

Montana Electronic Visit Verification

December 14, 2022

External Stakeholder Meeting

Montana
Department of
Public Health
and Human
Services



EVV Stakeholder Agenda

- Background
- Implementation Goals
- EVV Models
- Solution Profile
- EVV Services Subject to Verification
- Key Dates & Milestones
- Project Timeline
- Third-Party EVV Solution Certification
- Next Steps
- Questions



EVV Background

- Department began EVV stakeholder engagement in 2017
- Department released the EVV RFP February 5, 2018
- In August 2019, the President signed legislation delaying the required implementation date for EVV to January 1, 2020
- Department cancelled the EVV RFP on August 7, 2019 based on extension of the compliance deadline
- Good Faith Exemption for Personal Care Services on was submitted on September 20, 2019 and approved by CMS on October 22, 2019
- Beginning January 1, 2021, Department began paying penalties for PCS services
 - *As of 09/30/22 the Department paid \$562,521 in EVV penalties to CMS.*
- In 2021, Director Meier & Charlie Brereton, the governor's health care policy advisor requested status on EVV implementation. Following the status update, the MPATH team received guidance from executive leadership to identify options for prompt EVV compliance within the permissible state procurement options.



EVV Background Continued

- DPHHS Leadership approved an approach to EVV compliance and a timeline.
- MPATH submitted a Planning Advanced Planning Document (P-APD) to CMS on May 24, 2022 for the planning effort and the EVV PM and received CMS approval on June 1, 2022
- In June 2022, MPATH hired Jennifer Carlson as the MPATH EVV Project Manager
- MPATH completed a response to an EVV compliance survey by the Federal Department of Public Health and Human Services Office of Inspector General was submitted on June 30, 2022
- Good Faith Exemption was approved for Home Health Care Services on November 17, 2022
 - *Department will avoid penalties for HHCS services through 12/31/23*
- EVV Implementation Advanced Planning Document (IAPD) and Contract were submitted to CMS on November 22, 2022 for approval (approval pending)



EVV Implementation Goals

1. Achieve minimum compliance with the 21st Century Cures Act
2. Receive CMS approval for Operational Readiness and Certification
3. Where possible, reduce the administrative burden to Providers while maintaining compliance with the 21st Century Cures Act
4. Ensure that we achieve compliance with any guidance provided by the Federal Office of Inspector General related to EVV



EVV Models

1. Provider Choice Model
2. Managed Care Plan (MCP) Choice
3. State Mandated In-house System
4. State Mandated External Vendor
5. **Open Choice Model. ** Model Chosen by DPHHS Stakeholders ****

Open Vendor Model

An open vendor model is a hybrid model where the state contracts with at least one EVV vendor or operates its own EVV system while still allowing providers with existing EVV systems to continue to use those systems. In other words, providers have the option of using the state's system (which may be appealing to organizations that do not have a current system) or continuing to use their own system. States are responsible for the development and implementation of policies and procedures regarding the EVV program and maintaining oversight. The open vendor model allows providers with existing EVV technology the flexibility to maintain use of their current systems; however, in order to comply with Cures Act requirements that EVV systems are to address issues of fraud, waste and abuse, it is likely the state will require some level of integration between EVV solutions. Some states using the open vendor model have a list of preferred EVV vendors.

States can implement an "open model" in which a system aggregates EVV data from both the state-contracted vendor and third-party vendors. States would need to develop a data aggregation solution and specify the data to be collected from the providers. Each EVV system would then report standardized data to the state and each system would have the flexibility to be implemented according to the basic set of requirements identified in section 1903(l) and any other requirements established by the state. States should consider additional administrative burdens associated with overseeing and maintaining the system with multiple vendors. The state-selected EVV vendor and providers might take on the responsibility of providing technical training on the use of the system, except where the provider is using a state-operated EVV system, in which case the state, even if outsourced, would be responsible for ensuring that training is appropriate and completed.



EVV Solution Profile

- EVV Mobile Solution
- EVV Provider Administrative Portal
- Data Aggregation Solution *
- EVV Claims Submission Portal*

** Use of this component is required*



EVV Services Subject to Verification

- EVV Services (i.e., Medicaid Services subject to EVV requirements)
 - Behavioral Health and Developmental Disabilities - Finalizing
 - BHDD - SDMI Waiver Use PT88 for dates of service on or after 02/01/2022
 - BHDD - SDMI Waiver Use PT28 for dates of service on or before 01/31/2022
 - Senior and Long-Term Care - Finalizing
 - Community First Choice CFC PT12
 - Big Sky Waiver PT28
 - Behavioral Health and Developmental Disabilities - Finalizing
 - DSD - 0208 Waiver PT82
- EVV Services Continued
 - Health Resources Division – TBD
 - Home Modification Services / DME
- Next Steps
 - Create final list of services subject to Electronic Visit Verification
 - Add the EVV Services table to the EVV website



EVV Key Dates and Milestones

- Project kick-off tentatively scheduled for the week of 01/09/23
- Train Users for Internal & External User Acceptance Testing
 - 07/13/23 – 08/01/23 – Will have more details later
- User Acceptance Testing
 - R1 08/01/23 – 08/09/23 – Internal User Acceptance Testing
 - R2 08/10/23 – 08/17/23 – Internal & Provider User Acceptance Testing
 - R3 08/18/23 – 08/31/23 – Internal & Provider User Acceptance Testing
- Operational Readiness
 - 09/05/23 – 09/05/23 – Conduct ORR Meeting with CMS
- Final Training Prior to Production Implementation
 - 08/28/23 – 09/27/23 – External/Provider Training *
- Final Production Deployment the week of 09/18/23

** Live training sessions continue monthly indefinitely. Training also available on-line on-demand for internal and external users.*



EVV Timeline

Step	Planned Start Date	Planned End Date
Update and Finalize EVV Requirements	6/1/22	9/16/22
Finalize EVV Vendor Selection		10/07/22
Submit EVV Contract to CMS	11/22/22	
Conduct External Stakeholder Work Group Sessions	~12/12/22	~12/21/2023
Receive CMS Approval for EVV Contract		~ 12/16/22
Kick-off EVV Project	~ 01/09/23	
Conduct Stakeholder Town Hall Sessions	~02/01/23	~09/30/2023
Implement EVV Application	~ 10/02/23	
Provider Full Compliance for EVV	~ 10/02/23	



Third-Party EVV Solution Certification

- If your organization currently uses an EVV solution that is different from the EVV solution the Department is acquiring, your EVV solution will need to be certified by the Department.
- In Spring 2023, the MPATH EVV team will publish instructions for Providers and their EVV Vendors to follow to achieve certification.



Next Steps

- Receive CMS Approval of EVV Contract
- Execute the Contract
- Finalize list of Services subject to EVV
- Kick-off Project
- Finalize EVV Implementation Approach/Rules
- Conduct EVV Town Hall Meetings for EVV Stakeholders (February / April / June / August)
- Draft and publish the DPHHS EVV Administrative Rule (~Spring 2023)
- Complete State Plan Amendment Updates
- Update Policy Manuals/Provider Facing Communications for EVV



Questions?

Feel free to submit questions to the following email address:

EVVQuestions@mt.gov



Thank You

Mike Randol

Shellie McCann

Tim Peterson

Jennifer Carlson