Iowa Coalition of Hourly In-Home Providers

Date 8/24/16

Re: Electronic Visit Verification (EVV)
Public Comment for Managed Care Legislative Oversight Committee Hearing August 29th, 2016

Hello,

My name is Jolene Sorenson and I am making this public comment on behalf of the Iowa Coalition of Hourly In-Home Providers. We are a group of 15 providers representing 93 counties that serve approximately 6000 members who wish to receive HCBS Medicaid Waiver services in their own homes. Members of our Coalition have been participating in pilot Electronic Visit Verification projects otherwise called EVV. The information provided in my public comments is based on the information our Coalition membership have received from EVV companies and Managed Care Organizations thus far.

EVV is a telephonic and web-based tracking system that uses smartphone or member caller ID technology to track field staff locations and attendance. As a Coalition, we sent out a letter to interested parties that listed our initial concerns about EVV. During the pilot period, not only have our concerns gone unresolved, but alarming new concerns have been uncovered.

Proponents assume that savings generated by EVV are due to a reduction of fraud. However, the "savings" come from restricting access to home and community based services. MCOs are not working together to locate one Electronic Visit Verification provider with the reasoning that the RFP, governor, nor DHS are requiring standardization among MCOs. As you can imagine, some in-home staff may visit three different members in one day, thus requiring three different log-in procedures, three passwords, three procedures to clock in and out, and so on. There doesn't seem to be a plan on how oversight, training and cost of these programs will be covered, putting most of that burden on providers. With the EVV system, Managed Care Organizations require and control the loading of authorized hours and service locations into their EVV system before services can be provided. Providers will be unable to provide last minute services in the community and could lead us to cancel doctor appointments, delay start dates, and generally create a procedural bottleneck delaying service provisions.

The primary motive behind EVV implementation is to reduce fraud, yet Iowa's individual State CDAC and CCO providers, not under the supervision of an agency provider, are currently exempt from all EVV implementation and oversight. Statistical reports repeatedly show that 90% of fraud, waste and abuse occur at the hands of family members[1]. Nearly all individual State providers are family or friends. Thus, the reasoning for promoting EVV appears flawed and misplaced. "Picking and choosing" which in-home services will be mandated to use EVV also creates a constitutional question of unequal application of governmental rules. This unequal application of the law is already appearing in the EVV pilot projects underway since not all in-home HCBS service categories will be required to use EVV.

The notation that EVV is being mandated based on fraudulent behavior is further flawed since providers will need to maintain a secondary back-up system of documenting in and out times should the EVV system does not work correctly. This secondary procedure will mirror the current system of obtaining signature verifications from members and their staff. EVV relys on the mistaken belief that electronic systems are more reliable and less able to be tricked than other forms of verification. However, EVV procedures rely on the current system of client signature verifications as a back-up when EVV fails. This fact appears to contract the reason for EVV.

Members of our Coalition are concerned about the effects of EVV on an already depleted in-home provider workforce. By insisting staff use a cumbersome system and potentially their personal cell phones, it will be even more difficult to recruit staff which will lead to a shortage of services. The alternative to in-home care will be institutionalization. According to a 2014-2015 Iowa Department on Aging report[2], Iowa currently leads the nation in institutionalizing seniors and individuals with disabilities due to a lack of available in-home service agencies. The report further states that, in turn, this lack of in-home services quote "forces older Iowan's to rely on institutional models of care." Forcing people to remain in institutions not only conflicts with the Supreme Court's Olmstead Decision, but is also against the objective of the recent CMS Settings Rules. Due to the administrative and financial burdens EVV places on in-home service agencies, many members are likely to stop receiving vital services

In conclusion, based on the statistics provided and challenges identified within Iowa's pilot projects, EVV will undoubtedly decrease choices for seniors and those with disabilities, especially in our rural areas. This fact will further perpetuate Iowa's national lead of institutionalizing its citizens.

Thank you for your time. For your convenience I am providing you a more detailed listing of our concerns along with proposed solutions (page 3 & 4 of this document).

Respectfully,

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EVV Concern	Olmstead Barrier to Member Services	Solution
1) MCOs are not required to collaborate and locate one EVV system that will work for all. MCOs state this was not a requirement of the RFP so each of them will utilize an EVV system of their choice.	Field staff will become frustrated when using more than one EVV system since they may visit multiple MCO clients during a day. Thus, staff must use multiple log-ins, passwords, phone numbers and phone applications. Frustrated and disgruntled employees will create higher turnover. In turn, members will have less reliability and availability of staff. In some regions where only one or two field staff exists, services will no longer be available for members.	The State has time to mandate MCOs utilize one EVV system. This new mandate can be added at any time to MCO requirements regardless of pilot projects. A team of members and in-home providers could be chosen to participate in round-table discussions with MCOs to locate an EVV provider and system that works for all interested parties. EVV should be placed on hold until all parties are content with the EVV system.
2) All service locations must be approved and loaded into the EVV system and approved by the MCO. This location approval process is currently taking weeks to be approved.	Members will not receive services in needed locations in a timely manner. Essential appointments will be missed if providers must hold services while correct locations are added by the MCO.	Allow providers to add locations to the EVV portal without any approval. MCOs can monitor the locations for appropriateness based on the service plan.
3) Authorizations must be loaded by MCO into EVV web portal prior to service provision.	Members will not receive service until providers see the authorization and member in the EVV web portal before services can begin. This loading issue will be a reoccurring matter since MCOs reauthorize members every 90 days.	Providers already receive authorizations through MCO websites. Furthermore, MCO billing processes currently do not allow providers to over bill State programs based on the members' authorized time. There is no need to add a duplicative authorization step within the EVV system and slow service provisions to members.
4) It is unclear if MCOs will require exact schedules be added to the EVV systems, but there have been discussions about this strict type of scheduling.	Fill-in, short term staff, and back-up staff will not be deployed to members' homes when regular staff are ill or suddenly quit since this type of staffing requires immediate scheduling.	Exact schedules are not needed since the purpose of EVV is to merely check in/out staff, not monitor schedules.
5) Manual entries are allowed in EVV and will occur regularly when field staff members cannot access, forget passwords, do not have access to internet	Field staff will not be paid accurately based on their understanding of the work hours if two systems are needed. Providers will need to delay field	EVV is not needed since the current member signature verification is required as a back-up to EVV. Two systems of time keeping cannot be utilized since

connection, or otherwise cannot gain access to the EVV portal when working. However, manual entries must be approved by MCOs. Providers must maintain duplicate systems for times in/out along with the EVV to "prove" the field staff are at the home when the EVV system does not work correctly.	staff payments until the MCO approves the manual entries. This will cause employees to quit, causing increased service gaps.	this would be in opposition to department of labor laws. MCOs must choose one type of time tracking and not require two forms of time tracking. Additionally, if two systems are allowed to run concurrently who pays for the time providers are entering their reports as well as the equipment and phone/data usage?
6) Statistically, only 50% of in-home field staff have smartphones[3]. In-home providers also consist of seniors who may have difficulty operating in the internet "cloud."	Staff will become frustrated or feel that they are not technologically qualified to perform EVV duties. This will lead to a further erosion of available in-home staff.	Allow an alternative form of time monitoring for those staff that are unable to grasp EVV technology and cloud based web portals. MCOs can provide incentives for those staff and agencies that do use EVV.
7) Many agencies have their own system of time tracking, which may link to their billing and scheduling software. The software and Mandated EVV systems may work well with	Added costs without reimbursement will continue to eliminate needed in-home agencies.	Allow agencies to choose their own EVV system and maintain the reports for review by MCOs.
8) EVV will require extensive training time, payment of cell phone usage, technology training, HIPPA technology compliance/monitoring reviews and substantially more administrative staff will be needed to train and actively monitor multiple EVV systems. Agencies already have tracking systems in place that link to billing and payroll. Multiple EVV systems will add considerable administrative costs.	Many agencies will not be able to incur these expenses without decreasing wages and staff, or rearranging current management rolls. Some agencies will be forced to focus on survival, rather than the main reason for the program, the member.	A GPS device should be purchased and placed in each member's home by the MCO or State. This would standardize the clock/in out procedure. If services are provided out of the home, the device can be taken out of the home by the member. If MCOs and the State cannot incur this expense, it should not be an unfunded mandate passed to providers.

Research References

[1]National Council on Aging
https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/

[2] 2014 – 2015 Iowa State Plan on Aging.
https://www.iowaaging.gov/sites/files/aging/documents/Iowa%20State%20Plan%20on%20Aging%20FFY2014-2015.pdf

[3] Pew Research Center survey conducted March 17th – July 12th, 2015
www.pewinternet.org/2015/10/29/the-demographics-of-device-ownership