from people with live-clocking in and out and using the GPS. We feel that live-in caregivers need to put their shifts through an electronic system but they can create a shift after it has happened and not have to have the GPS on.*
- *Yes, they often act as an employer. I would love to pay them a stipend instead of an hourly worker!*

- *EVV data is integrated directly into our portal in real-time. Time can be added and/or modified as well in our portal. If time is submitted via landline or paper timesheet this also populates the portal so that the employer has a complete record of Employee hours worked. This is helpful for those that may employ exempt and non-exempt workers*

Direct Care Workforce Crisis

How has EVV implementation in self-direction impacted the direct care workforce crisis?	Percentage
Positive Impact	0%
Negative Impact	75%
No Impact	25%

How has EVV implementation impacted the direct care workforce crisis? Please be as specific as possible.

- *Employers have told me employees are quitting because they don't want to deal with the frustration that comes with all the requirements.*
- *The EVV policy in our state is that self-directed participants will be disenrolled if their workers are not using EVV with at least 80% accuracy. They are being guided to try and train those workers, terminate those workers, and find new workers. Or work with vendor agencies. This has not been well-received because there is a well-known worker shortage, especially in more remote locations.*
- *I've noticed older people seem very concerned about the GPS location part of EVV. We've already touched on the technology/internet challenges that can be a barrier.*
- *Same in our state...with 85% accuracy*
- *Also, many EVV apps do not offer multiple languages, which is not accessible to many workers in the industry where English is a second language.*

Quality of Self-Directed Services

What has been the impact of EVV overall on the quality of self-directed services?	Percentage
Positive Impact	11%
Negative Impact	89%
No Impact	0%

Please share how your organization provides EVV and explain whether you think this approach has been successful thus far.

- *As positive as agencies have tried to be with rolling out EVV, it's caused a lot of worry/anxiety/fear to families. Families with an already full plate. Fears around using technology, GPS, finding staff.*
- *I think one potential positive result is improving the technology available to folks in self-directed programs. However, EVV has been rushed, focuses more on mitigating fraud, and has not had much direct participant involvement to make this a positive transition for all. Participants have expressed that this is an effort for the government/FMS to exercise more control and restrictions.*
- *It would be more helpful if MCO/state are more organized in the rollout and aware of the amount of time it takes to rollout. some of the timelines given are not thought through*
- *We have been proactive with implementing EVV and had a team to help support our clients. We made those personal calls and was able to ease minds. We were able to have a positive impact and help our clients to be more independent.*
- *I could not agree more with the thoughts of feeling rushed. Our state did not act too fast but when they rolled it out, there were no decisions made to make the roll outs a success for full implementation*

Fraud Prevention Efforts

Do you believe EVV has improved fraud prevention efforts?	Percentage
Yes	14%
No	57%
Unsure	29%

What has been the impact of EVV overall on the quality of self-directed services?

- *EVV has not improved the quality of self-directed services. While we have had a huge amount of success in implementation and compliance it has not necessarily prevented fraud and abuse as it had been pitched to do so. The fraud cases we have had are not and would not be caught by EVV systems. We provide significant training and outreach and approach EVV as a tool and in many cases makes it easier to log time as an employee and oversee as an employer.*
- *I think the few people who are willing to commit fraud will still find a way to continue to do so.*
- *One of the biggest hurdles with EVV is creating policy that aims to prevent fraud but does not limit the location of where services are received. It can be really cumbersome for participants to alert their FMS to all the potential places they may be. Perhaps they could opt in to providing that information and have restrictions for their worker's location?*

- *Another challenge has been clocking in and out in real time via the app or telephone. Honestly, I don't see that this is preventing fraud because I know the employer is giving the employee the information they need to complete an approval. Employer approval AFTER the shift provides more accountability and requires their attention to approve. They just need to be held more accountable to any questionable shifts.*
- *No - not preventing fraud. I agree with the comment that those who want to be fraudulent will find a way.*
- *It would be great if MCO/state or EVV vendor(s) representatives try to understand FMS programs and their needs in EVV system. I've attended forums/town halls where questions are put in a "parking lot" but we don't get status afterwards*
- *Live-in caregivers are potentially as likely to be fraudulent as those who do not live-in so excluding them (possibly as much as 66% of workers?) doesn't seem to cover the bases they seem to be hoping to cover.*
- *Definitely, a lot of people do not understand FMS*
- *Is there a study on how much time and money is being spent on preventing fraud vs how much was commonly lost on fraud?*

It is unlikely that any changes will be made to EVV requirements in the near future. Any future changes would require federal legislative action. What should policymakers know about EVV and its implications for self-direction?

- *To continue to make self-direction as easy as possible most of us will want to stay in our home for services. Ask legislators what they want for their family members.*
- *EVV is a major change that will have long-term implications on the success and future funding of self-directed programs. While we certainly want to check the box that it's done for CMS, how can it be done in a way that's innovative and focused on the health and well-being of program participants first and foremost?*
- *Allowing for FMS entities to be decision makers in EVV vendor selection is critical for successful implementation and integration*
- *I would hope the states who are member of ASD listen and take this data serious, as well as any legislators we can speak with to reduce this burden to our families, workers and providers*
- *Politicians don't take it seriously unless it touches them personally. Find a politician whose family is affected and start an informational campaign...powerful voices are needed...more voices*