

Beyond Electronic Visit Verification (EVV): Implementing a fully integrated electronic documentation system as a part of the CMS EVV mandate.

Electronic Visit Verification (EVV) became law as part of the 21st Century CURES Act under Section 12006 of CMS regulations in 2017. The law required that all states implement a system by January 1, 2019. Initially, the president signed an executive order to extend the deadline to January 1, 2020. CMS then saw that states may still not be prepared and allowed for a “good faith effort exception” for implementation until 2021. The response from states to this request was overwhelming with 49 states requesting a six or twelve month extension to CMS for the implementation of Electronic Visit Verification. All requests have been approved as states work to identify the best system for EVV. As part of the implementation process, each state must choose one of five design models: Provider Choice, Managed Care Organization Choice, State Mandated External Vendor, State Mandated in-house system or, Open Vendor. States may also choose more than one of these models for implementation. Services that are included in EVV vary from state to state based upon their Medicaid waiver agreement with CMS. There is a great deal of flexibility given to the states to implement this requirement.

The potential benefits that CMS states for using EVV are to:

- Provide efficiency by eliminating the need for paper documents
- Strengthen quality assurance by validating delivery of service
- Reduce fraud
- Improve Support Services

Key Performance Indicators from CMS for states include:

- Association of EVV Record to Claim/Encounter
- EVV System Availability
- Privacy and Security

Although the requirements for EVV will be mandated for all providers of Personal Care Services and later for Home Health, EVV data alone does not provide complete documentation for services provided. Information about date, time and place does not describe how an individual’s needs are being addressed. Additional service notes, goal tracking and narrative notes are still needed for auditing and goal acquisition purposes. To truly record the quality of services sufficient service notes, case notes, progress notes, daily logs, and other record keeping protocols are needed in order to provide a much broader description of an individual’s progress.

The ability to capture both EVV data, as well as service documentation in the same system provides ease of use for direct support professionals. With the growing demand in all areas of our lives for online presence it is imperative that the caregiving workforce is provided an efficient tool. When using a unified electronic platform billing, oversight, and quality assurance activities are simplified and enhanced because there are no discrepancies between EVV information and other record-keeping activities.

Using Therap’s EVV module allows for the correction of errant information before it is ever submitted for claims or to a state aggregator. For example, if a staff member forgets to check-in/out when they arrive or

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leave an individual's home, they can leave a comment along with their entry so that a manager or administrator can edit the entry to show the correct time.

From its inception, Therap has been committed to providing state of the industry technology solutions. Therap's complete documentation system stores and organizes all information about an individual. It is accessible to all team members who need it, wherever they are, through their secure caseload based accounts.

Records include:

- An Individual Data Form with all necessary information about the individual
- Health records including electronic MAR's, medical and other appointments, and many other references for health tracking
- Person-Centered plans, goals and progress reviews
- Special Incident reporting records (GERs)

When using Therap, managers and administrators have real-time access to information that has been entered into the system in order to manage and track services that are being provided by their staff. Surprisingly, in our digital age, some providers continue to use paper records to compile notes. The ability to aggregate and summarize information from a paper record into a periodic review is extremely inefficient for purposes of both information acquisition and organization.

Key reasons for using Therap as the EVV solution are:

- Multiple check-in options including: Web, Mobile, Offline, IVR, Self Check-in
- Providing a complete electronic documentation system that houses all necessary records
- Allowing for efficient, real-time access to information for all involved support staff as well as administrators
- Providing an opportunity for staff to utilize one system versus multiple systems for efficiency and user familiarity
- Maintaining a secure, HIPAA compliant system for 2020 and beyond
- The Therap solution is used in all 50 states and scalability for use from large multi-state organizations as well as small local providers

Therap truly is a fully integrated electronic documentation system that offers many benefits in addition to meeting the CMS EVV mandate.