Session Overview

- Benefits of EVV.
- Self-direction successes.
- Risks when EVV is implemented without looking through the lens of self-direction.
Benefits of EVV

- First used in home health to make sure that people were actually receiving services.
- Implementation expanded to other Medicaid services, including Home and Community-Based Services.
- Benefits to program integrity, including reduction of billing errors and preventing fraud, waste and abuse.

Michelle Boasten, RN, BSN
1966-2017

“In 1998, Michelle's most remarkable contribution as a professional was introduced in the form of the first clinical documentation information system for Home Health, Home Care and Hospice entities, a nationally-recognized patented endeavor that is now used in over half of the states across the country.”

Akron Beacon Journal, August 6, 2017
Benefits of EVV

- Potential benefits to providers for monitoring and managing delivery of care:
  - Improving accuracy of service delivery;
  - Verifying visits on a real-time basis;
  - Automating missed visit alerts to more quickly implement back-up plans;
  - Validating hours of work;
  - Eliminating billing data entry mistakes;
  - Reducing costs related to paper billing and payroll; and
  - Using reports, metrics, and analytics for strategic planning, budgeting, and audits.

Self-Direction Successes

- Independent Living Movement
- State Plan Personal Care Options
- Robert Wood Johnson Foundation Initiatives
- Cash & Counseling Demonstration and Evaluation
- 1915 (c), (i), (j), (k) Waivers
- Veteran-Directed HCBS

- Roots in the Independent Living Movement in California during the 1970s.
- Promise of self-direction led to growth in number of programs serving people with a range of personal support needs.
- As more options were piloted and proved to be successful, expansion across the country.

Every state has at least one self-direction program.
Self-Direction Successes

- 30% increase in 3 years.
- Over 1,000,000 recipients.
- More programs are statewide:
  - 91% report statewide in 2016.
  - 44% statewide in 2013.
- This suggests that self-directed programs are no longer “demonstrations” but have become core state offerings.
Self-Direction Successes

- Self-directing participants were up to 90% more likely to be very satisfied with how they led their lives.
- Self direction significantly reduced participants’ unmet personal care needs.
- Primary caregivers were significantly more satisfied with their lives in general.
- Self-direction did not result in the increased misuse of Medicaid funds or abuse of participants.

Data source: Cash & Counseling Demonstration and Evaluation, Mathematica Policy Research
Self-Direction and EVV:

What are the Risks?
Self-Direction and EVV

- EVV and self-direction can work together under the right circumstances.
- Implementation leaders need information about how self-directed services are operationalized in order to understand the challenges of EVV for self-direction.
- FMS entities should welcome opportunities for creative problem-solving with implementation leaders and vendors.
EVV: A Blueprint for Self-Direction
Overview: Audience

- Guide for stakeholders developing their own EVV products for use in self-direction programs.
- Intended to help stakeholders evaluating existing EVV products to determine whether they will be compatible with their operational needs.
Overview: Structure

- Cures Act Review.
- Strategies for System Design and Development.
  - Control.
  - Flexibility.
  - Choice.
  - Stakeholder input.
- Checklist of Features.
Control: Keeping Participants in the Driver’s Seat
Control: Keeping the Participant in the Driver’s Seat

- Design an EVV system that supports participants to control their workers’ hours.
  - Cures Act does not require scheduling in advance.
  - If choosing an EVV system that requires scheduling, participants should have control over what hours are entered.
Control: Keeping the Participant in the Driver’s Seat

- Design an EVV system allows the participant to approve hours submitted for payment and initiate steps to resolve discrepancies and errors.
  - Clear and simple procedure for participants to review date, time in and time out for each shift.
Control: Potential Roadblock to Supporting Control

- Avoid EVV systems that are based on set schedules that are entered or approved by a third party.
  - Clear and simple procedure for participants to review date, time in and time out for each shift.
Flexibility: Essential for Community Participation
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- Design an EVV system that supports logins from locations throughout the community.
  - Shifts can either begin or end in the participant’s home.
  - Technology devices should not be fixed to the participant’s home.
Flexibility: Essential for Community Participation

- Design an EVV system that supports a flexible orientation and training plan.
  - Training needs to be easily accessible to participants and workers.
  - Training materials should be available in a range of formats.
Choice: A Foundation for Self-Direction
Design an EVV system that is user-friendly.

- Use common icons.
- Drop-down menus.
- System-generated time and date stamps.
Choice: A Foundation for Self-Direction

- Design an EVV system that supports accommodations and meets accessibility standards.
Choice: Potential Roadblock to Supporting Choice

- Avoid EVV systems that include multi-level administrative processes that make accessing the system complex or introduce time lags.
Stakeholder Input: Nothing About Us Without Us
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- Design a stakeholder input process that includes individuals who self-direct their services.
  - Reach out to established networks.
  - Encourage participation by making it easy to participate.
Thank You!

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2017 legislation directed the Commissioner of Human Services to convene stakeholders:

• Service providers
• Service recipients
• Those with expertise in the development and operation of and electronic service delivery system.
Stakeholders convened to ensure that Minnesota’s EVV system is . . .

- Minimally administratively and financially burdensome to a provider
- Minimally burdensome to the service recipient and the least disruptive to the service recipient
- Balancing effective methods for preventing fraud with minimizing burdens on service recipient and service providers
- Consistent with the Department of Human Services’ policies related to covered services, flexibility of service use, and quality assurance
Recruitment

Stakeholders recruited through:

- Disability Services Division stakeholder email list
- Department of Human Services website
- "Word of Mouth"
  - Existing stakeholders were actively encouraged to recruit people and forward information broadly
### Community and Stakeholder Engagement

**Between August and December 2017:**

<table>
<thead>
<tr>
<th>Seven Stakeholder Meetings</th>
<th>To build a shared understanding of issues and perspectives related to electronic visit verification and ultimately lead to consensus on recommendations</th>
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<tr>
<td>Seven Community Conversations</td>
<td>For people to attend a single meeting to learn about issues related to electronic visit verification and provide input</td>
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</table>
| Level of Participation     | • Between 10-50 people attended each meeting  
• Over 40 people logged in for webinar |
Community conversations and stakeholder meetings sought input on:

- Preferred model type (i.e., hybrid, open/provider choice, state choice)
- How to make EVV minimally burdensome for providers and service recipients
- What a flexible EVV system should look like
- What verification might look like
Feedback from People Using Services

Concerns expressed about EVV

- Privacy
- Dignity
- Using their own devices
- Restricting ability to changes schedule or locations
Recommendations for the EVV System

• Flexible to schedule services and accommodate multiple caregiving scenarios
• Accessible to people with disabilities
• Available in multiple languages
• Offline option for capturing visit information
• Tech support 24/7
• Easy for people to verify hours and services before submission
Feedback from Providers

Concerns about EVV

• For those that already have an EVV-like system, ability to continue using their system rather than switching to a different system

• If the system is difficult to use, may affect staff retention or ability to hire

• Lack of access to internet in some areas of the state

• Cost, especially for smaller providers
  • What is not burdensome for bigger providers may be very burdensome for smaller providers
Recommendations for the EVV System

- Generally consistent with recommendations from people receiving services, and:
- Ability to correct mistakes in EVV transactions and time cards
- Requires providers to only incur minimal initial and ongoing costs
Minnesota EVV Legislative Report

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