

# Examining the Unavoidable Delays to Electronic Visit Verification (EVV) Implementation

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## Introduction

States were required by the 21<sup>st</sup> Century Cures Act to implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2020. The Centers for Medicare & Medicaid Services (CMS) has the authority to delay Federal Medical Assistance Percentages (FMAP) reductions until January 1, 2021 for those states able to demonstrate a good faith effort to implement EVV that have also encountered unavoidable delays.

CMS issued and published approval letters to individual states and territories meeting this criteria.<sup>1</sup> In total, 51 states and territories requested good faith exemption, though approval letters for Guam and South Carolina have not yet been published. Tennessee is the only state that did not submit a good faith exemption request.

The good faith exemption approval letters issued by CMS detail the main reasons each state and territory encountered unavoidable delays in implementing EVV.<sup>2</sup> At Applied Self-Direction, we have analyzed the various reasons for delay and organized them by theme. The following document includes these major themes and the specific related reasons cited by CMS in their approval letters to states. In some cases, reasons for delay are listed below multiple themes when applicable.

## Themes Across Unavoidable Reasons for Delay in EVV Implementation

### 1. Prolonged RFP Process (21 states)

- (Arizona) The RFP approval process (see also State Processes)
- (Arkansas) Two protests received prior to awarding its EVV contract
- (Delaware) A lengthened RFP process due to the volume of questions received from prospective vendors
- (Delaware) Delays in procurement and contracting have led to delays in carrying out work plans for the design, development, and implementation of the system
- (DC) A six-month delay during the RFP procurement process due to a protest filed by one of the proposal submitters
- (Georgia) Delays in the RFP process due to the need to incorporate a significant level of stakeholder input

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<sup>1</sup> CMS published the good faith effort exemption approval letters by individual state or territory online at <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/electronic-visit-verification/good-faith-effort-exemption-requests-state-requests/index.html>

<sup>2</sup> Applied Self-Direction published a summary of the good faith effort exemption letters by state at <http://www.appliedselfdirection.com/resources/evv-good-faith-effort-extension-reasons-state>

- (Hawaii) The length of time required for the procurement process and additional time needed to adequately engage stakeholders, which delayed business rules process (See also Stakeholder Engagement and Training)
- (Illinois) The need to coordinate drafting the RFP with the roll-out of the state’s Medicaid managed care program (see also Competing State Priorities)
- (Kentucky) Delay in approving the RFP due to the level of interagency coordination required to ensure the needs of reviewing agencies were met. This led to delays in selecting an EVV vendor and implementing the state’s stakeholder engagement plan. (See also Complexity of Coordinating with Multiple Agencies)
- (Massachusetts) Ongoing contract negotiations with its EVV vendor
- (Michigan) A general fund budget shortfall for IT projects in the state, which delayed the state’s timeline for issuing a RFP for an EVV vendor (See also Budget Limitations)
- (Minnesota) Delays in the development of the RFP due to complexity and resource needs associated with establishing business requirements
- (Mississippi) Procurement issues with the existing contract which prohibited the state from issuing a contract extension and instead required the state to rebid the contract
- (Missouri) The state’s lengthy procurement process (see also State Processes)
- (Montana) Cancelling its initial RFP for an EVV vendor due to feedback from the member advocate community (See also Respond to Stakeholder Feedback)
- (Nebraska) Procurement delays due to the need to coordinate between multiple departments and the creation of new procurement documents due to the fact that existing documents weren’t suitable for EVV requirements (See also Complexity of Coordinating with Numerous Agencies)
- (New Jersey) The state’s extensive RFP review and approval process, which invited input from stakeholders (see also State Processes)
- (North Carolina) Veto of a budget bill that included funding for EVV, which has delayed the issuing of the RFP (See also Budget Limitations)
- (North Dakota) The length of time required for the procurement process which included public notice, a public comment period, and a protest period (see also State Processes)
- (Ohio) The need for a contract amendment, which took longer than anticipated due to the time required to fully accommodate the needs of providers and individuals receiving participant-directed services (See also Accommodate Unique Issues of Self-Direction)
- (Oklahoma) Being required by the Office of Management Enterprise Services (OMES) to restart the contracting process with the existing vendor which caused a delay in Joint Configuration (See also State Processes)
- (West Virginia) When preparing for RFP issuance, additional time was required to develop EVV requirements that ensured the needs of the state and stakeholders

were taken into consideration. This has led to delays in other key implementation activities, such as selecting a vendor and developing work plans. (see also Respond to Stakeholder Feedback)

## 2. Technology Issues (18 states, 9 states refer specifically to “interoperability issues”)

- (Alabama) System informational technology issues experienced during the initial roll-out of EVV. This resulted in additional time needed to tailor the EVV software for each program and prompted the state to engage in more extensive training and testing prior to implementing EVV for self-directed personal care services. (see also Accommodate Unique Issues of Self-Direction)
- (Arizona) Implement custom configuration requirements
- (California) Interoperability issues
- (Connecticut) Assess current providers’ EVV systems to develop interfaces that are compatible with the state’s vendor
- (Florida) System interoperability issues due to privacy and security concerns
- (Florida) Extensive configuration modifications that needed to be made to the vendor’s off-the-shelf solution (see also Vendor Issues)
- (Hawaii) The need for custom configuration to their off-the-shelf system
- (Louisiana) System interoperability issues with regards to services provided through the Early and Periodic Screening, Diagnostic and Treatment benefit
- (Maine) Delays in providers implementing system requirements (see also Provider Engagement and Training)
- (Maine) System interoperability issues for providers interfacing with the state vendor
- (Maryland) The need to develop a more robust IT system that supports comprehensive billing for both EVV and non-EVV services simultaneously, which has been delayed in order to address stakeholder concerns identified during a pilot phase for the system (See also Respond to Stakeholder Feedback)
- (Massachusetts) Complexities around system interoperability
- (Montana) System interoperability concerns
- (Nevada) Unanticipated implementation issues with data aggregation and billing functionality due to insufficient vendor staffing (see also Vendor Issues)
- (Nevada) The inability to test the system with live user data
- (New Mexico) System interoperability issues
- (Pennsylvania) The need for additional time to integrate providers using their own EVV system with the state’s data aggregation system (see also Provider Issues)
- (Pennsylvania) Additional time needed for EVV vendor to finalize technical specifications related to claiming (see also Vendor Engagement and Training)
- (Rhode Island) Technical issues identified by MCOs

- (South Dakota) Challenges with interfacing the new case management system with the state’s existing MMIS system
- (Vermont) System interoperability issues with current timesheet and claims processing systems
- (Wisconsin) Existing MMIS modernization projects affecting EVV system interoperability and project timelines

### 3. Competing State Priorities (14 states)

- (Arizona) The need to stagger EVV implementation with a simultaneous project
- (Georgia) Delays in the contracting and evaluation process due to other Medicaid initiatives
- (Hawaii) A simultaneous project for a provider management system update
- (Idaho) Several vacancies in critical staff positions which require the need to budget current staff time between EVV implementation, and the recently passed Medicaid Expansion including five additional mandates related to this expansion (See also Staffing Limitations)
- (Illinois) The need to coordinate drafting the RFP with the roll-out of the state’s Medicaid managed care program (see also Prolonged RFP Process)
- (Iowa) The funds will not be available in state fiscal year 2020 (July 2019 – June 2020) for EVV due to multiple existing technology investments for projects currently being implemented (e.g., modernization of the Medicaid Management Information System [MMIS], changes to how the self-direction program is paid, etc.) (see also Budget Limitations)
- (Iowa) The transition of one Managed Care Organization (MCO) leaving and another entering the Medicaid market
- (Mississippi) The prioritization of other system implementations in the state
- (Missouri) Reprioritization of resources due to natural disasters
- (New Hampshire) A delay in procuring its consultant due to a change in department contract staff and the diversion of staff to work on opioid issues. This delayed stakeholder engagement activities and defining EVV requirements (See also Staffing Limitations)
- (New Mexico) The state is currently in the process of replacing its existing MMIS, which has been delayed due to changes in scope and the need for additional review and approval
- (North Carolina) Transition to managed care which requires significant system reconfiguration, and the state cannot integrate EVV until this project is complete
- (North Dakota) Two major projects, MMIS certification and EVV implementation, were occurring at the same time, which contributed to a lack of available staff resources

- (Oregon) Conflicting schedules with another project that impacted resource availability
- (South Dakota) The need for key EVV team members to split time between EVV and CMS CAP recommendations

#### 4. Budget Limitations (13 states)

- (Alaska) The budget including funding to develop the RFP was not passed during the scheduled legislative session, which has led to delays in selecting an EVV vendor and updating state regulations.
- (Connecticut) The need to identify funds
- (Illinois) A budget impasse which delayed the appropriation of funding and updates to state laws and policies
- (Iowa) The funds will not be available in state fiscal year 2020 (July 2019 – June 2020) for EVV due to multiple existing technology investments for projects currently being implemented (e.g., modernization of the Medicaid Management Information System [MMIS], changes to how the self-direction program is paid, etc.) (see also Competing State Priorities)
- (Michigan) A general fund budget shortfall for IT projects in the state, which delayed the state’s timeline for issuing a RFP for an EVV vendor (See also Prolonged RFP Process)
- (Minnesota) Lack of sufficient state funding
- (Missouri) Budget restrictions that delayed the hiring of an EVV implementation manager (See also Staffing Limitations)
- (New Hampshire) Budget/legislative appropriation issues, indicating that although proposed, the state budget for FY 2020 did not include funding for EVV
- (New York) The state’s mandatory timeframe for seeking budget approval for EVV implementation (See also State Processes)
- (North Carolina) Veto of a budget bill that included funding for EVV, which has delayed the issuing of the RFP (See also Prolonged RFP Process)
- (Utah) Budgetary constraints which limited the number of staff available for EVV activities (see also Staffing Limitations)
- (Vermont) The need for additional funds to provide adequate training and technical support to providers (See also Provider Engagement and Training)
- (Wyoming) The need to wait for funding to be approved by the legislature prior to initiating the procurement process

#### 5. Provider Engagement and Training (12 states)

- (Arizona) Delay the business rules process in order to solicit adequate input from providers and health plans

- (Arkansas) The need for staged, regional implementation to allow sufficient time for provider engagement and training (as requested by stakeholders) (see also Respond to Stakeholder Feedback)
- (Indiana) The need for further outreach to providers to ensure they are aware of and compliant with EVV requirements
- (Maine) Delays in providers implementing system requirements (see also Technology Issues)
- (Maine) The need to address technical and operational concerns raised by providers
- (Nevada) The need for extensive one-on-one work with each provider to appropriately configure data uploads
- (New York) The need to conduct a survey and three rounds of follow-up to adequately assess providers' EVV awareness and implementation status
- (Pennsylvania) The need for additional time to integrate providers using their own EVV system with the state's data aggregation system (see also Technology Issues)
- (Rhode Island) Some providers have not selected which EVV system or third-party vendor they will be utilizing. This has led to delays in provider integration with the state aggregator, piloting the EVV system, stakeholder meetings, and implementing work plans.
- (Utah) Challenges engaging small providers and hard-to-reach populations (e.g., in rural or frontier areas) (See also Stakeholder Engagement and Training)
- (Vermont) The need for additional funds to provide adequate training and technical support to providers (See also Budget Limitations)
- (Vermont) Delays disseminating technical specifications to providers.
- (Virginia) The need for increased outreach to providers to ensure their EVV systems are capable of transmitting EVV information to the state
- (Wyoming) Non-responsiveness from providers during initial stakeholder engagement efforts

## 6. State Processes (9 states)

- (Arizona) The RFP approval process (see also Prolonged RFP Process)
- (California) The state's project approval lifecycle process for procurement
- (Idaho) The need to identify ways to work around the Red Tape Reduction Act which caused an increase in the number of approvals needed to process requests through the Department of Financial Management
- (Missouri) The state's lengthy procurement process (see also Prolonged RFP Process)
- (New Jersey) The state's extensive RFP review and approval process, which invited input from stakeholders (see also Prolonged RFP Process)
- (New York) The state's mandatory timeframe for seeking budget approval for EVV implementation (See also Budget Limitations)

- (North Dakota) The length of time required for the procurement process which included public notice, a public comment period, and a protest period (see also Prolonged RFP Process)
- (Oklahoma) Being required by the Office of Management Enterprise Services (OMES) to restart the contracting process with the existing vendor which caused a delay in Joint Configuration (See also Prolonged RFP Process)
- (Virginia) The state’s promulgation process for regulations, which is necessary for requiring providers to submit EVV information with their claims

## **7. Stakeholder Engagement and Training (9 states)**

- (California) The time needed to coordinate adequate stakeholder involvement and training
- (Hawaii) The length of time required for the procurement process and additional time needed to adequately engage stakeholders, which delayed business rules process (See also Prolonged RFP Process)
- (Kansas) The need for additional time to ensure any new stakeholders using the EVV System will have opportunities for training and input
- (Minnesota) The need to ensure the state’s system adequately reflects stakeholder preferences
- (Nebraska) Public comment hearings not being completed in time for EVV language to be reviewed for regulation updates
- (New Jersey) The need to conduct additional stakeholder engagement activities with individuals who self-direct their services (See also Accommodate Unique Issues of Self-Direction)
- (New York) Additional time needed to ensure the state was able to obtain input from its full range of stakeholders
- (Utah) Challenges engaging small providers and hard-to-reach populations (e.g., in rural or frontier areas) (See also Provider Engagement and Training)
- (Vermont) Delays engaging stakeholders on system design, training, and data exchange

## **8. Responding to Stakeholder Feedback (8 states)**

- (Arkansas) The need for staged, regional implementation to allow sufficient time for provider engagement and training (as requested by stakeholders) (see also Provider Engagement and Training)
- (Maryland) The need to develop a more robust IT system that supports comprehensive billing for both EVV and non-EVV services simultaneously, which has been delayed in order to address stakeholder concerns identified during a pilot phase for the system (See also Technology Issues)
- (Massachusetts) The need to develop solutions to issues identified by stakeholders

- (Montana) Cancelling its initial RFP for an EVV vendor due to feedback from the member advocate community (See also Prolonged RFP Process)
- (Texas) The need to address stakeholder concerns regarding onboarding, training, and policy
- (Texas) Changes made to EVV business requirements as a result of stakeholder feedback during pilot evaluation sessions, which has led to delays in EVV system onboarding and training for the state’s expanded EVV vendor pool.
- (Washington) Ongoing work with stakeholders on how to address concerns related to live-in caregivers which has delayed finalizing contract requirements for providers (See also CMS Guidance)
- (West Virginia) When preparing for RFP issuance, additional time was required to develop EVV requirements that ensured the needs of the state and stakeholders were taken into consideration. This has led to delays in other key implementation activities, such as selecting a vendor and developing work plans. (see also Prolonged RFP Process)
- (Wisconsin) Changes in scope based on stakeholder feedback

#### **9. Accommodating Unique Issues for Self-Direction (8 states)**

- (Alabama) System informational technology issues experienced during the initial roll-out of EVV. This resulted in additional time needed to tailor the EVV software for each program and prompted the state to engage in more extensive training and testing prior to implementing EVV for self-directed personal care services. (see also Technology Issues)
- (Louisiana) The need to develop an alternate self-direction solution as a result of CMS’ August 2019 guidance on web-based electronic timesheets (See also CMS Guidance)
- (Minnesota) The need for additional time to assess how EVV will be implemented for individuals who self-direct their services
- (New Jersey) The need to conduct additional stakeholder engagement activities with individuals who self-direct their services (See also Stakeholder Engagement and Training)
- (Ohio) The need for a contract amendment, which took longer than anticipated due to the time required to fully accommodate the needs of providers and individuals receiving participant-directed services (See also Prolonged RFP Process)
- (Oklahoma) The state remains in the process of implementing workarounds for self-directed individuals who do not have access to cell phones and/or computers
- (Rhode Island) Logistical issues for self-directed services
- (Texas) Complexities in allocating CDS funding for EVV devices

## 10. Staffing Limitations (7 states)

- (Delaware) Staffing changes
- (Idaho) Several vacancies in critical staff positions which require the need to budget current staff time between EVV implementation, and the recently passed Medicaid Expansion including five additional mandates related to this expansion (See also Competing State Priorities)
- (Missouri) Budget restrictions that delayed the hiring of an EVV implementation manager (See also Budget Limitations)
- (New Hampshire) A delay in procuring its consultant due to a change in department contract staff and the diversion of staff to work on opioid issues. This delayed stakeholder engagement activities and defining EVV requirements (See also Competing State Priorities)
- (South Dakota) Large staff turnover which required the training of new employees
- (Utah) Budgetary constraints which limited the number of staff available for EVV activities (see also Budget Limitations)
- (Wyoming) Project staffing and internal program vacancies

## 11. Adjusting for CMS Guidance (6 states)

- (California) Reassessing its approach based on new CMS guidance
- (Colorado) The need to update its system to operationalize an exemption for live-in caregivers
- (Indiana) The need for additional time to determine appropriate system changes in response to the CMS guidance issued in August, 2019
- (Louisiana) The need to develop an alternate self-direction solution as a result of CMS' August 2019 guidance on web-based electronic timesheets (See also Accommodate Unique Issues of Self-Direction)
- (Washington) Ongoing work with stakeholders on how to address concerns related to live-in caregivers which has delayed finalizing contract requirements for providers (See also Respond to Stakeholder Feedback)
- (Washington) The state needs to make alterations to its current location capturing requirements in response to CMS guidance and needs additional time to design, test, and implement any changes needed to the data aggregator
- (Wisconsin) Changes in scope due to CMS and industry feedback

## 12. Vendor Issues (5 states)

- (Nevada) Unanticipated implementation issues with data aggregation and billing functionality due to insufficient vendor staffing (see also Technology Issues)
- (Oregon) The need to procure a new EVV vendor due to leadership challenges with the initial vendor
- (Oregon) Changes in scope from the vendor

- (Pennsylvania) Additional time needed for EVV vendor to finalize technical specifications related to claiming (see also Technology Issues)
- (South Dakota) The need to coordinate between two vendors
- (Florida) Extensive configuration modifications that needed to be made to the vendor’s off-the-shelf solution (see also Technology Issues)

### **13. Complexity of Coordinating with Numerous Agencies (4 states)**

- (Illinois) The need for negotiations with multiple state agencies to develop a model that is least disruptive to program operations
- (Kansas) The length of time required for coordinating information exchange between the state’s EVV vendor, the state’s data systems, and managed care organizations
- (Kentucky) Delay in approving the RFP due to the level of interagency coordination required to ensure the needs of reviewing agencies were met. This led to delays in selecting an EVV vendor and implementing the state’s stakeholder engagement plan. (See also Prolonged RFP Process)
- (Nebraska) Procurement delays due to the need to coordinate between multiple departments and the creation of new procurement documents due to the fact that existing documents weren’t suitable for EVV requirements (See also Prolonged RFP Process)

### **14. Issues Identified in Implementation (3 states)**

- (Arkansas) Issues identified during the pilot phase that need to be resolved
- (Florida) The need for more requirement analysis and system design sessions than originally planned
- (Ohio) Updates to the project scope
- (Ohio) The decision to use a phased approach in order to allow sufficient time for training, outreach, and program improvement

### **15. Coordinating with Financial Management Services (FMS) Providers (3 states)**

- (Ohio) The need for financial management services vendors to develop EVV interfaces
- (Pennsylvania) The need for an amendment to the state’s contract with its FMS vendor to include a requirement for EVV
- (Utah) Delays in integrating financial management services agencies into the EVV system

### **16. State Legislation (1 state)**

- (Texas) Legislation requiring the state to develop an open model

**17. Negotiations with Unions (1 state)**

- (Connecticut) Negotiations with union representatives

**18. New Waiver (1 state)**

- (Mississippi) The implementation of a new 1915(i) service requiring EVV