NC Department of Health and Human Services

PCS Stakeholder Presentation - Electronic Visit Verification (EVV) Implementation

October 22, 2020

Agenda

❑ **EVV Background**

❑ **EVV Implementation**

❑ **Sandata Technologies Introduction and Overview**

❑ **EVV Policy/Program Updates (State Plan PCS)**

❑ **EVV Policy/Program Updates (CAP/DA & CAP/C)**

❑ **Next Steps**

Background

❑ **Effective 1/1/21 Electronic Visit Verification (EVV) implementation**

- Federally mandated for Personal Cares Service Programs (PCS) visit verification entry – Section 12006 of the 21st Century Cures Act
- EVV offers a measure of accountability to help ensure that individuals who are authorized to receive services in fact receive them.

❑ **EVV Systems Must Verify**

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends
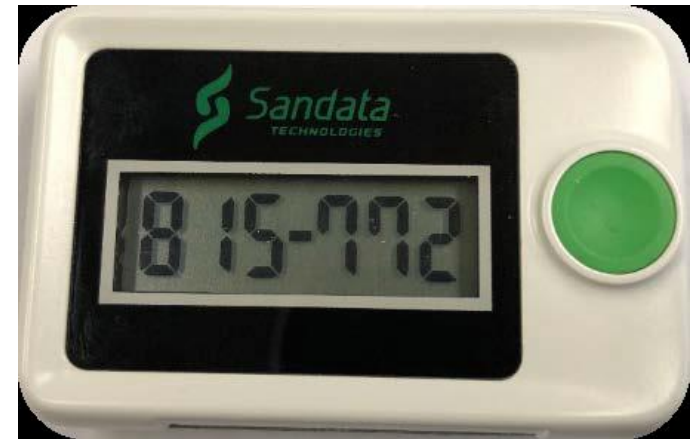
Background

Services subject to EVV

- ❑ **State Plan PCS In Home Care Services Only** – 99509 HA & HB

- ❑ **Community Alternatives Program for Disabled Adults (CAP/DA) –**
  S5125, S5125 UN, S5135, S5135 UN, S5150, and associated congregate codes

- ❑ **Community Alternatives Programs for Children (CAP/C)** -
  S5125, S5150, T1004, T1019, T2027, and associated congregate codes

- ❑ **Innovations Waiver** – Community Living and Supports and Supported Living

- ❑ **(b)(3) Services** – Personal Care / Individual Supports, Transitional Living Skills, In Home Skill Building, Community Living and Supports, Supported Living – Periodic

- ❑ **Traumatic Brain Injury Waiver** – Life Skills Training, In Home Intensive, and Personal Care

- ❑ **1115 Waiver Managed Care**

EVV Data is used to adjudicate claims
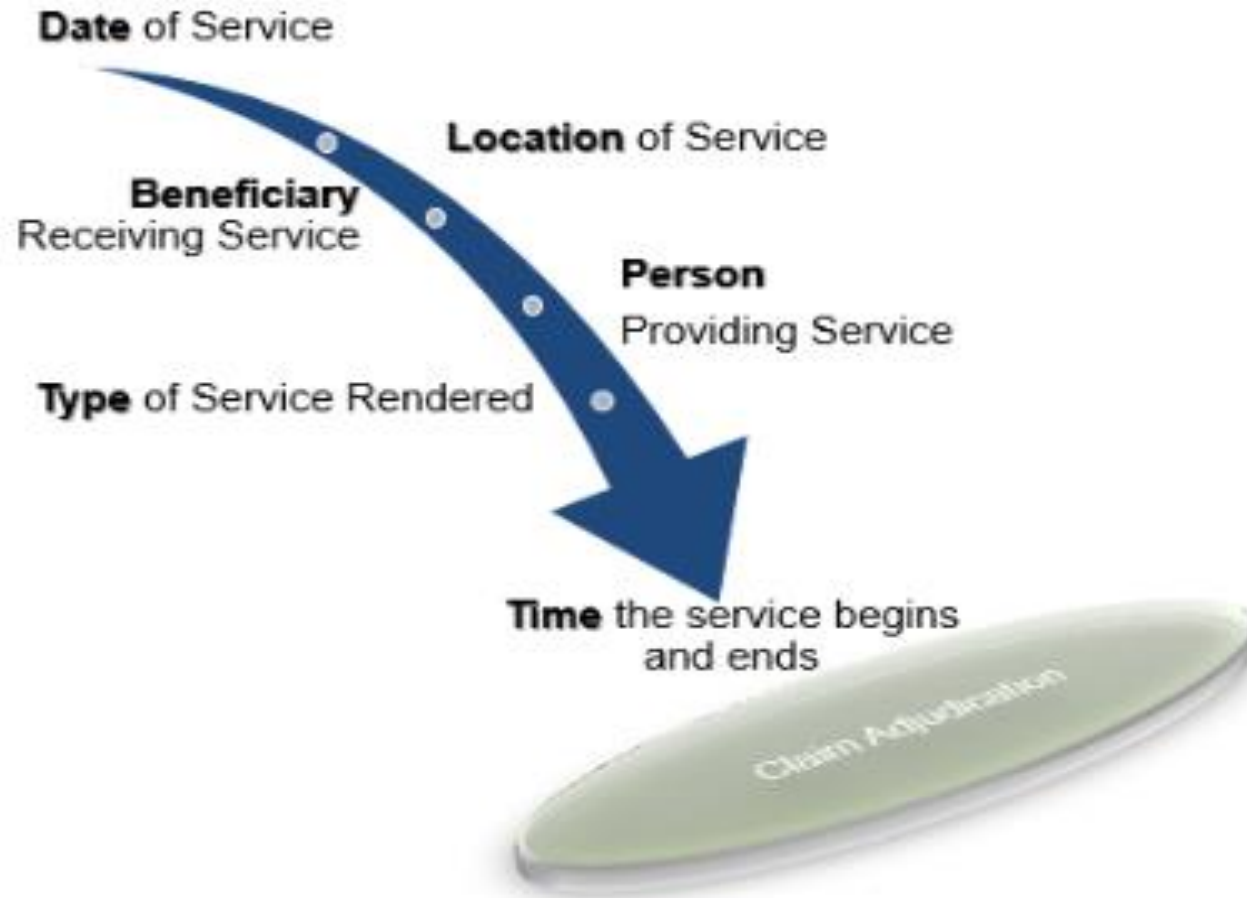
Background

EVV Technology – Providers will have the option of utilizing mobile app, Telephony, and Fixed Visit Verification Devices.

Background

OPEN VENDOR MODEL –

NC will utilize an open vendor model approach to EVV implementation – the open vendor model allows states to contract with a single EVV but allows providers and PHPs to utilize their own system.

Aggregator – The open vendor concept must be supported by an EVV aggregator.

The EVV Aggregator is a centralized database that collects, validates, & stores statewide EVV visit data transmitted by Department approved EVV system(s).

OPEN VENDOR MODEL –

Sandata's Data Aggregator will receive EVV data from the following locations:

- ❑ Medicaid Providers using the State EVV system (Sandata)
- ❑ Medicaid Providers using 3rd party/alternative EVV systems
- ❑ Consumer Direction
- ❑ LME/MCO Aggregated EVV data
- ❑ PHP Aggregated EVV data

EVV implementation

Claims Adjudication –

Providers will continue to submit claims to NCTracks for adjudication. No change to how claims are submitted

Once claims are submitted, NCTracks will ensure required EVV data file has been received from Sandata aggregator for date of service(s) prior to releasing the payment.

EVV Implementation

NC DHHS awarded Sandata Technologies, LLC the EVV contract on September 24, 2020.

January 1, 2021 – NC Medicaid will implement EVV

State Plan PCS, CAP/DA, CAP/C, Innovations, and TBI (LME/MCOs)

July 1, 2021 – Managed Care Implementation – PHPs will be required to implement EVV for its Members.

DHB Welcomes Sandata Technologies, LLC

PCS Program/Policy Updates

VieBridge, Inc. is the state's IT vendor that provides the web-based system for PCS – QiRePort. The QiRePort system will require modifications to support the EVV implementation

❑ QiRePort service plan will serve as the actual aide schedule used for both providing PCS services and validating the EVV required data.

❑ Once provider accepts the beneficiary, will now wait 24 hours before they can go back into the Provider interface and complete the service plan.

❑ This allows for the notification to generate so that the service plan has the actual plan start date.

QiRePort / Process Modifications

❑ Expand the service plan completion to include providers completing the schedule of aide services for each calendar month of the authorization period.

❑ Service plan steps remains active until the provider has completed both the "typical week" plan with the corresponding tasks AND the service calendars for the complete authorization period

Completion of service Plan Typical Week

Weekly Service Plan for BODS, TACODA

* = Required

Plan Start Date * [08/26/2019] 📅   Projected End Date [08/25/2020]   Monthly Hours [27]

Service Schedule Summary

Day	Shift 1 - From / To		Shift 2 - From / To		Shift 3 - From / To		Daily Hrs	Daily Units
Monday	08:00 AM	09:15 AM					1.25	5.00
Tuesday	08:00 AM	09:15 AM					1.25	5.00
Wednesday	08:00 AM	09:15 AM					1.25	5.00
Thursday	08:00 AM	09:15 AM					1.25	5.00
Friday	08:00 AM	09:15 AM					1.25	5.00
Saturday							0	0.00
Sunday							0	0.00

Weekly Hours   [6.25]   Units [25.00]
Weekly Hours Limit   [6.25]   Units [25]
Over(+)/Under(-) Limit [0.00] Units [0.00]

If the "Plan Monthly" hours for the selected month are "over" the "Authorized Monthly" hours, a message appears, and the provider will have the ability to adjust the hours to avoid exceeding the authorized hours.

In Process Service Plans

Weekly Service Plan for HABEOF,LARRY

* = Required

| Plan Start Date * | 03/17/2020 | Projected End Date | 03/16/2021 | Monthly Hours | 38 |

Service Schedule Summary

Day	Shift 1 - From / To	Shift 2 - From / To	Shift 3 - From / To		Daily Hrs	Daily Units
Monday					1.50	6.00
Tuesday		The Service Plan schedule must NOT exceed the awarded hours of service in any Month. Please adjust before marking complete.			2.00	8.00
Wednesday					1.50	6.00
Thursday					2.00	8.00
Friday		OK			1.75	7.00
Saturday					0	0.00
Sunday					0	0.00

Monthly Hour Allocation				
Plan Month	**Authorized Hours**	**Plan Hours**	**Over / Under**	
10/2020	38	35.00	-3.00	[edit]
11/2020	38	36.50	-1.50	[edit]
12/2020	38	40.50	2.50	[edit]
1/2021	38	36.75	-1.25	[edit]
2/2021	38	35.00	-3.00	[edit]
3/2021	38	40.00	2.00	[edit]
4/2021	38	38.75	0.75	[edit]
5/2021	38	36.50	-1.50	[edit]
6/2021	38	38.50	0.50	[edit]
7/2021	38	38.75	0.75	[edit]
8/2021	38	38.50	0.50	[edit]
9/2021	38	38.50	0.50	[edit]
10/2021	38	36.75	-1.25	[edit]
11/2021	38	38.50	0.50	[edit]

Monthly Service Plan Allocation for HABEOF,LARRY

Print

Plan Month / Year	4/2020	Authorized Hours	38
Plan Hours	38.50	Over / Under(-)	0.50

Print

April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 8:00 AM / 9:30 AM	**2** 8:00 AM / 10:00 AM	**3** 8:00 AM / 9:45 AM	**4**
5	**6** 8:00 AM / 9:30 AM	**7** 8:00 AM / 10:00 AM	**8** 8:00 AM / 9:30 AM	**9** 8:00 AM / 10:00 AM	**10** 8:00 AM / 9:45 AM	**11**
12	**13** 8:00 AM / 9:30 AM	**14** 8:00 AM / 10:00 AM	**15** 8:00 AM / 9:30 AM	**16** 8:00 AM / 10:00 AM	**17** 8:00 AM / 9:45 AM	**18**
19	**20** 8:00 AM / 9:30 AM	**21** 8:00 AM / 10:00 AM	**22** 8:00 AM / 9:30 AM	**23** 8:00 AM / 10:00 AM	**24** 8:00 AM / 9:45 AM	**25**
26	**27** 8:00 AM / 9:30 AM	**28** 8:00 AM / 10:00 AM	**29** 8:00 AM / 9:30 AM	**30** 8:00 AM / 10:00 AM		

Save

QiReport Modifications

❑ The system validates the service plan, once the above steps are completed and saved to check for the authorization period.

❑ Transmit service plan data to Sandata Technologies, LLC

❑ This data will be used to validate the required data for EVV
  − Beneficiary Name/MID
  − Date of Service
  − Service Type
  − Provider NPI
  − Service Start/Service Stop times and Units

Completion of Non-Assessment based Service Plans

❑ Create a service plan for the following non assessment-based authorizations, this eliminates the need for completion and submission of manual service manual service plans:

* This modification also applies to Adult Care Home Providers

- Appeal resolutions
- EPSDT Short Term Hours
- Expedited assessments, etc

Provider Completion of Aide Schedules

❑ Prior to EVV implementation on 1/1/21 PCS providers will be required to complete Aide schedules for current beneficiaries.

❑ Aide schedules for current beneficiaries will be submitted to Sandata prior to Go-live.

❑ NC Medicaid will issue communications in the next couple weeks on additional stakeholder engagement and virtual regional trainings to inform and train provider on system modifications

❑ During training, providers will be informed of the date when all Aide schedules are due.

Next Steps - State Plan PCS

❑ 3L policy revisions to reflect EVV – Communication to follow

❑ Virtual Regional Training Sessions for PCS Policy and QiReport Trainings
   beginning Mid – November. Five Sessions hosted based on Regional Location.

❑ Additional Stakeholder Meetings schedule for further communication and engagement

Community Alternatives Program (CAP)

Service plan development ➡️ **Service authorization**

Respite ➡️ **Check off by case manager**

Exclusion: paid live-in caregivers

Program Contacts

Personal Care Services	Community Alternatives Programs (CAP/C and CAP/DA	Innovations and Traumatic Brain Injury
Cassandra McFadden, Community Programs Operations Manager Cassandra.mcfadden@dhhs.nc.gov	WRenia Bratts-Brown, Waiver Operations Manager, CAP Wrenia.bratts-brown@dhhs.nc.gov	Kenneth Bausell, IDD Manager Kenneth.Bausell@dhhs.nc.gov

EVV questions may be sent directly to Medicaid.evv@dhhs.nc.gov

Visit the NC Medicaid EVV webpage for updates on EVV medicaid.ncdhhs.gov/evv

Questions