

EVV Stakeholder Advisory Group Charter

Date: Created 2/14/20; Revised 3/23/20, 9/17/20

Overview

The Division of Medicaid expects to meet the requirements defined in Section 12006 of the 21st Century Cures Act, requiring states to implement an Electronic Visit Verification (EVV) system for personal care services (PCS) and home health services (HHS) provided in a participant's home. Idaho's failure to implement EVV will result in decreased federal matching dollars to the state, starting at 0.25% and increasing up to 1.0% over a four-year time span; with the 1.0% penalty assessed ongoing unless the state meets compliance. The EVV project launched to identify and execute the needed changes to meet regulatory compliance as well as the needs of Idaho Medicaid participants and provider partners.

Workgroup Purpose

The purpose of the stakeholder Advisory Group is to explore the impacts of implementing EVV, to both participants and providers, assisting the Division of Medicaid in meeting the federal requirements outlined in the 21st Century Cures Act.

Advisory Group Goals

Advisory Group goals include participating as a subgroup of the EVV project, working together with Division of Medicaid staff to determine best practices, and making recommendations to the state for policy development. Examples of these activities include:

- Establishing an implementation timeline
- Recommending operational processes
- Developing a guidance document for providers and participants, and
- Providing recommendations to the Department's EVV project team ensuring implementation of EVV is minimally burdensome to participants and providers.

The Advisory Group considers variations in agency size and locations and identifies recommendations that account for limited staff and fiscal resources; therefore, the group includes a variety of small and large agencies from all areas of the state. In addition to provider agencies, the workgroup includes advocates and participants to ensure impact to community members is considered while developing policy and operational recommendations. Incorporating feedback and perspective from individuals that will be directly impacted by EVV is critical. The workgroup is expected to stay within the scope and limitations of the EVV project as defined in the project plan including CMS federal rules and guidelines and the State's budget limitations and authority.

Recommendations developed will be specific to state identified topics and process needs, including:

- Identifying EVV system failure standards and alternatives
- Establishing an implementation timeline, including project milestones
- Exploring best practice recommendations for providers implementing EVV
- Exploring best practice recommendations for participants receiving services subject to EVV
- Updating a public-facing EVV best practice guidance documents for providers and participants

Roles & Responsibilities

Workgroup roles and responsibilities are defined based on the listed goals and EVV project needs. The Advisory Group’s facilitator leads the group to achieve the goals outlined. The following tables identify workgroup members and their roles and responsibilities:

Idaho Medicaid Staff		
Name	Role	Responsibility
Sarah Spaulding	Project Manager, Co-Facilitator	Co-facilitate communications, group meetings, meeting minutes and documentation. Ensure alignment with project goals and stakeholder engagement model.
Katie Davis	Co-facilitator, Medicaid Representative for BLTC	Co-facilitate group meetings and documentation. Support LTC policy and A&D Waiver as needed and provide knowledge and understanding of LTC operations.
Jennifer Pinkerton	Medicaid Representative for policy & rules, CMS rules and guidelines specific to LTC/A&D Waiver (including PCS & HCBS).	Represent Medicaid policy and A&D waiver, PCS, and LTC operations. Provide knowledge and understanding of LTC rules, requirements, limitations, history.
Susan Scheuerer	Medicaid Representative for Bureau of Medical Care and HHS guidelines	Represent Medicaid home health services. Provide insight and understanding of HHS operations, requirements and applicable services.

Personal Assistance Agency Representatives		
Name	Region	Responsibility
Debra Bailey	Northern Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Laurie Balo	Northern & Central Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
LeeAnn Campbell	Eastern Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Amber Davis	Eastern Hub	Represent personal care service agencies. Provide agency insight, community perspective, and

		limitations to the geographical area and agency resources.
Carlena Hjaltalin	Northern Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Karen McKinley	Northern Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Aaron Thain	Central Hub	Represent personal care service agencies. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.

Home Health Representatives		
Name	Region	Responsibility
Amanda Clark	Eastern Hub	Represent home health service providers. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Nichole Claiborn	Central Hub	Represent home health service providers. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Marcy Hayman	Northern Hub	Represent home health service providers. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Jenifer Massengale	Eastern Hub	Represent home health service providers. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.
Karen Young	Central Hub	Represent home health service providers. Provide agency insight, community perspective, and limitations to the geographical area and agency resources.

Advocacy & Participant Representatives		
Name	Role	Responsibility
Andy Cohen	Participant	Represent Medicaid participants. Provide community perspective, service documentation and training needs, speak to impact, concerns, etc.
Dana Gover	Advocate & Participant	Represent home care advocacy and Medicaid participants. Provide community and advocacy perspective, speak to impact, concerns, etc.

Shayla Kelsey	Center for Independent Living	Represent independent living philosophy, including participant choice and empowerment. Provide community perspective, resources and supports, speak to impact, concerns, etc.
Mel Leviton	Advocate	Represent home care advocacy specific to maintaining the integrity of in-home services delivered to participants, participant privacy, speak to impact, concerns, etc.
Denise Myler	Advocate & Participant	Represent home care advocacy and Medicaid participants. Provide community and advocacy perspective, speak to impact, concerns, etc.

Participation

Workgroup participants are expected to attend all meetings in-person or via teleconference. Workgroup participants listed in the tables above may opt to appoint one back-up representative to attend meetings in their place should they be unavailable. It is expected that the primary workgroup participant notifies the project team in advance (at least one business day when possible) if their back-up will attend a meeting in their place.

Length and Scope of Membership

The EVV project team invited members to the group based on the perceived need for provider input regarding EVV utilization, policy and operational development, and resource impacts. The members and officers are expected to serve for a period of 2/2020 to 12/2020 which is the time anticipated for planning, development, and implementation of EVV for applicable personal care and home health services.

Accountability

The Advisory Group operates under review by the EVV project team, and other applicable state staff and administrators, to ensure group members work according to the charter and accomplish the necessary project and organization goals.

Authority and Decision Making

The workgroup does not have decision making authority; however, the Division of Medicaid considers the work and recommendations of the Advisory Group while implementing EVV. The EVV project team expects that recommendations be delivered to the stakeholder group(s) and Medicaid Administration as outlined below:

1. The project team reviews Advisory Group recommendations and provides feedback;
2. Advisory Group reviews feedback from the project team and incorporates recommendations as appropriate;
3. The project team presents recommendations to the EVV stakeholder group (via email or stakeholder update presentation) and requests feedback;
4. EVV project sponsors review all recommendations and pertinent comments/concerns and make any executive decision necessary.

Meeting Schedules

The Advisory Group meets the first Thursday of each month from 10:30am-12:00pm Mountain Time. The EVV project team offers the option to attend in-person (Medicaid Central Office at 3232 Elder Street Boise, ID 83705) or via web conference. Meeting frequency may be modified to meet future project deadlines as needed.

The EVV project team sends a recurring calendar invite that includes web conference information to all workgroup participants listed in the tables above. This format assures that the project team provides the most current call-in and connection information as the meeting information automatically updates if the meeting is edited. If a workgroup participant is unavailable to attend the meeting and plans to send their back-up representative, the project team requires advanced notice (no less than one business day) to forward the meeting information.

Meeting Format

The general format for each meeting includes reviewing the status of action items from previous meetings, providing updated information that may impact the group, and addressing agenda items prepared by or brought to the group.

- The group Facilitator solicits agenda items and emails a meeting agenda out in advance of the meeting, if necessary.

Supports

The Division of Medicaid values the input of the EVV Advisory Group as a subgroup of the Electronic Visit Verification project. The EVV Project Manager and project team provide necessary supports to the Advisory Group.