EVV Concerns

Concerns around administrative time

* Time it will take to set up emails for DSPs
	+ Up front time to get emails to current employees
	+ Time during orientation to set up emails
	+ Has the ability to just use gmail or yahoo account.
		- If agency doesn’t want DSPs to use personal email then agencies will have to pay and maintain email for DSPs
		- Unfunded costs
* Time to train
	+ Up front time for current employees
	+ Additional time in an already long orientation on how to operate system
	+ Time to train administrative personnel on how to use portal and how to apply exception codes
	+ Unfunded costs
* Time to administer portal
	+ Exception codes for individuals who are not able to speak or write their name
	+ Adding and removing DSPs from account (increase as turnover increases
	+ Initial time to set up portal
	+ Need additional admin staff to manage back end of EVV
* Admin time connected to adding frequently visited locations for DSPs to clock in and out so an exception isn’t triggered
	+ Admin time connected to reviewing and approving these exclusions

Concerns around implementation

* Congregate settings
	+ Concerns about the length of time for DSPs to sign in/out on every device
		- Heightened concern if there are more than one staff that have to sign in/out on every devices
		- If there is only intermittent additional DSP support and one DSP logs out while another stays logged in- will this raise any red flags?
		- If log in takes longer than 15 minutes, does provider lose a billing unit?
	+ Concerns for 24 hour settings
		- Do DSP coming onto a new shift have to log in immediately after the first DSP logs out?
		- Additional admin time required to fix these if they don’t match up
* EVV equipment
	+ Concerns about phones not being sold, broken, or otherwise destroyed (flushed down toilet) by consumers
	+ Concerns about DSPs stealing phones
	+ If agencies want DSPs to download the app on their phone then how liable are they to pay for that employee’s use of cellular data
	+ Need 2 backup systems, one must be manual.
* Concerns about getting DODD software providers to be compatible with Sandata’s system
* ODM wants one database for all Medicaid waivers. Not appropriate for DD waivers as service population, settings, time receiving services differ from traditional home health, which is what EVV was designed for
* EVV as currently structured does not contemplate remote monitoring or providing services on behalf of someone

Other concerns

* If an individual cannot speak or sign their name they will not be able to confirm any visit. An exception code will always be triggered, despite any documentation in the ISP that they will not be able to confirm service delivery in these methods.
* How will remote monitoring be verified?
* How will on behalf of services be verified?

Considerations for Change

* ODM will allow “alternate” systems that meet the basic requirements when EVV “not appropriate”. We have very little time to come up with an alternative. Alternative systems need to interact with Sandata systems on a daily basis.
* “Group” visits are listed as one of 3 exceptions – not clear on what that means
* Carve out using existing provider systems?