

Division of Developmental Disabilities

District 1: July 8, 2020

District 2: July 15, 2020

District 3: July 22, 2020

Service Coordination & Provider Meeting 3rd Quarter 2020

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Agenda

- Welcome
- Electronic Visit Verification (EVV) in Nebraska
- Incident Reporting / GER Guide
- Incident Investigation / Follow-up Guide
- DD Policy Manual
- Upcoming Amendments to DD Waivers
- Provider Bulletins
- State Transition Plan – Final Settings Rule
- The CARES Act
- Appendix K Payment Summary
- Open Discussion

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Electronic Visit Verification (EVV) for Medicaid Services

EVV Launch for Developmental Disability Providers

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Project Overview

- The Electronic Visit verification (EVV) project was result of a federal mandate requiring through the 21st Century CURES Act, signed into law December 13, 2016, State Medicaid Agencies have in place EVV solutions for certain services.
- The goal of the project is to implement an EVV solution so that all providers billing for services that include assistance with personal care are using EVV to record attendance to submit billing claims by the end of 2020.
- The purpose of this kick-off meeting is to introduce the Therap EVV module

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Project Background

To fulfill the federal requirement, an EVV system must record the following information:

- Date of service
- Location of service
- Time the service begins and ends
- Identity of the person providing the service
- Identity of the person receiving the service
- Type of service provided

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What is EVV?

EVV is a process that uses electronic technology to verify visits:

- **Accurately verifies visit activity** and services delivered that include providing assistance with personal care and home health care;
- **Provides transparency** via real-time data to improve health outcomes, operational efficiencies and program integrity;
- **Improves communications** between provider agency coordinators and providers in the community who are delivering services to participants;
- **Reduces Medicaid fraud, waste, and abuse**; and
- **Improves claims processing and provider payments.**

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Benefits of EVV

Participants

- Better health outcomes
- Better assurance of receiving services
- Ownership of care
- Flexibility for appointments and services

Providers

- Paperless billing
- Better insight into agency provider activity
- HIPAA compliant messaging
- Centralize authorizations
- Billing automation
- Faster payment

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Therap: An EVV Option for DD Providers

- Therap EVV module will be an option for DD providers providing services subject to EVV:

| HCBS Developmental Disabilities Waivers Services (CDD and DDAD) | | |
|---|--------------|------------------------|
| Service | Service Code | Provider Type |
| Independent Living | 2639 | Agency and Independent |
| Supported Family Living | 7494 | Agency and Independent |
| Medical In-Home Habilitation | 9220 | Agency |
| Behavioral In-Home Habilitation | 1796 | Agency |
| Respite | 2656 | Agency |
| Respite (In-Home) | 8148 | Independent |
| Homemaker | 9393 | Independent |
| Homemaker | 9769 | Agency |

- The Therap EVV module is being offered to DD providers at no cost.
- Visit information will be sent from Therap to Tellus.
- Claims submission will still occur in the Tellus application.
- DD providers who chose to use the Tellus solution will need to notify DHHS-DD at DHHS.DDProviderRelations@nebraska.gov so the EVV module in Therap can be disabled.

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Nebraska EVV for DD Providers

Justin Brockie

July 2020

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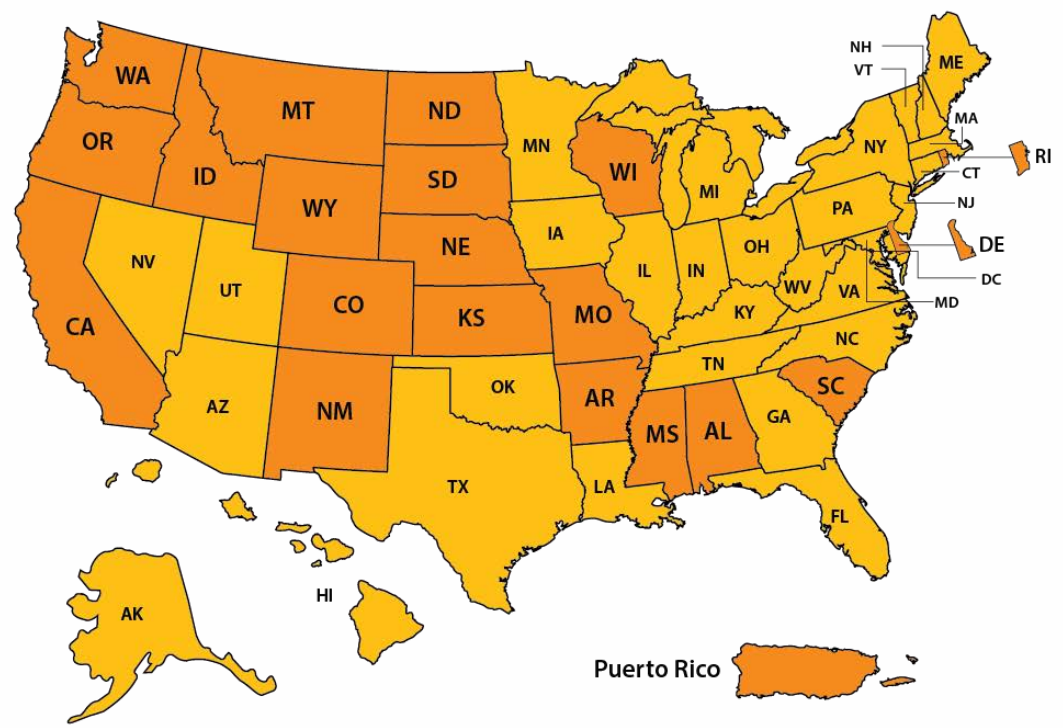
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State Contracts

Therap[®] State Team



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Users in all 50 states and contracts with 20 states
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MPSC1001 Last update: 04/20



Electronic Visit Verification

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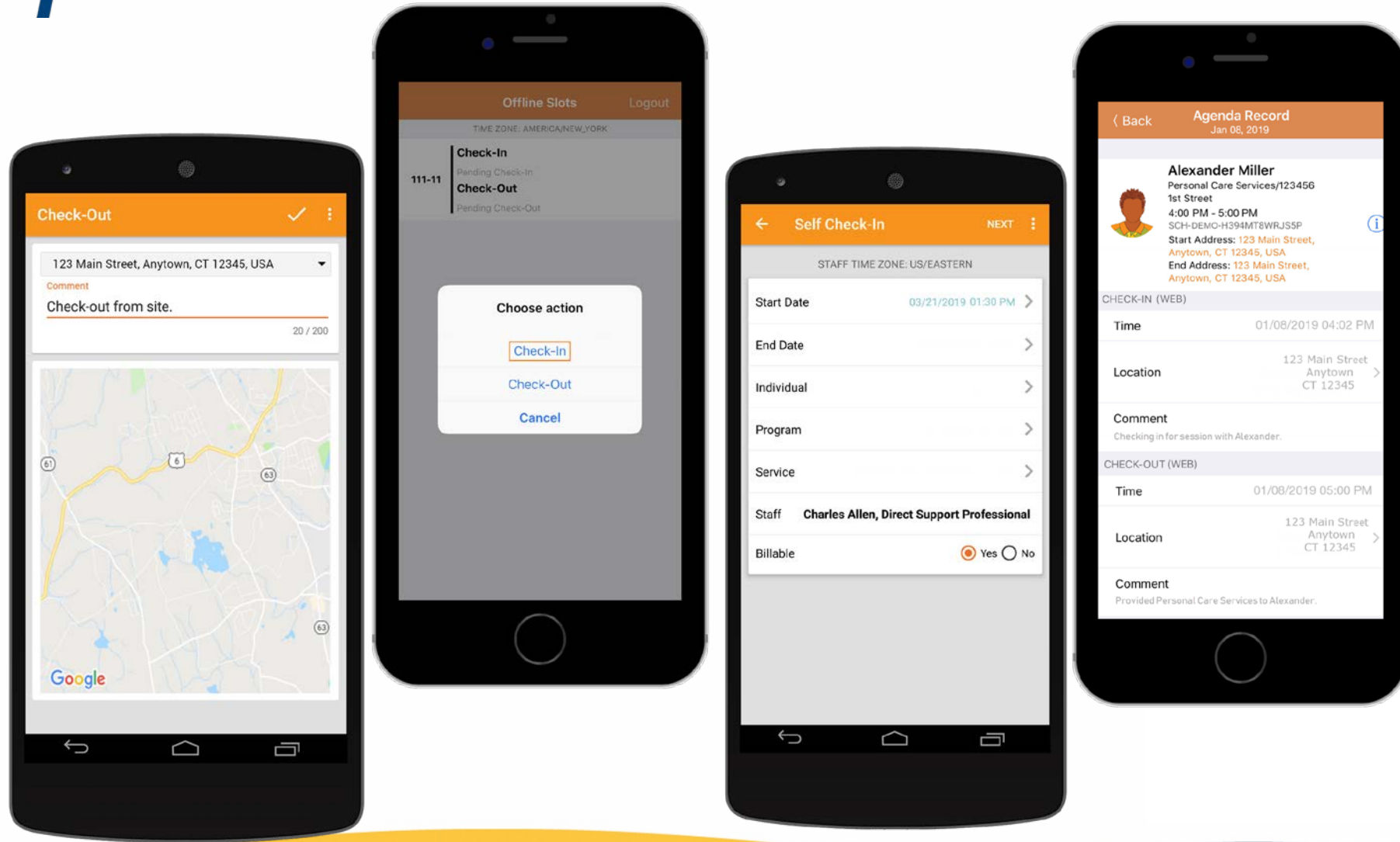
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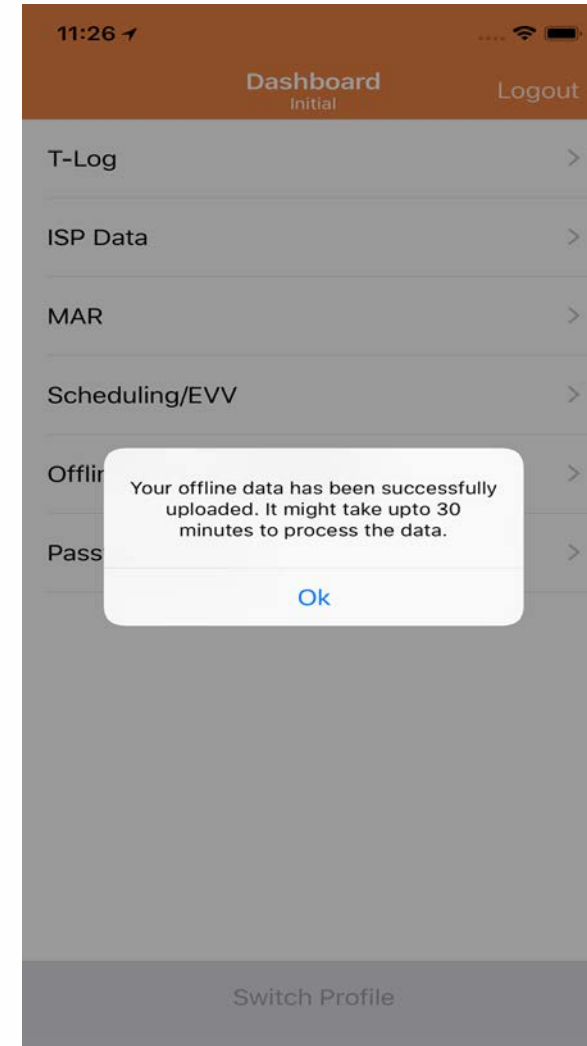
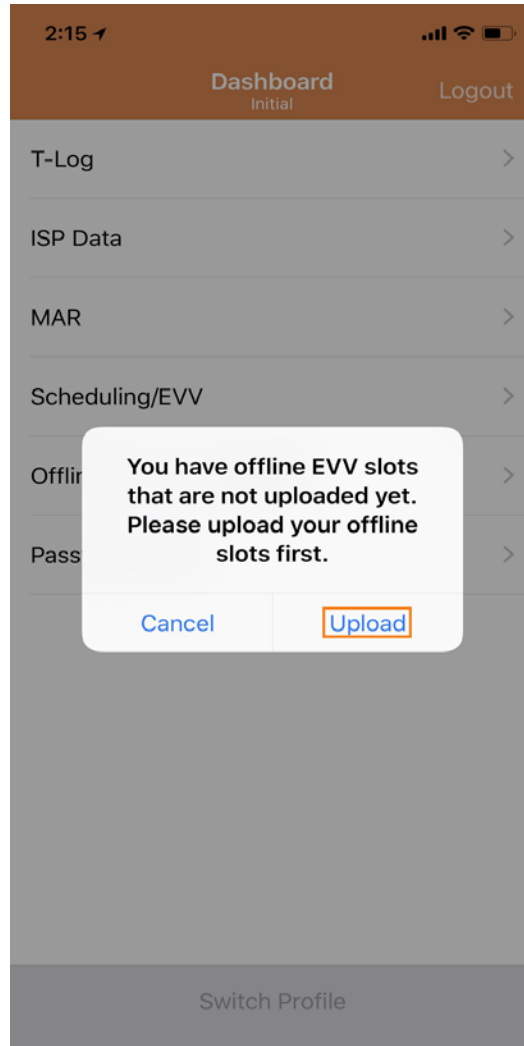
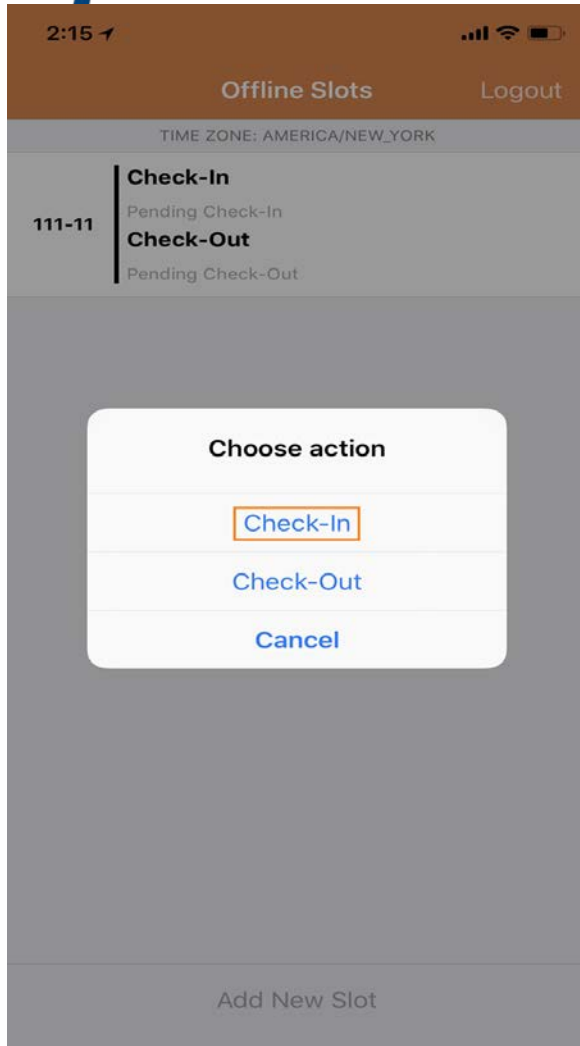


Primary Data Collection Method: GPS via Mobile App



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Secondary Data Collection Method: Offline



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Schedule Slot Approved ⓘ

Staff Mia Cole, Behavior Therapist

Update Check-In 04/22/2020 09:03 AM

Update Check-Out 04/22/2020 10:08 AM

*** Exception Code** - Please Select -

Description

- Please Select -
- Individual / Guardian Declined Verification
- Individual is Displaced
- Individual Unavailable
- Mobile Device Issue
- Other
- Service Outside the Home
- Staff Error
- Staff Forgot to Check-In / Check-Out
- Telephony Issue

Form ID : SCH-DEMO-J6V4N58Z7YVKY

Time Zone : US/Eastern

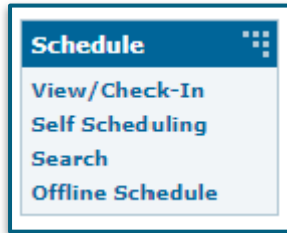
Entered By : Mia Cole, Behavior Therapist on 04/27/2020 10:42 AM

Last Updated By : Mia Cole, Behavior Therapist on 04/27/2020 10:44 AM

Approved By : Mia Cole, Behavior Therapist on 04/27/2020 10:42 AM

Slot ID : 137-266-5

Self Checked-In : Yes



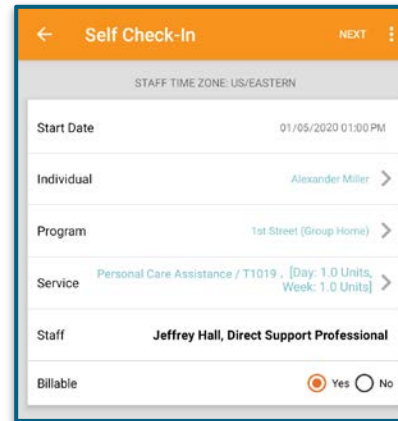
- Pre-Schedule:



- Self-Schedule:



- Self Check-in:





Demonstration

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Implementation, Training & Support

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Implementation Process

- Phase I: Q2&3
 - Practice
 - Use scheduling in your regular account, based on current (attendance-based) Service Auths
 - No Billing
- Phase II: Q4&1
 - New Service Auths will come from DHHS-DD
 - Billing will be based on EVV data for EVV Services
 - Interfaced with Tellus for claims
 - Attendance billing still available for other services

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Implementation, Training & Support

| Scheduling/EVV | | | |
|----------------|----------|---|----------------------|
| Therap | | Disclaimer: The sample below is only a sample. It is merely a guide as to how implementation is conducted. Each provider should exercise independent judgment when developing timelines and consider their own unique operations and circumstances. | |
| | | | Tasks Completed: 0/9 |
| X | Due Date | Task | Timeline |
| | | Training for Those Setting Up The Module | Week 1 |
| | | Identify Team Responsibilities <ul style="list-style-type: none"> Provider Admins Billing/Accounting Staff Schedulers Front line staff | Week 2 |
| | | Identify Equipment Needs <ul style="list-style-type: none"> Device/equipment needs - mobile devices with geolocation capabilities if using the EVV component; download Therap app to mobile devices May use laptop/desktop/other devices if not using the EVV/geolocation component | Week 2 |
| | | Develop Policies and Procedures <ul style="list-style-type: none"> Review state requirements on how EVV data is going to be provided What services will have schedules created by a scheduler vs staff using self-check-in? Will web check in be permitted? (This is a global setting, so policies might be developed for different services for whether they should use it) What will be the daily/weekly hour work limits? Whether to require strict address validation for check-in? How will authorized units per period be used in the service authorizations? Process for reviewing/editing check-in/out times How to deal with open shifts Expectations for when to check in. What is the expectation/process if checking in or out late? (What to include in your comment, contacting the scheduler, etc.) How to handle overnight shifts | Week 4 |
| | | Contingency Planning <ul style="list-style-type: none"> Alternative check-in methods: Offline check-in, IVR/Interactive Voice Response (check-in via phone) Process for contacting scheduler if these options are not available | Week 4 |
| | | Develop Timeline/Training Process <ul style="list-style-type: none"> Select your go live date Choose training options: onsite, train the trainer, recorded webinars/videos, Training Academy (if applicable), ongoing training after go live | Week 4 |
| | | Complete Action Steps <ul style="list-style-type: none"> Assign appropriate super roles prior to training Create service description codes Create service authorizations Configure provider and manage staff Create individual and/or program based slots (for services that are not self check-in-able) | Week 6 |
| | | Training and Go Live <ul style="list-style-type: none"> Notify staff of go live date/transition Identify and Train staff on check in/out procedures | Week 7 |
| | | Reporting and Auditing <ul style="list-style-type: none"> Identify QA team Report library reports (Weekly Staff Report, Slot Report) Audit scheduling data against other types of data (ISP Data, billing) Staff follow up and retraining as needed | Week 8 |

Training Academy

Self-Paced, On-Demand Training Courses

Free Courses Related to Therap's Electronic Documentation Software for I/DD Providers

[Find a Course to Start Learning Now](#)

Tutorial on Logging into the Training Academy:

This Video will give a summary of all the things that you need to do for logging into your Therap Training Academy.

[View Tutorial](#)

Therap Detailed Implementation Plan

Agency: _____ Date: _____
 Therap Expert: _____ Start Date: _____
 Agency PA's: _____

Phase 1: Days 0 - 60
 ID's, T-Logs, SCOMM, GER, and Health Tracking

| Module Name | Module Elements | Implementation Plan Checklist to demonstrate measurable movement along the Therap Implementation Plan. Delay in milestones will result in delay in moving to the next module. | Timeframe | | | | | | | | |
|----------------------|--|---|-----------|-----------|-------|----------------------------------|-------|----------------------------------|-------|------------------------------------|-------------|
| Individual Data (ID) | <ul style="list-style-type: none"> Main starting point and data transfers to other modules. Demographic face page Essential support guideline Date of birth Residential address Admission to agency ID number Social security, Medicaid, Medicare numbers, insurance Individual photos Family emergency contacts | Data will be entered manually or imported via excel. <table border="1"> <thead> <tr> <th>Date</th> <th>Milestone</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Week 2 checkpoint shows progress</td> </tr> <tr> <td>_____</td> <td>30 day checkpoint shows progress</td> </tr> <tr> <td>_____</td> <td>60 day checkpoint shows completion</td> </tr> </tbody> </table> | Date | Milestone | _____ | Week 2 checkpoint shows progress | _____ | 30 day checkpoint shows progress | _____ | 60 day checkpoint shows completion | Days 0 - 60 |
| Date | Milestone | | | | | | | | | | |
| _____ | Week 2 checkpoint shows progress | | | | | | | | | | |
| _____ | 30 day checkpoint shows progress | | | | | | | | | | |
| _____ | 60 day checkpoint shows completion | | | | | | | | | | |

Phase 1: Days 0 - 60 (continued)
 ID's, T-Logs, SCOMM, GER, and Health Tracking

| Module Name | Module Elements | Implementation Plan Checklist to demonstrate measurable movement along the Therap Implementation Plan. Delay in milestones will result in delay in moving to the next module. | Timeframe | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|---|-----------|-----------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------|-------------------------------------|-------------|
| T-Logs | To write individual specific, health, nursing, behavior, or summary notes related to an individual or facility/shift-to-shift log. | <table border="1"> <thead> <tr> <th>Date</th> <th>Milestone</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Week 1 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 2 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 3 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 4 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 5 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 6 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 7 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 8 checkpoint shows daily usage</td></tr> </tbody> </table> | Date | Milestone | _____ | Week 1 checkpoint shows daily usage | _____ | Week 2 checkpoint shows daily usage | _____ | Week 3 checkpoint shows daily usage | _____ | Week 4 checkpoint shows daily usage | _____ | Week 5 checkpoint shows daily usage | _____ | Week 6 checkpoint shows daily usage | _____ | Week 7 checkpoint shows daily usage | _____ | Week 8 checkpoint shows daily usage | Days 0 - 60 |
| Date | Milestone | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 1 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 2 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 3 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 4 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 5 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 6 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 7 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| _____ | Week 8 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |
| SCOMM (Secure Communications) | Send secure internal messages/mail within the agency account to another user. Create internal user groups to send messages/mail. | <table border="1"> <thead> <tr> <th>Date</th> <th>Milestone</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Week 1 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 2 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 3 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 4 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 5 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 6 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 7 checkpoint shows daily usage</td></tr> <tr><td>_____</td><td>Week 8 checkpoint shows daily usage</td></tr> </tbody> </table> | Date | Milestone | _____ | Week 1 checkpoint shows daily usage | _____ | Week 2 checkpoint shows daily usage | _____ | Week 3 checkpoint shows daily usage | _____ | Week 4 checkpoint shows daily usage | _____ | Week 5 checkpoint shows daily usage | _____ | Week 6 checkpoint shows daily usage | _____ | Week 7 checkpoint shows daily usage | _____ | Week 8 checkpoint shows daily usage | Days 0 - 60 |
| Date | Milestone | | | | | | | | | | | | | | | | | | | | |
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| _____ | Week 8 checkpoint shows daily usage | | | | | | | | | | | | | | | | | | | | |



Therap Help and Support

Support Home States Training Troubleshooting Events Programs Request for Demo Login

Search for all support materials
Detailed searches get better results, indicate state name for state specific results.
Do not use protected health information in search.

Search...


[Advanced Search](#)

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Self-Paced, On-Demand Training Courses

Free Courses Related to Therap's Electronic Documentation Software for IDD Providers

[Find a Course to Start Learning Now](#)

Tutorial on Logging into the Training Academy:



This Video will give a summary of all the things that you need to do for logging into your Therap Training Academy.

[View Tutorial](#)

Enrollment in Therap Training Academy is included for Therap Users

Already have a Training Academy account?

[Login to Training Academy](#)

(If you don't have an account just click on any of the courses down below to get started.)

Do you want to invite staff to courses and track their progress?

Send your request here

[Training Manager Account Request](#)

Benefits

- On demand training from Therap instructors
- All courses are free
- Quizzes to test competency and retention
- Earn certificates upon completion

A Variety of Courses to Choose from

- Beginning/Advanced Courses
- Courses in Spanish
- Excel Training
- Provider Administration Training
- Electronic Health Record
- Person Centered Documentation and more

Training Managers

- Verify staff are knowledgeable in competency area
- New courses on how to master the modules you already use
- Invite staff to just the courses they need to take

Courses Include

Health Tracking: Height and Weight

Health Tracking: Height and Weight *Interactive*

Health Tracking: Blood Glucose

Health Tracking: Blood Glucose *Interactive*

[View All Courses](#)

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Q & A / EVV Wrap-up

Questions:

DHHS.DDProviderRelations@nebraska.gov

<http://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

[21st Century Cures Act](#)

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Incident Reporting/GER Guide

- The updated Incident Reporting GER Guide is on track for the planned implementation in August 2020.
- The instructions in this guide are for **all providers of developmental disabilities waiver services** (both agency and independent) unless otherwise stated.
- The GER guide:
 - Outlines who is responsible for reporting incidents and timelines for required reporting;
 - Defines reportable incidents; and
 - Describes how incident information should be entered in Therap.
- The Supplemental COVID-19 guide was added to GER guide and stand-alone COVID-19 guide will be removed.

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Incident Reporting/GER Guide

- The guide only covers incidents that must be reported to the Division of Developmental Disabilities (DHHS-DD) in Therap via a General Event Report (GER) with **high** notification level. Providers may choose to document other incidents in low/medium notification level GERs, but instructions for doing so are not in the new guide.
- The guide outlines DHHS-DD expectations for submission of GERs, but does not give instructions for access and use of the GER module in Therap.
- Therap user guides and training courses are available on the [Therap Help and Support site](#).
- DHHS-DD will provide training opportunities for providers and service coordination prior to implementation.
- Tentative WebEx training for GER Guide: weeks of July 20 & 27.

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Incident Investigation and Follow-up Guide

- The Incident Investigation Guide is planned for implementation shortly after the implementation of GER guide.
- The instructions in this guide are only for **certified agency providers**.
- This guide outlines requirements for investigation of reportable incidents including:
 - When investigation must be completed;
 - Timelines for completing investigation;
 - What the investigation must include; and
 - How the investigation is documented and submitted to DHHS-DD.

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Incident Investigation and Follow-up Guide

- Each investigation includes:
 - Review of the initial incident report (GER – General Event Report), the participant’s ISP, and other available information;
 - Assessment of whether supports and services were being provided as required immediately before, during, and after the incident, and
 - Determination of any action needed to ensure the safety of the participant and reduce the frequency and severity of reportable incidents over time.
- DHHS-DD will provide training opportunities for providers and service coordination prior to implementation.
- Tentative WebEx training for Investigation Guide: July 29, 30, and 31.

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DD Policy Manual

- The planned publication and implementation is August 2020.
- There will be presentations via WebEx for stakeholder groups. – TBD
- When changes are needed, a draft of the updated policy manual will be posted, with revisions clearly marked.
- The DD advisory group will seek input and feedback from stakeholders and recommend revisions to DHHS-DD.

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Policy Manual Purpose

- The policy manual outlines the requirements and procedures for Medicaid Home and Community-Based (HCBS) Developmental Disabilities (DD) Waiver services.
- The manual contains no new requirements, but rather arranges the current requirements and procedures into a comprehensive single document.
- The manual will replace some publications currently posted on the DHHS-DD public website.

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Authority of DD Policy Manual

The DD policy manual is a supplement to:

- Federal law, including 1915(c) of the Social Security Act;
- The Code of Federal Regulations (CFR), Title 42;
- The Medicaid HCBS DD Waiver applications approved by the Centers for Medicare and Medicaid (CMS);
- Nebraska Revised State Statutes (Neb. Rev. Stat. §); and
- The Nebraska Administrative Code (NAC) of Regulations.

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DD Policy Manual Intended Audience

- A person with a developmental disability, a family member, a guardian, or an advocate: The policy manual helps understand the system. It provides specific definitions and outlines processes. It supports people to navigate Medicaid HCBS DD Waiver services.
- DHHS-DD Service Coordinator: The policy manual helps effectively facilitate person-centered planning and services, provide resources and referral information, and monitor the delivery of Medicaid HCBS DD Waiver services.
- DD services provider: The policy manual helps deliver quality habilitative services and supports, and helps ensure the health and safety of those served. All providers of DD services must comply with this manual.

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DD Policy Manual Content

- The policy manual has nine chapters and three appendices.
- The chapters cover:
 - Introduction
 - Eligibility, Wait List, and Entry into Services
 - Participant Rights and Rights Restrictions
 - Service Coordination
 - Individual Support Planning and Implementation
 - Self-Direction
 - Provider Requirements
 - DD Waiver Service Definitions
 - Partnership with VR
- The appendices include Acronyms and Abbreviations, a Glossary, and Contacts and Resources.

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Upcoming Amendments to DD Waivers

- Plan is to submit amendments to CMS in December 2020 for March 2021 implementation.
- Add new service definitions for Adult Day Habilitation (0394 and 4154), Child Day Habilitation (4154), Hospital Support (4154), and Therapeutic Residential Habilitation (4154).
- Remove Adult Day, Habilitative Community Inclusion, and Habilitative Workshop (0394 and 4154)
- Add clarification to Continuous Home, Host Home, and Shared Living (4154).
- Add unlicensed, non-certified independent agency provider type to Respite and Supported Family Living (0394 and 4154).
- Remove inaccuracies in Prevocational and Supported Employment – Individual (0394 and 4154).
- Add additional limitations to Behavioral In-Home Habilitation and Medical In-Home Habilitation (0394 and 4154).
- Remove partial daily rate for Residential Habilitation (4154) and Respite (0394 and 4154).
- Add additional limitation to Transportation (4154).
- Researching virtual support.

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Provider Bulletins

DHHS-DD has recently published new bulletins and updating others.

- Updated Provider Bulletins:
 - PB 19-05: DD Services Fee Schedule - Updated 06/05/20
 - PB 19-02: Guardians Employed by Medicaid HCBS DD Agency Service Providers - Updated 06/15/20
- New Provider Bulletins:
 - PB 20-05: 2019 Novel Coronavirus (COVID-19) Reporting Requirements - Issued 5/21/20
 - PB 20-04: Notification and Assessment Requirements for New HCBS Sites - Issued 4/13/20

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State Transition Plan – Final Settings Rule

- DHHS-DD is currently working on updating the “final” version of the State Transition Plan (STP) to be resubmitted to CMS.
- DHHS-DD is waiting on direction from CMS regarding the necessity of a public comment period for this iteration of the STP.
- Provider Bulletin 20-04 was written to support the STP, as we are required to assure all new settings are compliant prior to beginning HCBS Services in the setting.
- Monitoring of previously assessed settings will restart later this year.
 - Because monitoring will be done in-person, it is not clear when it will begin due to COVID-19 concerns.
 - Agencies will be notified once a timeline is determined.

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Final Settings Rule Self-Assessments

The project to self-assess all currently-operating settings, which did not have an assessment previously, began June 8 and will go through the end of the year.

- Each agency provider was given a settings list and a specific timeframe in which to submit self-assessments via a specific Survey Monkey link.
- Reminder emails will go to agency providers the week before their assigned timeframe is to start.
- When timeframe ends, DHHS-DD will review assessments and respond within 20 business days of receipt of all assessments.
- Do not submit assessments prior to your timeframe. DHHS-DD cannot guarantee a timely response if submitted before the assigned timeframe.

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The CARES Act

CARES stands for the **C**oronavirus **A**id, **R**elief, and **E**conomic **S**ecurity Act.

- It became public law March 27, 2020.
- It is a \$2 trillion economic stimulus package which includes provisions regarding:
 - Healthcare;
 - Relief to businesses and organizations;
 - Relief to individuals;
 - Defense contractors; and
 - Mail delivery.

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The CARES Act – Impact

- Waiver funds may be utilized for the provision of care/services in an acute care hospital for waiver participants as long as:
 - The care/services are identified in the participant’s plan of care;
 - The services are intended to meet needs not met through the provision of hospital services;
 - Not a substitute for services the hospital is obligated to provide; and
 - The purpose must be to ensure smooth transitions between acute care settings and HCBS settings.
- **NEW** – CARES Act Provider Relief Fund:
 - An additional \$15 billion has been allocated for Medicaid and CHIP providers.
 - Nebraska Medicaid Provider Bulletin 20-20 addresses the availability of these additional funds. This bulletin can be found online at:
<http://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2020-20.pdf>

Appendix K Payment Summary

Appendix K expenditures as of June 27, 2020:

| Appendix K Provision | TOTAL |
|--|-------------------|
| Retainer Payments | 2,060,443 |
| Rate Increase Payments | 11,796,329 |
| <i>Alternative Setting</i> | 1,836,713 |
| <i>Remote Delivery</i> | 17,684 |
| <i>Rate Increase Only</i> | 4,686,501 |
| <i>Retroactive Rate Increase Payments*</i> | 5,255,431 |
| TOTAL | 13,856,772 |
| <i>Agency Providers</i> | 13,324,918 |
| <i>Independent Providers</i> | 531,854 |

*Payments made for services already billed (provided 3/6/20 to 4/15/20).

** Includes additional FMAP during emergency declaration.

Important Reminder:

- In August 2020 DHHS-DD will complete a final review of paid claims eligible for rate increase for dates of service 3/6/2020 to 4/15/2020.
- To be considered this payment, all claims must be submitted for billing by 7/25/2020.

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