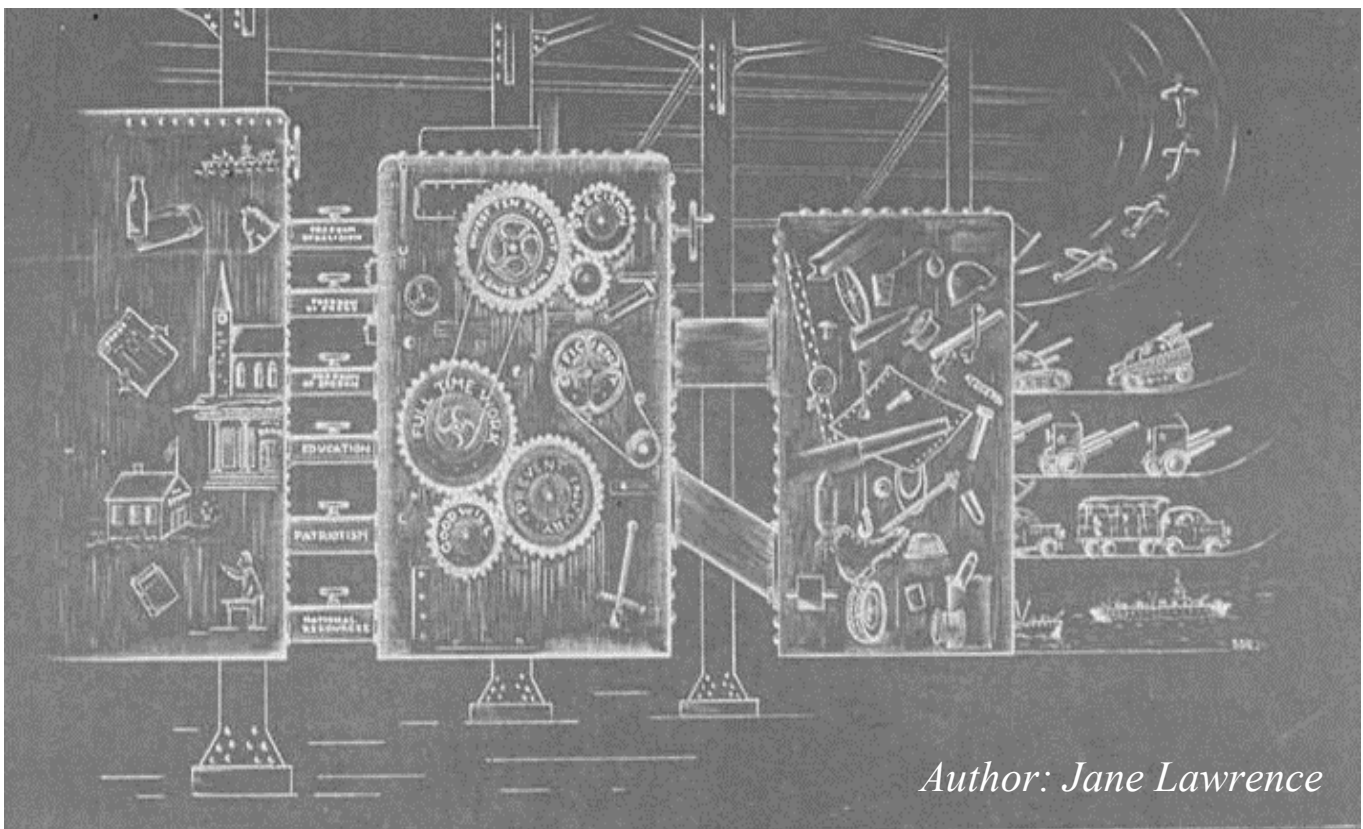


Electronic Visit Verification (EVV): A Blueprint for Self-Direction



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Preface

Electronic Visit Verification (EVV): A Blueprint for Self-Direction was developed to provide detailed information regarding how EVV can be successfully implemented in self-direction. For purposes of this resource, a successful implementation is defined as one that protects and upholds the participant¹'s choice and control over their services and supports while strengthening program integrity.

This resource is intended to be a guide for stakeholders developing their own EVV products for use in self-direction programs. It is also intended to help stakeholders evaluate existing EVV products to determine whether these products will be compatible with their operational needs.

Background

Early EVV products were designed for use in home care provided by a traditional agency. In this context, EVV was successful in reducing a form of Medicaid fraud that occurs when payment is made for services that were not provided. Given the success and rapid growth of EVV in traditional services, several states implemented EVV in their self-direction programs; however, these early implementations proved challenging. Widespread pushback emerged among participants, families, and workers, who felt that EVV decreased participants' choice and control over their services.² For example, some early EVV systems relied on landline phones in a participant's home to verify services, which forced people to remain at home while receiving services and limited their access to the broader community.

The EVV industry has grown and matured over the last decade, and many vendors now advertise that their products are able to serve self-direction programs.³ However, not all EVV systems currently on the market provide the full range of functionality necessary to support a successful implementation. In other words, it is unlikely that an EVV system designed solely to support traditional personal care and home health services can be implemented successfully in self-direction unless additional functionality is developed.

Why Does Self-Direction Require Different Functionality?

Self-direction has unique operations that do not occur in traditional agency services. To understand these complexities, it is important to understand how self-direction as a service delivery model differs from traditional agency services.

In traditional agency services, the agency controls some key aspects of service delivery, including:

- Who will provide services.
- When services will be delivered—specifically, scheduling workers.
- Where services will be provided.

¹ In this document, the term “participant” is used to describe the individual self-directing their services. In a self-direction program, participants are often legally recognized as the employer of their workers. Some participants may identify a representative to make decisions and perform employer-related duties on their behalf.

² One example: <https://www.texastribune.org/2012/07/31/activists-champion-disability-rights-senate-hearin/>

³ See: [Directory of EVV Vendors Interested in Serving Self-Direction Programs](#).

In self-direction, these aspects of service delivery are controlled by the participant who receives services, or by a representative appointed by the participant. A Financial Management Services (FMS) entity handles payroll and other responsibilities on the participant's behalf, but an FMS entity is not the same as a traditional agency. Notably, the FMS entity never exerts primary control over deciding the "who, when, and where" aspects of service delivery. While self-direction programs vary widely in terms of how much responsibility is delegated to the participant, control over "who, when, and where" is always the primary responsibility of the participant. Control over these aspects of service delivery is the very foundation of self-direction, and an EVV system that is fully compatible with self-direction must offer functionality that comfortably accommodates this and does not rely on manual overrides and workarounds.

Why a Blueprint?

This resource proposes key EVV system functionality that is necessary to support participant choice, control, and flexibility in self-direction. Like a blueprint, this resource is not necessarily comprehensive. Rather, it outlines the functionality required to support self-direction, including flexible scheduling, protocols for EVV system use in areas without internet access, and participant approval of hours logged by workers in the EVV system.

— *Kate Murray, Director of Policy*

The 21st Century Cures Act

The 21st Century Cures Act, signed into law on December 13, 2016, provides funding for the National Institutes of Health (NIH), modifies the Food and Drug Administration (FDA) drug approval process, provides targeted funding for research on brain diseases, and strengthens mental health parity regulations. Included in the law are the requirements for EVV for personal care services and home health services under Medicaid.

States who have not implemented EVV for Medicaid personal care services by January 1, 2020 are at risk of a reduction in their Federal Medical Assistance Percentage (FMAP). The implementation deadline for Medicaid home health services is January 1, 2023.

States are required to develop a plan for implementation in consultation with key stakeholders, including personal care and home health service providers, service recipients (participants), their families and caregivers, and individuals providing the services (the participant's workers). The EVV system should be minimally burdensome, comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security laws, and take into consideration current EVV systems in use in the state.

The Cures Act does not mandate any particular EVV system, but requires every implemented system to include verification of following key data elements:

1. The type of service performed.
2. The individual receiving the service.
3. The date of the service.
4. The location of the service.
5. The individual providing the service.
6. The time the service begins and ends.

Services that fall under the EVV requirements include all Medicaid funded personal care services and home health care services that require an in-home visit by a provider, either under a state plan or waiver. This would include home and community-based services (HCBS).

The Act requires that the Secretary of Health and Human Services (HHS), through the Centers for Medicare and Medicaid Services (CMS), provide states with information on best practices for training individuals who provide personal care or home health services. Training should include the use of the EVV system and the prevention of fraud, waste, and abuse. Best practices should also include proven strategies for providing information to individuals receiving services and their family caregivers related to the prevention of fraud.

States may receive federal funding for 90% of the cost of the design, development, and implementation of an EVV system. In addition, states may receive up to 75% of the cost for ongoing operation and maintenance. In order to receive this federal support, the EVV system must be operated by the state or a contractor on behalf of the state.

Strategies for System Design and Development

The decisions facing states, managed care organizations (MCOs), and service providers about EVV systems have far-reaching implications. With the numerous considerations at the system, service provider, and participant levels, the unique needs of self-direction may get lost in the shuffle. For example, in order to manage the program complexities inherent in self-direction, many FMS entities have made significant investments in technology to automate workflows, electronic time tracking, and billing. These systems have been designed to support and enforce the rules of self-direction, most of which would not apply in traditional home care services. Decisions about EVV implementation need to consider options for ways to integrate with existing systems.

The best way to fully grasp the meaning of self-direction is to engage with the participants who are directing their own services. Only by listening carefully to stakeholders and constituents will those who are tasked with the development and implementation of EVV gain an understanding of the unique challenges in their state or program. The following review of key EVV system requirements reflects the importance of listening to those most directly impacted, and is based on the core tenets of self-direction: ***control, flexibility, and choice.***

Control

The ability for participants to control key features of their personal support is a hallmark of self-direction. Self-directing participants decide what services they want and how those services are provided, including by whom, where, and when. An EVV system that supports self-direction includes features that keep the participant “in the driver’s seat.”

Building Control into an EVV System

- ✓ ***Design an EVV system that supports participants to control their workers’ hours.*** Participants who direct their services typically schedule and manage workers based on their unique needs and preferences. Scheduling workers is a process between the participant and the worker, and does not involve a third party. It also should not require recording schedules in advance of service delivery in a software or system. Some participants have predictable support needs, such as weekday assistance to get ready for work. Others may have intermittent needs, based on specific situations and occasions that may arise. Many existing EVV options were developed to support traditional home care programs and include scheduling modules; however, the Cures Act does not require pre-determined scheduling to be a component of any EVV system. If some level of scheduling is essential for a particular EVV system to function, participants should have access to a full range of scheduling options, including the ability to create weekly schedules for some workers, part-time hours for other workers, and additional hours as needed in unexpected situations.
- ✓ ***Design an EVV system that supports workflows typical in self-direction.*** Workflows in self-direction involve FMS entities, which monitor budget expenditures and program rules and ensure compliance with employment and tax requirements. EVV options in self-direction should

be able to work with and complement FMS entity systems. FMS entity systems are responsible for many critical functions in self-direction and cannot be easily replicated.

How would this work?

An Ideal Workflow for Supporting Control

- Participant identifies worker(s) to be hired based on individual needs.
- Participant and worker(s) identify weekly availability and agree on a schedule (which may be flexible) for the week or pay period.
- Participant verifies that planned hours are within the authorized number of hours, units of service, or dollars available.
- Worker(s) enters time as hours are worked during the week or pay period.
- Participant validates that the recorded hours match when service was delivered.
- EVV system submits time to the FMS entity for additional budget and program rule validation, payment, tax and labor reporting and payment, and reporting to participants and families.

- ✓ ***Design an EVV system that allows the participant to approve hours submitted for payment and initiate steps to resolve discrepancies and errors.*** Being the employer and supervising their workers is one of the basic ways participants have control of their services. As a supervisor, the participant needs to review and approve time submitted for payment. EVV systems that align with the values of self-direction have a clear and simple procedure for participants to review the date, time in, and time out of each shift submitted for payment.

How would this work?

Approval by Participant

Once the worker ends a shift and submits it for approval, the system will automatically initiate the approval process:

- Notification by text, email, or both to the participant to request a review to approve the date, time and total number of hours worked.
- Secure link to the data for the current shift as entered by the worker in the EVV system.

To approve the shift, the participant-employer will:

- Access the shift from a computer, mobile device or vendor-specific device.
- If the participant agrees with the recorded time, they approve the shift.

- ✓ ***Design an EVV system that supports adjustments by participants based on unexpected circumstances.*** Unavoidable situations for both participants and workers may require adjustments to hours already logged into the system. When these adjustments need to be

made, the participant should be able to complete this process easily and the administrative review of the changes should not interfere with service provision. Most FMS entities will not be in a position to adjust shifts worked because most FMS entities are not the employers. Participants as employers should be able to adjust worker hours as needed, with approval from workers.



How would this work?

Adjusting Time Entered

If participants do not agree with the shifts as entered by the workers, they would be able to edit the shifts and include reasons why the edits are necessary. When an edit is made, the system would:

- Send an email, text message, or both to the worker letting them know that the shift has been edited.
- Prompt the worker to approve or deny the edit.
- Close the shift if the worker approves the change and make the shift available for processing by the FMS entity.
- Flag the shift for additional review before being submitted for payment if the worker does not agree with the change.

If the worker forgets to login or logout at the beginning or end of a shift, adjustments would be necessary. In these situations:

- Participant logs into the system and manually enters the correct time and date.
- Worker is sent a notification of the correction by text, email, text message, or both.
- Worker verifies the missing login or logout information, which generates a notification to the participant that the edit has been acknowledged.
- Participant submits shift for payment.



Potential Roadblock to Supporting Control: Avoid EVV systems that are based on set schedules that are entered or approved by a third party.

Participants' control over their workers' hours is one of the most important aspects of self-directed services. Any EVV system that is built on entering a pre-approved, set schedule could create real roadblocks to participants maintaining control of their services and supports.

Flexibility

Individuals who choose self-direction value its flexibility, which is critical for authentic community participation and inclusion. Personal care services in self-direction are provided in a wide range of

settings throughout the community. EVV systems that support self-direction need to be based on the reality that most participants will need services in various community settings, not just their homes.

The Centers for Medicare and Medicaid Services (CMS) has confirmed that “...the Cures Act does not require states to capture each location as the individual is moving throughout the community... [C]apturing the location in which the service is started and stopped is sufficient for meeting the Cures Act’s requirements.”⁴

Building Flexibility into an EVV System

- ✓ ***Design an EVV system that supports log-ins from locations throughout the community.*** Shifts that begin in a participant’s home may end in the community. On some occasions, workers will start their shift at the participant’s place of work or another location. Choices about those settings and the flexibility to change where services might be provided on any given day are critical features of self-direction. EVV systems need to have options for workers to record their start or end time from wherever they might be providing services.
- ✓ ***Design an EVV system that recognizes that services will regularly occur beyond a “geofence”.*** “Geofence” is a virtual geographic boundary, defined by a global positioning system (GPS) or other technology, that enables software to trigger a response when a mobile device enters or leaves a particular area. Geofencing in an EVV system requires that participants’ geographic whereabouts be determined in advance of service delivery. In self-direction, participants and their workers regularly go to places in the community as part of their daily lives that cannot be determined in advance. Geofencing is rarely appropriate for EVV in self-direction.
- ✓ ***Design an EVV system that supports infrequent or unusual situations.*** Occasionally participants will schedule their worker for an overnight shift. When this happens, the login and logout dates will be different. The EVV system needs to accommodate this without requiring additional approvals by the participants.
- ✓ ***Design an EVV system that supports a flexible orientation and training plan.*** Agencies providing personal care services are likely to have established procedures for new employee orientation and ongoing training. Successful EVV implementations for self-direction will include a wide range of training and orientation options for participants and workers. Methods and materials should be designed for adult learners with varying language and literacy skills.



Potential Roadblock to Supporting Flexibility: *EVV systems that require services begin and end at a predefined list of locations.* Pre-loading community locations from participants’ person-centered plans can be helpful, but the EVV system should not limit possible service locations to those that are already entered in the system or identified in the person-centered plan.

Choice

Choice is a foundational element of self-direction. A commitment to honoring participant choice should drive program design and implementation, and be evident in any EVV system that supports self-

⁴ [EVV Requirements in the 21st Century Cures Act Pre-Conference Intensive, August 2018, \(Slide #22\)](#)

direction. Honoring an individual's choices and preferences is the first step in assuring the authenticity of self-directed services. In addition, reflecting on the ways in which structures and processes support choice can be an important start towards building an EVV system that supports self-direction.

Building Choice into an EVV System

- ✓ ***Design an EVV system that can accommodate workers who are employed by more than one participant.*** In self-direction, some workers may be employed by more than one participant. EVV systems that align with the values of self-direction easily accommodate various options for workers, participants, and, if necessary, rates of pay (see below.)
- ✓ ***Design an EVV system that can accommodate multiple rates of pay for the same service.*** Some self-direction programs permit participants to select each worker's rate of pay for a particular service. For example, a participant may elect to pay Worker A \$9 per hour to provide personal care and Worker B \$11 per hour to provide the same service. **Typically, FMS entity systems will manage pay rates to workers and tracking rate of pay will not be a requirement of an EVV system in self-direction.** However, depending on the self-direction program, an EVV system may need to accommodate this complexity.
- ✓ ***Design an EVV system that supports a straightforward and streamlined enrollment process for workers and participants.*** Participants regularly employ multiple workers, and on occasion, the hiring process is completed in a very short timeframe. EVV system users need to be able to create usernames and passwords easily and quickly without waiting for a multi-step administrative process to be completed.
- ✓ ***Design an EVV system that is user-friendly.*** Participants can choose to hire friends and family members, who may not have previous experience with online payroll or time-tracking systems. The use of common icons, drop-down menus, and system-generated date and time stamps contribute to a user-friendly experience.
- ✓ ***Design an EVV system that supports accommodations and meets accessibility standards.*** Self-directing participants who do not speak English often hire workers who speak their language and share their culture. Some participants and workers may need accommodations due to limited vision or physical disabilities. EVV systems should support a wide range of potential accommodations, including limited literacy, multiple languages, an accessible user interface, and input devices that are easy to use.



Potential Roadblock to Supporting Choice: Avoid EVV systems that include multi-level administrative processes that make accessing the system complex. Some potential roadblocks include complex password creation and retrieval processes, and an enrollment process that can be delayed internally waiting for routine approvals.

Potential Roadblock to Supporting Choice: Avoid EVV systems that use only one type of technology for verifying service provision. There are a range of options that can be used for electronic verification, including telephony and the use of a number of mobile devices. While these options may work well for some participants, the same options may be unacceptable for another



participant due to any number of factors, including access to cell and internet service, or the lack of a landline telephone.

Stakeholder Input and Engagement

Self-direction emerged in the 1990s as a strategy to operationalize the core values of self-determination, including setting the direction for one's life and having a leading voice in decisions that impact one's life. Recently, some self-advocates have characterized this as "nothing about us without us". As states move forward with implementation of the Cures Act requirements for EVV, there are a number of considerations for self-direction related to the stakeholder input requirement.

- ✓ ***Design a stakeholder input process that includes self-directing participants.*** Many states have well-established systems in place for stakeholder and community input on a range of programs and initiatives. However, established networks for communicating information about town halls or opportunities for comment may not reach individuals who have chosen to self-direct. FMS entities, local authorizing agencies, and MCOs will have access to participants and their representatives, and should be encouraged to actively participate in outreach efforts.
- ✓ ***Design a stakeholder input process that offers a range of options for participation.*** Meetings held during regular business hours at state office buildings are rarely convenient for participants to attend. Remote attendance by phone or webinar should be readily available, widely publicized, and strongly encouraged. Key information in alternative formats should be provided upon request.

Issues for Consideration: Geolocation, Data Privacy, and HIPAA

Although the Cures Act does not require the use of a GPS, some form of geolocation is the most commonly used method to verify where services are being provided in order to comply with the Cures Act. Attestation of location, that is the participant or worker telling the EVV system their location without electronic verification of that location, is not sufficient to meet the Cures Act requirement.

The Cures Act does not require tracking the participant throughout the community. Any EVV system that uses GPS should include the safeguards necessary to ensure that continuous tracking of a participant or worker does not occur. Similarly, geofencing will not be appropriate in self-direction, where individuals are expected to, and do go to, locations not previously planned and their workers accompany them.

Any EVV system must be fully HIPAA-compliant, since EVV systems collect and store data that is considered Personal Health Information (PHI) under HIPAA. Despite HIPAA-required safeguards, individuals who are currently receiving personal care services have expressed valid concerns about privacy and security if their locations in the community are being captured in an EVV system. Consider this example: a participant attends a meeting every Thursday evening at a location that can be verified as a mental health clinic. If this data is compromised, a HIPAA breach will have occurred. Participants have also shared their fear that people in their lives who could harm them may be able to obtain access to locations they frequent, which would put them at risk. If EVV applications are downloaded onto workers' personal cell phones, or HIPAA data associated with the EVV system is stored on workers'

devices, there could be an increased risk if necessary security procedures, such as password protection and device encryption, are not strictly followed.

As technology changes at a pace previously unimaginable, applications for geolocation have become ubiquitous. Social media sites can recommend commercial services, such as stores and restaurants, and mobile phones are able to provide real-time recommendations as well as driving directions. While some people find these services valuable and depend on their smartphones to act as an ever-present guide around their world, the user always has the option to opt out—i.e., location services can be turned off on a smartphone, and browser cookies can be disabled. If an EVV solution uses a form of geolocation to verify the place where services are being provided, participants need to have control over when and where their locations can be verified.



What if participants are “off the grid?”

Offline Alternatives

Most EVV systems use an internet connection to get information to a central system for processing. In remote areas with unreliable or no internet or cellular access, the EVV system needs to have the ability to batch data submissions for multiple shifts that were verified offline. When internet or mobile data is unavailable:

- Worker will login and/or logout using the standard protocol.
- Participant will review and approval using the standard protocol.
- System will save login information.
- When online access is available, the participant or worker will log in and initiate the data submission.
- When the data has been successfully transmitted to the central system, the participant and worker will receive notification.

Although states, MCOs, and FMS entities will make every effort to prevent data breaches, participants have reasons to be concerned. No organization, corporation, or governmental agency is immune from the risk of being hacked. As citizens take reasonable precautions to protect their personal data, it is imperative that any data collected in the course of providing personal care services be subject to the highest standards of protection.

Conclusion

Our mission at Applied-Self Direction is to promote self-direction so individuals have the choice and control to live the lives they want. From the original National Program Office for the Cash & Counseling Demonstration and Evaluation, through the establishment of the National Resource Center for Participant-Directed Services (NRCPS), to the work we do today as Applied Self-Direction, we remain committed to the values of self-determination: freedom, authority, and support for individuals to exercise control over their lives.

At Applied-Self Direction, we believe that benefits of EVV can be extended to self-directed personal care services when planning starts with a thoughtful process of stakeholder input. Successful implementations will build on that input, as well as an in-depth and ongoing analysis of system features that support control, flexibility and choice. We will support our stakeholders as they move towards a successful implementation of EVV.

Applied Self-Direction will continue to publish resources on this topic on an as-needed basis. Please contact us at info@appliedselfdirection.com if we can be of assistance to you.



Checklist of Features for EVV in Self-Direction



Control

- Scheduling is a task that occurs between participants and their worker(s).
- System does not require administrators to enter daily or weekly set schedules.
- If scheduling is necessary for system functionality, participants enter schedules into the system based on their own needs and preferences.
- Adjustments to hours already logged into the system are easily approved by the participant.
- Logout at the end of each shift automatically initiates approval process by participants.
- Missing login and logout times can be corrected by participants as necessary.

Flexibility

- Orientation and training protocols support the occasional need for hiring to be completed quickly.
- Wide range of orientation and training methods and materials are available to accommodate potential language and literacy concerns.
- “On-demand” help by online chat, text, or phone is readily available.
- Practical alternatives are available when internet access is unavailable or unreliable.
- The use of offline alternatives will not result in delays to worker payments.
- Workers’ login devices can be used at multiple locations, including community settings.
- Whenever workers log-in and log-out of the system, date and time stamps are automatically generated.
- Location changes during shifts are supported to allow shifts to begin and end at different locations.
- Geolocation of service provision is only active at the beginning of a shift and at the end of a shift. No data is collected after login or logout is completed.
- If a landline-based solution is used to verify location of service provision, an alternative is provided when a shift starts or ends in a community setting.
- System includes a comprehensive disaster plan that prioritizes timely worker payments in the event of widespread outages.
- Avoid systems that rely on geofencing.

Choice

- System uses menu-based interface for basic login information to support ease of use for workers and participant-employers.
- System components use both text and common icons familiar to users to minimize potential language and literacy barriers.
- Password creation process would be familiar to most individuals who use online resources and include a minimum number of steps to create.
- Workers employed by more than one participant can use the same secure login information to record hours for each participant.
- Secure logins use passwords that can be created and changed by the worker and do not require system administrators to generate or approve.
- Key system components support accommodations for participants and workers, such as limited vision and physical limitations.
- Participants and their workers do not incur costs for data or internet access specific to the EVV system.
- System supports a timely problem-solving process to resolve discrepancies.
- System supports integration with existing data systems currently in use by Financial Management Services (FMS) entities.

Stakeholder Input and Engagement

- Stakeholder groups are clearly identified and include participants, workers, and associations that represent service recipients.
- Participants are included in all phases of the stakeholder input process.
- Workers providing self-directed personal care services are represented in the stakeholder input process.
- Alternatives to in-person meeting attendance for stakeholder input are available and information about the process is widely disseminated.
- In-person forums or webinars are recorded and access to the recording is made widely available.
- Written materials provided at in-person meetings are made available to the public and are available in alternative formats.

Additional Resources

The [Centers for Medicare and Medicaid Services](#) has an extensive list of resources available on their website, including the following:

- [21st Century Cures Act](#): the requirements for EVV are in Section 12006 (a) which begins on page 243.
- [FAQs: Cures Act for Electronic Visit Verification](#) issued May 16, 2018.
- [CMS Informational Bulletin for Electronic Visit Verification](#) issued May 16, 2018.
- [Section 12006 of the 21st Century Cures Act Electronic Visit Verification Systems - Session 1: Requirements, Implementation, Considerations, and State Survey Results](#) webinar presented in December 2017.
- [Section 12006 of the 21st Century Cures Act Electronic Visit Verification Systems - Session 2: Promising Practices for States Using EVV](#) webinar presented in January 2018.

[Electronic Visit Verification: Implications for States, Providers, and Medicaid Participants](#), NASUAD, May 2018.

Applied Self-Direction has a variety of both public and member-only EVV resources on our [website](#) including a [Directory of EVV Vendors Interested in Serving Self-Direction Programs](#), [Questions to Ask EVV Vendors](#), [EVV Implementation Tip Sheet for Self-Direction Programs](#), [EVV Implementation Approaches](#), and [EVV Implementation Models by State](#).