

Home Health Care Services (HHCS) Survey

State: Rhode Island

Submitted on: 12/05/2023

Note: Questions that are indicated with an asterisk (*) have been modified from the previous submission.

Please select the answer that best applies to your State's current EVV implementation status for Authorities 1905(a)(7), 1915(c), 1915(i), and 1115 Demonstration for Home Health Care Services (HHCS). My State has implemented EVV for _____ authorities within my State specified in the 21st Century Cures Act.

All

Has your State submitted an Advance Planning Document (APD)?

Yes

Has the APD been approved?

Yes

Please indicate the approval date of the APD.

03/02/2023

Please indicate the CMS certification date of the EVV system.

07/27/2022

Is EVV implemented for Authority 1905(a)(7)?

Yes - My State has implemented EVV for this Authority.

Please indicate the implementation date for Authority 1905(a)(7).

01/01/2024

Please select your State's EVV model for Authority 1905(a)(7). Select more than one if necessary.

Open Vendor

Is EVV implemented for Authority 1915(c)?

Yes - My State has implemented EVV for this Authority.

Please indicate the implementation date for Authority 1915(c).

01/01/2024

Please select your State's anticipated EVV model for Authority 1915(c). Select more than one if necessary.

Open Vendor

Is EVV implemented for Authority 1915(i)?

Yes - My State has implemented EVV for this Authority.

Please indicate the implementation date for Authority 1915(i).

01/01/2024

Please select your State's EVV model for Authority 1915(i). Select more than one if necessary.

Open Vendor

Is EVV implemented for Authority 1115 Demonstration?

Yes - My State has implemented EVV for this Authority.

Please indicate the implementation date for Authority 1115 Demonstration.

01/01/2024

Please select your State's EVV model for Authority 1115 Demonstration. Select more than one if necessary.

Open Vendor

Is EVV implemented for another Authority that has not been listed? If yes, please indicate the implementation date.

No

Please provide a brief description of your State's EVV system.

The RI EOHHS EVV solution captures and verifies all six data elements submitted through a variety of methods including the mobile application, telephony, fixed visit verification and data from other platforms submitted through Alternate EVV third-party vendors. The system has search functionality by date range, client, employee, category and visit status and can store incomplete visits for retrieval, review and editing via the visit maintenance panel. The provider, employee, client, and visit data is stored in the Sandata aggregator and extracted nightly into a data warehouse file that is transmitted to the State's Medicaid Management Information System for data storage and reporting.

Pursuant to Section 12006(a)(2)(A)(i), of the 21st Century Cures Act, please describe how the state has ensured that its EVV system is minimally burdensome.

Description of how the state ensured that its EVV system is minimally burdensome. (2500 character limit)

The State of Rhode Island conducted several town hall meetings with the provider agencies. Based on those discussions, the State offered agencies the option to utilize either the state solution, or, for agencies that indicated they either had or wanted to procure their own third-party solution, agencies could use their own vendor.

The State solution offers multiple methods for submitting visit information. Mobile Visit Verification (MVV) is the primary method and Telephony Visit Verification (TVV) is the secondary method for submitting visit information. In situations where MVV and TVV are both unavailable, a Fixed Visit Verification (FVV) device is available that allows a caregiver to clock-in and clock out for a visit in instances when a client does not have a phone or is unwilling to allow the caregiver to use their phone, and the caregiver does not have the ability to download the mobile App. The process uses a small device that is requested by the provider agency, registered to a client and shipped to the client's home. The device remains in the client's home for use by all caregivers who provide care to that client.

Direct care providers received training on visit submission methods and our vendor now offers a training on demand video library to assist with training needs. We also host bi-monthly meetings with our Partnership for Home Care organization to continue to understand the concerns and issues our provider agencies may have.

***Pursuant to Section 12006(a)(2)(B) of the 21st Century Cures Act, please describe how your state took into account a stakeholder process that included input from beneficiaries, family caregivers, individuals who furnish home health care services, and other stakeholders when designing its EVV system. Please note that the statute does not require states that had a compliant EVV system in place prior to enactment of the 21st Century Cures Act to seek stakeholder input and they therefore will not be required to answer this question.**

Description of how the state took stakeholder process into account for EVV design. (2500 character limit)

The State of Rhode Island requested Stakeholder feedback throughout the design and implementation phases. We utilize multiple communication modalities such as email, snail mail, provider newsletter and as needed live meetings, to ensure that we were able to capture as much feedback as possible. Some of the feedback that we received was around maintaining an open model, tasks, and nursing evaluations, as well as codes not requiring a prior authorization. While developing the system, we worked through these issues and concerns and held reoccurring meetings/touchpoints quarterly with providers, with additional meetings as needed, to ensure that we were addressing the questions/concerns. We also worked with our consumer directed services agencies family caregivers and fiscal intermediaries, who had similar concerns over the expanded scope of the HHCS. The State held monthly meetings with the Partnership for Home Care and bi-weekly meetings with Managed Care Organizations. Using the feedback that was received during these sessions, the State, in conjunction with our vendor, set up various avenues for agencies and vendor to contact our state vendor for technical assistance as well as general questions on their implementation. We have three dedicated email addresses set up, one for the Closed State solution, one for providers who elected to use an Alt EVV solution, and a general EVV mailbox to address and log concerns or issues. Our vendor has also set up a chat functionality so that providers can be assisted real time. The state worked with our vendor, based on additional feedback, to develop on-demand training videos, which can be accessed at any time. Agencies also asked for reporting they can view to ensure, during the role out and subsequent months, they can review their progress toward compliance. Our vendor added additional reports in the aggregator system to allow agencies to view their visit conformance and caregiver performance.

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not limit home health care services provider selection. (2500 character limit)

The State is committed to the beneficiaries that the EVV implementation was almost seamless. Working with the agencies and our consumer directed services fiscal intermediaries, the state EVV worked to cause no disruption of services to beneficiaries. Beneficiaries have been able to keep their current providers and caregivers, provided they comply with the EVV requirement. An EVV system (State solution or third-party solution) does not change the services provided or the provider selection, limit the individual's choice of caregiver or change the way care is delivered. It was communicated that EVV will be a valuable tool in managing the accuracy and reporting of all in-home services for both personal care/home maker services, as well as Home Health Care Services. It is important that agencies and their caregivers understood that EVV does not impact the members care, change how often they receive care (based on their plan of care), change where they receive care or change the type of care they receive.

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not constrain beneficiaries' selection of a caregiver. (2500 character limit)

The State is committed to the beneficiaries that the EVV implementation was almost seamless. Working with the agencies and our consumer directed services fiscal intermediaries, the state EVV worked to cause no disruption of services to beneficiaries. Beneficiaries have been able to keep their current providers and caregivers, provided they comply with the EVV requirement. An EVV system (State solution or third-party solution) does not change the services provided or the provider selection, limit the individual's choice of caregiver or change the way care is delivered.

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not impede the manner in which care is delivered. (2500 character limit)

Recipients are approved for services based on their medical review. The approved authorization for services are then entered into our Community Supports Management system. Authorizations for services are brought

into the EVV system through a data feed, it is not done through the EVV system directly. The systems allow for manual updates to avoid rigid scheduling rules as self-directed services are known for accommodating last minute changes based on individuals' needs. The system allows providers to schedule their services between the provider and the individual. It accommodates services at multiple approved locations for each individual (e.g., another family members home they may be staying at.)

Pursuant to Section 12006(a)(2)(A)(iii) of the 21st Century Cures Act, please describe how the state has ensured that the EVV system is conducted in accordance with the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act).

Description of how the state ensured the EVV system is in accordance with HIPAA privacy and security law requirements. (2500 character limit)

Sandata has third party assessments of its overall security and privacy posture conducted annually. Sandata achieved HITRUST Certification in September of 2018 and had an interim assessment by HITRUST and its third party assessor in September 2019. Further, Sandata has annual penetration testing conducted by a third party assessor and includes the latest penetration assessment report as evidence.
