

In a Nutshell

Fresh Perspectives on LTSS Issues



Electronic Visit Verification

The CURES Act of 2016 requires Electronic Visit Verification (EVV) for all Medicaid covered personal care services by January 2019 and for all Medicaid covered home health services by January 2023. The National Association of State Units on Aging and Disability (NASUAD) recently published a report on EVV: Implications for States, Providers, and Medicaid Recipients in May of 2018. At a minimum, EVV systems will need to capture the type of service, the recipient, the individual providing the service, the date, the location, and the start and stop times. States can select the appropriate design model but have the opportunity to create state-procured or state-developed systems or at least systems of statewide data aggregation. The report provides a thorough summary of EVV requirements and design options as well as best practices for states. The report also provides implementation examples from a handful of states that have already implemented EVV systems, and highlights best practices including robust stateholder engagement and development of a training plan.

The Government Accountability Office (GAO) issued a 2016 report highlighting concerns about personal services provided under the Medicaid program. The GAO report examined how four states conducted oversight of personal services and made recommendations for Center for Medicare and Medicaid Services (CMS) and states to consider given the growing use of personal care services in Medicaid home and community based services (HCBS) programs. The GAO noted an increase in instances of a fraud, and the lack of effective systems for health and welfare monitoring. The EVV requirement is seen as a good step in addressing these concerns.

Electronic Visit Verification - Beyond Compliance..

There is real opportunity for states and providers to go beyond compliance and use this requirement as an opportunity to create true quality improvement. The NASUAD report notes the opportunity to support real time access to reporting health status changes. As the "boots on the ground", front line caregivers, personal services and home health workers are the eyes and ears of the system and can be the first to note changes in status. Getting that information in real time with appropriate notifications to case managers or care coordinators or primary health care providers could substantially impact health outcomes for individuals.

Perhaps it can go beyond that and integrate with the state's incident reporting as part of health and safety assurance in home and community based service programs. States are required by CMS to provide assurances regarding the health and safety of individuals receiving Medicaid funded HCBS. Incident reporting is central to that monitoring process. Facilitating real time reporting of incidents can contribute to more accurate data collection and better opportunities for successful interventions.

With growing demand for long term services and supports for an increasingly older population, workforce issues are critical to assuring access to care. EVV also has the potential to provide states with access to data on workforce numbers and utilization. The Bureau of Labor Statistics indicates there were about 2.1 million personal care and home health aides in the U.S. as of May 2017. Many are not licensed on an individual basis, and states have little direct interaction with that workforce. The training needs as well as the ongoing utilization of an EVV system give states opportunities to communicate directly with this workforce.



Sage Squirrel Consulting would love the opportunity to help you in conducting effective stakeholder engagement and planning for training as you implement an EVV system that goes beyond compliance and becomes a cornerstone of quality oversight and monitoring in your service delivery system.