Jenn DeBoer: Good evening, good evening, everyone. First, I'd like to thank everyone for taking time out of your schedule to join us in the electronic visit verification stakeholder meeting. Ordinarily, this would have been an in person meeting, so that we could have a face-to-face interaction with all of you. However, in these extraordinary times, we are meeting virtually and I cannot thank all of you for accepting this invitation. I want to first introduce the EVV Nebraska Project team. The project manager, is Vince Rea. Vince, please say hello to everyone.

Vince Rea: Good evening everyone, I'm so glad that you could join our presentation this evening.

Jenn DeBoer: Thank you, Vince. The Vender Manager and the Personal Assistance Services Specialists working with the .project is Debbie Flower. Debbie, please say hello.

Debbie Flower: Hello, and thank you for attending tonight.

Jenn DeBoer: Thank you. Diane Twehouse is the State of Nebraska's EVV Certification lead and she will be working with our EVV vendor to ensure that the State Achieves CMS certification of the EVV solution. Diane, please say hello.

Diane Twehouse: Good evening, everyone.

Jenn DeBoer: Thank you, Diane. Hi, my name is Jenn DeBoer, and I am the communications lead for the EVV Project. It's a pleasure to be here with everyone. Finally, I wanted to introduce you to the project sponsor, Karen Heng. Karen is our Deputy Director of Eligibility Operations at the Department of Health and Human Services, and Division of Children and Family Services. She comes to the project with impressive experience of 33 years with the state of Nebraska. Karen, would you like to speak to our stakeholders, and please help kick off this evening's meeting?

Karen Heng: Good evening. It's a pleasure to be with you tonight. I'm very excited that we get to start talking about electronic visit verification. We've been working on this project for the last year and a half in Nebraska, and we're getting closer to being able to roll it out late this fall. So, we have a lot of great details to share with you tonight, to learn about the tool. We have selected Tellus to be our vendor, and they are with us tonight, and they will talk a little bit about, show you the tool and show how it works and how you do time and attendance.

This project takes collaboration and partnership amongst us at the state. Tellus and you the stakeholders and providers who work with our Nebraska's Program recipients. Some of the highlights of electronic visit verification for our beneficiaries are: it will hopefully lead to more ownership of your care because you'll be able to look at dashboards and sign when your work is completed.

You also will get could lead to better health outcomes so that you can be as well as you possibly can. For providers, this tool is, allows billing automation, which moves us away from the paper, which, in turn, allows the payments to be processed quicker and the money into the provider's

hand at a quicker time than before. So, please, listen to the team tonight and we're open to any questions since they may come up. Thank you.

Jenn DeBoer: Thank you, Karen. Lisa, next slide. Thank you. Before we start, I also want to introduce our panelist, an ADB subject Matter Experts. My DHHS colleagues, Heather Leschinsky. Heather, say hello, please.

Heather Leschinsky: Good evening and thank you for joining us.

Jenn DeBoer: Thank you Heather. Karen Houseman. Karen?

Karen Houseman: Hi everyone.

Jenn DeBoer: Thank you, Karen. Sarah Henrichs. I think Sarah is not here, but we will wait later on. During the panelists, questions and answers, she will be there, Joe Schnur, Tellus Senior Account Manager. Joe?

Joe Schnur: Hi everybody. Look forward to working with you.

Jenn DeBoer: Thank you, Joe. Lisa Turner, Senior Trainer, from Tellus.

Lisa Turner: Hello, everyone, and welcome.

Jenn DeBoer: Kristy Pyles, Tellus Account Manager. Kristy, say hello.

Kristy Pyles: Hello, everyone.

Jenn DeBoer: During the Q and A session, there will provide responses to questions you post. As a reminder to everyone, DHHS seeks your partnership, contributions, critique, and feedback regarding the EVV implementation. At the end of our presentation, we have allotted 30 minutes for questions and answers. We will try to respond to everyone's questions, but if we do not know the answer to your question, we will take it back to the larger DHHS team. And once we have the answer, we will either contact or e-mail you with our response.

Some of your questions, and our responses, will even be compiled into an FAQ to be shared with everyone. We will mute everyone for now. And if you have questions, please type them in the chat box, reserve your questions until our Q and A session begins. Without further delay, let's begin the Nebraska EVV presentation. Next slide, please. The agenda for this evening is as follows. Introduction of the EVV Project Team, which you have now been acquainted with the 21st Century Cures Act, the mandate of which all states must adhere to as it relates to the EVV implementation. Overview of EVV, this is to give you a high level introduction to EVV and what EVV is about and its benefits to both the providers and participants. Nebraska, DHHS, EVV Program Overview, this slide is to show you the type of services that will utilize EVV Solution.

Introduction to Tellus, Nebraska's selected, EVV vendor, and demo of Tellus Mobile Application. I want to preface there are two phases to the EVV project. The first phase is an implementation of the EVV System that rolls out the mobile application for the Nebraska Personal Assistance Services and the Aged and Disabled Waiver program. We're currently implementing the first phase of the EVV Project, and the implementation must be completed prior to January1, 2021. Next slide, please.

We take you to the 21st Century Cures Act. A section of this bill requires every state to use an EVV system, which is provided by Medicaid, for the personal care services, and home health services. Because Nebraska receives a good faith effort exemption from CMS, we're given extra time to implement the Personal Care Assistance Services slated to complete and fully implemented by January first of 2021.

Next slide please. An EVV system must meet the following Federal regulations. First, date of service, location of service, time the service begins, and ends or some of you may be familiar with the phrase, clock in and clock out. Identity of the person providing the service, identity of the person receiving the service, and the type of service provided. Next slide, please. So, what is electronic visit verification and why EVV? It's the modernization of services delivered by our providers and capturing the services rendered to our participants.

It accurately verifies activities, provides transparencies, improves communications from all parties within the personal care service community and most importantly, claims processing is more accurate payments to our providers are faster. Next slide, please. Many will ask: Are there benefits to our providers and participants? Well, participants will not only have autonomy over their own care. You have better assurance of receiving Medicaid approved services as for our providers.

No more paper claims, and you get paid faster. Next slide, please. By now, we hope that you have read the EVV Announcement Letter. These, as you can see on the screen, are the identified services mandatory for EVV. There are a lot of information on this slide. We will post the slide deck to the AVP webpage for you to download. So next, I want to introduce you to Nebraska's selected EVV vendor, Tellus. Kristy, take it away!

Kristy Pyles: Thanks, Jenn. My name's Kristy, and I am the account manager for Tellus on the Nebraska implementation. As you may have heard me speak earlier, I am here to help introduce you to our system and some of our team members. Next slide, please. So as you may have heard earlier, we have Joe Schnur on the call, who is our senior account manager. We also have Lisa Turner, who is our Senior Trainer. And then you have me. We are the Tellus Nebraska team here to help implement EVV in Nebraska. Next slide, please.

So, I want to tell you a little bit about Tellus as a company. We started working with provider agencies several years ago, so we could implement EVV at their scale. Because we did that, we got to know our providers on a very person to person basis. We got to see what's needed, what your workflows look like, and how to best serve you as you serve those out in the community. So, we pride ourselves on making sure that we stick to our roots and understand

what our providers need, so that we can offer a reliable and consistent and easy to use system. And we appreciate our providers input to help us stay there with our roots.

We've also expanded, and we are now working with state Medicaid agencies in several states and many large scale managed care organizations. So, even though we are growing as a company, we still, like I said earlier, like to stick to our roots so we can make sure the providers have ease of use and quicker payments. Next slide, please. So, a little bit about our Provider Portal, This is for providers and provider agencies. You have the same functionality, with the exception of a couple of different areas that I'll explain. So, first, let's look at the real-time dashboard.

You can go in here and manage your visits, manage your scheduling, you can manage your claim submissions, you can manage your participants, so if they change address, you can update that, or the phone numbers. But the one thing that provider agencies have, that providers may not, is the agency provider messaging, and the agency provider management. What those two features do, the agency provider messaging allows agency administrators to contact those people in the field who are providing care, to let them know critical messages. It also allows those agency providers in the field to respond to those messages.

This allows the real-time messaging between those provider agencies and agency providers to help streamline care. You also have agency provider management. So as you employ people to go provide care in the community, you can update your portal so that you have their address or any information you might need to help your business. Available to both providers and provider agencies. Again, there's a Dashboard.

We have service authorizations, so no longer do you have to wait on faxes or e-mails or any of the snail mail. You can get this right at your fingertips in the provider portal. We will be getting that feed automatically from the Department of Health and Human Services, otherwise lovingly known as DHHS. You'll also have visits and scheduling. You'll be able to do this from the portal and from mobile, which I'll talk about in a minute. But, when you log into the portal, you can schedule your visits. You can change your visits. You can do a lot of things with visit maintenance to make sure that you're reflecting what actually happened out in the field.

And for, again, your participant management, this is available to both, you can go in and manage your participants where they live, where they call, et cetera. Next slide, please. So, as I mentioned a minute ago, we have the mobile application. This can be downloaded on smart devices, which includes phones and tablets. But it needs to be compatible with Android and Apple.

When you download the application, you would go on to the app store just like you would with Facebook, or any banking applications, or any shopping applications. It downloads right there at your fingertips just like your other applications. The mobile application is unique. We developed an offline mode because providers work closely with us in making sure that we develop a product that best suit your business. So we've been asked many times, when we're out in the rural community, how do we continue to provide care using this mobile application? So Tellus developed an application with an offline mode.

What this means is, if you're in the field providing care, but you lose connectivity, you'll still be able to enter that visit information on the mobile application. When you re-establish connection, that visit information will go up to the Tellus Aggregator and be able to store that information just like if you'd never lost connection. It erases the information from the device so you have no information stored there.

One of the biggest things that we get asked is about our GPS functionality. Tellus and DHHS care deeply about your privacy, and we want to let you know that we do not track anything in between a visit. We only record the start and end locations and that's done when the provider starts and ends a visit. It's not captured automatically because the phone knows where you are. It's captured by the provider initiating the start and the provider initiating the end. Those are the only two times that will record your location. Next slide, please.

So, here is a little bit about the mobile application. Lisa is going to give you a great demonstration here in a minute. But, just as an overview, if you login to the system in the application, you're going to see a calendar and it's going to have your visits as they're scheduled for the day. So, if you're going to provide care to Connie Recipient, you can click on that visit and it's going to bring up your checkout. So, it tells you the service that you're going to be providing to Connie. So, what you would do is start services. And then, you set the phone down and go provide the care.

When you're done providing care, you log back in, and you're going to see our check off screen. This is where it's going to show you tasks that are associated with that service. So, you would check the tasks that you've completed, or if you didn't have time to complete other tasks, you check them off.

Once you've made sure that you've recorded the tasks that you've completed, you click the button at the bottom where all services complete and visit. This is going to take you to the check out. If signatures are required by DHHS, then you'll have a signature option. Either your participant or someone representing your participant would sign off under the recipient box there. Once they're done, they would hand the phone to you and you would sign off as the caregiver and then click the complete visit button.

Then you'll get a screen that shows that visit is complete and successfully verified. Next slide, please. So, you may be asking, now that you know what the visit scheduling looks like in the Visit completion, looks like, what happens on the backend? Our system is configurable to the DHHS rules, so we've worked closely to establish rules to go with these visits. So whenever you submit your visit, it's going to go to number three, the pre submission validation. Our rules engine will check the DHHS rules and decide if that visit meets the requirements. If it does, you'll go on over to matched. Your visit will be in matched status. If you find your visit an unmatched status, then you're able to submit your claim. So, you won't have to worry about cumbersome paper and the time it takes to mail or fax or e-mail it in. Now you'll be able to electronically submit your claim.

If for some reason your visit does not match the requirements for DHHS, it's going to go down to that lower box that allows you to go into the portal and resolve the issue. Once that issue is

resolved, you'll go back to the process. Go into your matched box and you'll be able to submit your claim. Where it looks like a lot of boxes in here it's really split second functionality. So it's something that you want it's a blink of an eye when the visit goes into verify so it's a very quick process. Again, we've worked closely with DHHS and we work with our provider community to make sure that we can make streamline your business so you can get faster claim submission.

Next slide. There are providers out there who have their own EVV system. Tellus comes equipped to interface with EVV systems. So you can keep your business model intact. We will aggregate data from third party EVV vendors, which means we take in your visit data, and keep it with ours, and we match it across those same rules. We do have existing integrations with many third party EVV vendors. So we may actually already be interfaced with your vendor already. We do make sure that all the integrations are well documented, automated, and secure. Again, we care deeply about your privacy, so we work with vendors closely to ensure that all transmissions are secure.

DHHS, will be requiring third party vendors, and providers using those third party vendors to comply with all requirements listed on DHHS webpage. The requirements you see there today are a draft version, but the finalized version will be there shortly. Because we want to make sure that all the data has integrity, providers will be asked to sign or attest for DHHS, saying your vendor is compliant with all the rules. We also want to do the same with vendors, so Tellus will be asking vendors to sign that same conformation or attestation for Tellus saying that their system is compliant. Next slide.

Not only do we bring a technology solution to the table, but we also bring the people component supporting it. We have a robust outreach campaign, where we want to make sure we, most often, and frequently, and as robust as we can, reach out to our providers and participants to make sure that you're up to date on all information impacting EVV. We also have a large training platform so providers can go in and get on demand training for the modules that they may need the most help with. In addition to that, we have a dedicated helpdesk that will provide one-on-one assistance to those providers who call in.

So, as we're talking about this training, Lisa is getting ready to show you the demo. It's, you're going to be very excited. I'm very happy that she's able to do this for us. I appreciate you listening and participating with us on this call this afternoon. So, without further ado, here's Lisa.

Lisa Turner: Thank you so much, Kristy. Hello, everyone. I am Lisa Turner, I'm the Senior Trainer here at Tellus. I want to thank you once again for joining today's session and I am excited to share with you the mobile application. So, a quick little nugget about myself before I begin is that I work with thousands of providers to help adopt EVV and I'm very passionate about the provider community. So, with anticipation, let's get started. So I want to show you how super easy and fast it is to take [audio cuts out] was designed for easy navigation so that the caregiver can spend less time on the phone and focus on the care of the participant.

Now, first, the provider must download the mobile app, just like they would do when downloading any other apps, such as Facebook, banking app, or maybe restaurant apps. So, to keep this demo within the time, I've already downloaded the Tellus app, but I just want to

quickly show you how to download the Tellus app. Right now, you're seeing on the screen, Of course, the iOS Apple phone. So, for Apple, you're going to use the Apple store, which is at the bottom right of the phone. And, of course, for Android, you use your Play store. So, I'm going to select the A for the apple at the bottom. I'm going to click on my search engine bar, should I say, an attack on the Indian bar, The company Tellus, T-E-L-L-U-S Space EVV plus.

And once I click on that, Tellus EVV plus. As you can see, our Tellus logo always next to the name, Tellus the green logo, and I click on open, since I already downloaded. Now, once I've opened the app, I now have the page where I'm going to enter the credentials, which is, of course, the username and the password. Now, once you enter your username and password, you click on the blue login button that you see below where I'm entering my password.

Our app has security measures per HIPAA law, and, of course, depending on the security of the provider's device, some providers might have a device that has face ID recognition, some have a device with fingerprint. But if the devices that they don't have either a face ID or fingerprint, then the application is going to require for a personal, four digit code. Just like an ATM pin number, you will enter a four digit per personal code to unlock the app. The reason for this type of security is in case your phone gets lost or stolen, no one will have access to the participant information that is now going to be on your phone or your tablet.

So before I begin with the demo, I just want to quickly show everyone on the call that not only is our application is in English, but we also offer Spanish. So if you are on the call, or, you know, your participants or your caregivers would like to see their data in Spanish, we have that option. On the top left-hand corner in the blue area where it says, Tellus, that's our main menu. So I click on the main menu. And here in this section, you would see second from the bottom where it says language. You will see that when I select the language, I have the option to select the Spanish, so I just want everyone to know that we have Spanish version. All right. So, let us begin. I'm going back to the homepage, where we started and here, the homepage you will see.

The first thing you're going to see is a calendar where the scheduled visit will be displayed according to the timeline, So you no longer have to call in or get a paper schedule, the service. You also to see the details of the visit is very easy. You just click on the name and once you click on the name that, the details of the visit will be provided. As, you can see, you have the name, the date, the time, and the location of where the services are going to be provided below the schedule of the information of the schedule, you'll see that we color coded label two buttons to make it easy. The green button means go, which is our, start the visit or are checking in, which is our clocking in to begin this service. And if there's a reason the service cannot be provided, select the red button and some of the reason codes will appear as to why this visit is being canceled. But for the purpose of this demo I'm going to clock in and I'm going to select start the visit.

So I click on start to visit, the data is loading. The application has captured my location, and of course had checked in my time. Now, in one click of a button, you're now in this visit, and the timer has started. So, once again, our goal is to have providers to start a visit under ten seconds, and as you can see from this demo, it was accomplished. Now the provider can put down their

phone, they can put it in their pocket or purse, lock the screen and then provide the care the participant needs. All right now, for this example, the visit that is scheduled for one hour.

So, now, my hours up and I am done with the service, and of course, the tasks that you see below the services, now, with the service providing, homemaking services. Underneath the homemaking I have laundry, light, housekeeping and clean kitchen slash wash dishes as my tasks. Now, once I have completed, all my information is time to end the visit, which is the checkout process. I click on the end visit green button that you see at the bottom. The system is capturing all that information. And, of course, the app will ask to confirm, would you like to end this visit? Yes, or no, this is just in case you made a mistake, and you press that green button by mistake. So, in this case, I'm done, I click yes.

Now, here's a quick little recap of your check in and checkout process. From left to right on the top. You see the actual start time 8:30, actual end time, 8:31, the service that provided was homemaker service and below the homemaker services laundry, light housekeeping and clean kitchen and wash dishes. So in this example, let's just say that I was able to do the laundry, do light housekeeping, but unfortunately I didn't get a chance to clean the kitchen slash wash the dishes. So, when that's the case are just deselect that task from all the other tasks that I've completed. Now, at the bottom of the screen, you will see where it says complete checkout. Now, you're going to finalize this checkout process to get the signature screen.

Now, here, in the signature screen, you're going to get a confirmation page, where it's going to say, at the top, that, the services above have been provided, and completed, except, clean kitchen slash wash dishes is incomplete. Now, the signer, which is either the participant, or someone on behalf of the participant, will sign agreeing that the above was rendered on the date that you see in the middle of the screen from 8:30 to 8:31 PM, as an example. Now, below, you will see two boxes from left to right, where it says recipient. That the participant will sign. And on the right side, caregiver, that's where your provider signs. Now, let's just say, for example, participant is unable to sign for, you know, for a reason that we have prefixed in the application. So to change the naming convention recipient to the party that will sign on behalf of the participant, you're going to select the yellow recipient bar button that's in the middle above the boxes.

So I click on the recipient bar and then now the system is going to ask hey, why is the participant not signing, well, who will sign on behalf of the participant should I say? So, here I have the options of no signature gathered, family member, legal guardian, or representative. For this example, I'm going to select a family member is going to sign on behalf of the participant. I click ok and now the system is going to ask, is this family member signing on, behalf of the participant. So, here are some options, either, your participant is, blind impaired, is a child with views, or unable to read and write. In this example, I'm going to select them, my participant is impaired to sign, that's why the family members signing, sorry, select the impaired option, and I click OK.

Now, you will see that the left box that once said recipient now says, family member. So you just tap on the family member box, hand them over the device. Anyone can sign with their finger, or if you have a stylus pen you can offer that as well. So the family member will sign. Then the tab on the right where it says caregiver signature, that's where your providers were signs that you tap

on the caregiver signature tab on the right.   And then the provider will sign.   Once you've captured the signature, click on the complete bottom right green button and now you have both signatures from family member and of course provider. Then you complete the visit by selecting the bottom right and the system will be verifying everything.

Once you have that verification, the application will give you a confirmation that the visit was successfully completed and verified. Well, everyone, at this time, I have some good news and some bad news. The bad news is that I'm done the demonstration. And the good news is that we are getting ready for some Q and A. So, Jenn, take it away.

Jenn DeBoer: Thank you very much, Lisa. Right now, we will take 30 minutes for questions and answers from all of you. Joe from the Tellus team, will help facilitate the question and answer session, and our panelists will help respond to your questions pose to all of us. Joe, back to you.

Joe Schnur: Yes, great, thank you, Jenn. And thanks, everybody, for the great presentation there. There are some questions that I'm looking forward to getting to. I will encourage people that, if you do have questions to please enter them into the chat box, so we can get all of your questions answered, like Jenn had mentioned, we have 30 minutes, so hopefully we'll be able to get lots of great questions from all of you.

Q: Okay, so the first question is, will each individual provider, working for an agency, be given their own login?

Joe Schnur: So, the answer is yes. Everybody using the application will get it with our own personal login.   And you saw that in the example, when Lisa logged into the mobile app, the first thing she had to do is put her login.   So, we will explain, in future stakeholder meetings, exactly what that process is.

Q: How do I get my login?

Joe Schnur: So, we'll be explaining that as we get closer to the launch, but that will be a pretty easy process for you to get your own login.

Q: Next question, Are care plans able to be uploaded into the app?

Joe Schnur: So, good news on this one. So the care plans come over in the authorization, as you all know, and we are setting that the system up to be able to capture the care plans from the authorization and loaded it automatically load it into the system so that when you all schedule a visit, those specific tasks will be automatically loaded onto the mobile application. So, you won't have to do any of that work. Then, again, as Lisa showed you in each visit, you'll see those listed. And if there were some tasks that you were not able to complete, then you would just select those to notify that you were not able to really complete that specific task.

Q: Okay, next question. What if providers do not have a smartphone?

Joe Schnur: So, I'll take the initial answer, and then I'll probably ask DHHS if they want to add anything else. So, if you do not have a smartphone, then the backup plan is going to be a technology called IVR, also known as telephony. What telephony allows you to clock in and clock out on the members or the participant's home land line. Now, if they don't have a home landline, then obviously you cannot use that technology. So it does require a landline, which I know not everybody has these days. So that is the backup plan. So, I would say a smart phone or tablet is the preferred, and it really does allow you the most flexibility in the program. Hopefully, as you saw that, you can see your schedules and really plan out your days and your weeks, and it's very easy to use. But in the cases where you do not have one of the telephony technology will be an option. I don't know if anybody from DHHS wants to add onto that?

Heather Leschinsky: This is Heather. I think you answered it well, Joe. I think the answer is that we really would like people to look at getting a smart device, and sometimes those can be fairly reasonable at certain places, but we will have IBM as the backup, but like Joe said, you would have to have access to the landline for that to happen OK?

Joe Schnur: Thank you, Heather.

Q: Then the next question is kind of an add on to that is, Is DHHS going to provide phones or tablets for providers to accomplish EVV? So again, I don't know if Heather or somebody else wants to handle that.

Heather Leschinsky: I'm on camera. I can answer unless someone wants to come on camera. DHHS is providing the Teller app, and the solution, free of charge, but the, the device in which you are to use, it would be for at the, at the cost of the provider, and I see that Karen came on. So she might want to also join in on that, on that response.

Karen Houseman: I just didn't want you to be alone up here. I was just going to echo, that, bring your own device is what I was going to say.

Joe Schnur: Thank you, okay, great, thank you.

Q: The next question is, we currently submit our billing into Therap, will we still have to enter and submit our billing into Therap?

Joe Schnur: So, all billing, once we're live, will transition into the Tellus Application. So, again, regardless of what EVV system you may be using to collect your data, the billing will all be processed through the Tellus billing portal.

Heather Leschinsky: I just want I just want to add, I do want to add to that, Joe is Correct, but I do want to let the DD provider community know that we are looking at a solution with Therap that would allow an application or a module in Therap to be interface or information sent to Tellus. Of course, providers will be able to choose the solution that they're going to use for EVV, but once we have more information to share about that option for the DD providers, we

will most definitely bring that up in these forums and put that information out. We're just, we're still, we haven't fully executed what we need to be able to discuss it right now.

Sarah Henrichs: I also want to add, this is Sarah, with a Developmental Disability Policy team for those services on the DD Waivers, which are not on that list of services that will be involved in EVV, providers will continue to put your attendance times into Therap to bill for those services, as you do at this time.

Joe Schnur: Okay, great, and maybe an add on question is, is this replacing Therap?

Heather: The answer is no. Therap will still be the case management solution for the DD community and the DD waiver. And our providers will still need to do their programming in that, in Therap, and the difference would be for those services that are subject to EVV, EVV would be a different process than the current time and attendance process.

Joe Schnur: OK, great. Thank you.

Q: I think we answered this one, but just in case what? What if we don't have a smartphone?

Joe Schnur: So, in an ideal world, you could get one hopefully. If not, then the backup plan is the telephony solution.

Q: Do providers need to sign in for every single service?

Joe Schnur: So the answer is, yes, you definitely need to keep your system secure and so, for that, you do need to sign on with your username and password, and a pin. I think Lisa showed that. If the device you have has technology to allow you to use your fingerprint, or something like that, you can also use that to sign in. But the answer is yes. You will need to sign in for every single service, but it is a very easy process.

Heather Leschinsky: I'd like to add, Joe. And then I'll let Karen add to that. I would just add, Lisa, if you could go back to the slide that lists the services, that are subject to EVV and then I will let Karen add to that.

Karen Houseman: So, you'll have to login for each service code. So, if you're providing chore, for example, for the AD waiver, and then, um, halfway through the night, for some reason, you need to switch to respite, then you would log out and log back in under respite, but all of that tasks or work that you do within that service code is considered to be one login. So I'm not sure if you're asking if you need to login and out every time you switch to a different room in the house. No, that's not it, it's by service code.

Heather Leschinsky: And we do. We do want to make it clear that not every DD Waiver or Aged and Disabled Waiver service is subject to EVV, those that will be subject to EVV if you provide the services that are on this slide, then you will need to use EVV when you are providing services once we implement.

Joe Schnur: Right, so Karen, you brought up, actually, a good point. I didn't read into that, but are there cases where there's multiple services within one visit? Ok, so, if that's the question, then our application does allow the provider to sign in once and complete multiple services within that visit. So, they would not have to sign out and sign back in, it would be one visit with, you know, multiple services completed. So, we are, it is capable of handling that. If that's the question there. However, when, you know, for security measures that the app obviously does tine out, so if you put the phone down for a period of time, then you will need to sign back in just a secure way. So, I'm not sure exactly the context of the question, but hopefully we answered it. Ok, let's go to the next one.

Q: How does the app take care of travel time between clients? So, it does not today take care of the travel time between clients, it does not record that time. So, that's the answer on it off DHHS wants to add on to that. We haven't discussed the travel time part.

Debbie Flower: No, this is Debbie and we'll, just, at this point in time, have to get back to the group on that one.

Joe Schnur: Great, yep, that's a good question. Definitely know what you're referring to, but want to take that one and get back to you.

Q: Would I still use Therap to document program data? Who wants to take?

Heather Leschinsky: This is Heather. The answer is yes. You'll still use Therap for all functions that you currently use today, except for the clock in clock out feature if you're providing a service that's listed on the slide for EVV. And then, like Joe said, the billing will go from Tellus into NFOCUS. That's a little different step that we'll cover when we're training a little bit further down the line.

Joe Schnur: Yes. Great questions by the way. Please keep them coming. I see if there are several more. So, this is great this, I mean, really tonight was all about giving you a sneak peek and then really answering your question, so thank you for all the questions.

Q: Who enters this schedule? And what happens if I forget the clock in or clock out, OK?

Joe Schnur: So, the schedule, it depends on if you're an agency or an individual provider. So, typically, in an agency, they'll have a scheduler or somebody that is responsible for entering a schedule, and we can centralize scheduling to the agency. However, the program also allows an individual to complete a schedule directly from the mobile app or in through the portal. So it has a lot of flexibility on who and how the schedule is done. And of course, we will train you on all of that.

Q: What, what happens if I forget the clock in and clock out?

Joe Schnur: So, this will happen from time to time. And if you forget to clock in and clock out, there is a manual way to correct that in the portal. That is done by someone that has kind of that level of approval, an administrator, or again, if you're an individual provider, you'll be authorized

to do that. And you go in through the portal, and you can complete that visit. What we call manually, because obviously, there won't be a GPS, because you're completing it manually through the portal, and then you'll enter a reason code, and you would just put in this case, forgot the clock in clock out.

Q: Ok, when is the expected go live? Who wants to handle that one?

Vince Rea: Hi, this is Vince, I can answer this one. We're looking at a potential end of September start for the first round of go lives, and then we'll have additional go lives after that. Yet to be determined on the dates that we're looking at the end of September to start.

Joe Schnur: Ok, thank you, Vince.

Q: Is there a list of vendors you already interfaced with? Or will it be available soon?

Joe Schnur: So, yes, so Tellus is interfaced with many vendors more than 50 actually. So I dare say that all the major vendors out there we have interfaced with. Of course, every state we go in, there are new vendors that we haven't met yet. Another note on this one is that currently on the DHHS EVV website, there is a draft version of the requirements for the EVV vendors. We will be submitting kind of the final version of that shortly. So if you do have a third party, you're definitely going to want to get with your vendor and make sure they're aware of the, the specific requirements. And then we would also love to hear from you if you are using a third party and who your vendor is. I know there was a survey that had went out, that some of you would had replied to.

We could re send that out, if you don't have it, and in that survey, we did ask some questions around which vendor you plan to use, whether it's Tellus, or Therap, or whomever, just so that we can start to engage with those vendors. And, again, especially the ones that, um, we have not yet met, and then we will be providing a list the vendors that we've interfaced with. And, and, probably what we'll do is list the ones that have agreed to meet the requirements that the state has produced. So, more to come on that.

Q: How will the pay work, can we still get paid once a month? Who's the best to answer that one?

Karen: Um, you can still submit going once a month. The regulations regarding the billing are still the same. You have the capability of doing it as soon as the visit is over, I believe. But you could do it monthly if you choose.

Heather Leschinsky: Yes. And then, just so people know that the actual payment will still come from NFOCUS. And so, that is still a weekly payment batch cycles, so there will be a weekly batch that goes from Tellus over to NFOCUS and then and NFOCUS will process and pay on a schedule that already exist for NFOCUS.

Joe Schnur: Ok, great, so maybe to recap this one. So the EVV Tellus application will allow you to bill whenever you want to. You can build daily, weekly, monthly, or whatever you want,

that's as far as submitting the bill, as far as the payment. What I've heard is it will remain the same as it is today.

Heather Leschinsky: That's correct, OK, great, thank you.

Q: Ok, so next one says, for example, if you start your job task at 2:00 PM and you clock in at 2:03, do you still get paid starting at 2 or how does that work?

Joe Schnur: So what the application will do will actually it will record the actual time that you clock in and clock out. So in this example, it will note that you clocked in at 2:03. It will also give you a timer. Hopefully you saw that during the demo that there was a timer that runs constantly, and that's to let you know how long you've been in the visit in case you do start, you know, a couple minutes off the hour and you lose track of that time. So if your scheduled for a one hour visit, then it will let you know how long you've been there and to clock out at the at the one hour. So in this case, if you clocked in at 2:03 and the visit was for one hour, then you would clock out at 3:03. Hopefully I answered that question.

Q: If the stand-by guardian is not present to sign, or the task completed, what do we do?

Joe Schnur: So we do allow for no signature. So there is a box that when you click the recipient is not available, one of the options is no signature gathered and then again, you would put the reason why you were not able to capture of signature in that case.

Q: Who will make and set the schedule for non-agency providers when there are three providers working for one individual?

Joe Schnur: So, in a non-agency provider, I believe the individual provider will set their own appointments, let's call it. So, first of all, you do not have to schedule in advance, so you do not have to plan out your whole week. You can basically set the appointment in real time, so the tool does need to know the specifics of each visit, because it's using that to feed into the billing. So, we do need to know, you know, the location and the recipient, and all of that, and what services you're providing. So, the appointment does need to be set in the tool, but that can be set, basically, in real time. It doesn't need to be scheduled in advance, so I just want to make sure we're clear on that kind of word schedule.

And so if there were three individual providers, then those individual providers would all set their own appointments. Does anybody want to add anything to that, that I miss anything there?

Karen Houseman: I'll speak to that. So, for the aged disabled waiver, there are some participants who coordinate their needs between three providers, and they can still do it. How they're doing it today. And if the providers want to, they can enter their time into the EVV system in advance, or they can do it two seconds before they start their visit. So it can be on the same way it's done today.

Joe Schnur: Perfect, thank you.

Heather Leschinsky: I just wanted to re-iterate what Karen said, is that, we're still participant driven, and is still person centered care. And so, it filled a participant if, if the participant had four member, I know we use different terms across the waivers, but, I know that the person who's receiving the care is the one who should be scheduling their care with their providers. And then the provider would be the one that is entering that into, into the EVV. And so, I just want to circle back tool that, we still are discussing, with legal, the signature requirement, as it relates to PAS, and the guardian, and some the guidance that's been put out in the past. We're still trying to resolve that so we don't have definitive answers on if a guardian or the secondary guardian isn't available for that signature, as we have more information, we definitely will, we'll put it out there and make sure that we address it in Q and A and in these presentations.

Joe Schnur: Great! Thank you. And there actually was a question on here about the guardian's and all that. So we'll be following up specifically on those questions.

Q: Explain how this will work in groups, services. Individual services are seamless groups changed by day, or night before services?

Joe Schnur: I'm not sure I totally understand that one, can somebody help me with that one?

Heather Leschinsky: We may need more information from the person asking the question. Most services that are on this slide are not group services. They're not services provided in a group of people, other than, maybe the in home, disability related childcare, but generally, the personal assistant service chore, supported family living generally, supported family living has groups of 1, 2 or 3, but, they're really not big groups though. So, you have more information from the person asking it, we might be able to address it.

Joe Schnur: Yeah. Maybe what it means is maybe re-occurring visits, it could mean that by grouping. So, if it does mean that the system does allow you to schedule re-occurring visits. So, you can set, you know, visit up every Monday, Wednesday and Friday for a certain time. So, it allows tons of flexibility around that. And then there is sort of a question about, you know, how do you change it. So, again, the application does allow you to change any existing visit very quickly.

So you would just pull up the existing visit in the portal, there's an update visit button, and you can change any feature in there. If you need to change the provider out maybe one provider had to call in sick for the day, or the time needs to get changed, or even the day, all of those things are very quick to change. So if the question was around that, hopefully, we answered it. Otherwise, I think Heather answered it.

Q: If a provider doesn't have an internet connection, how's this going to work?

Joe Schnur: So the Mobile app does work in what's referred to as offline mode. So if there is no cell coverage or WIFI because it will work at both, so if neither exist, then the device, the app will automatically go into offline mode. So you don't need to turn it in offline mode or anything. It just automatically does it. And then it will allow you to can complete that visit just as you normally would, and then when you get into an area with connection, it will take that

information off of the device and upload it to the system. Automatically, again, there's nothing you have to do, no buttons, you have to push it will. It will automatically do that.

Heather Leschinsky: It is important that the provider, even if it's in offline mode field, performs the EVV function. You still go in and check in and check out. So those are the things that need to be done, even if it's an offline, so that it can be uploaded when it's back online.

Joe Schnur: Yes, Good clarification.

Q: What if you do different tasks on different visits for one client or do different tasks on different days? For example, Sundays, we do dishes on Monday and other days on Tuesday.

Joe Schnur: So, I guess maybe Heather or Karen can help me with how that relates to the authorization. And then maybe I can help on the technology side.

Karen Houseman: Um, hi, Debbie, I kind of want to let you answer this one, because that sounds more like a PAS specific question, but I can relate it to the AD waiver, if needed.

Debbie Flower: Well, thanks Karen, and if it is PAS that, I'll be glad to answer that I'm certainly okay with that. I think for the Tellus solution this is fine, if you have different tasks on different days and you would just clock in clock out and complete the task, you got dishes and bathing Monday, Wednesday, Friday. Maybe I don't know and then you've got, I don't know, whatever it might be some other tasks on just Tuesday and Thursdays. Maybe you get your laundry on one day and something else on, you know, clean in the bedroom and linens, whatever it might be and check in, check out, get those done. And so that's fine.

And that is what the solution is good at doing. You pull those up, you set your schedule, and in the way the [inaudible 1:04:02] has written an authorization or set up, and it's all loaded for you, and you just set your schedule up for what you're going to do on those days. And it's loaded for you, and you, and you just click everything checkoff and do it. So I hope I've answer what's being asked on that unless you're talking about maybe having two different sets of services for different clients. And maybe you're talking about an AD waiver, one set of days and maybe a PAS another set of days, but that would still be fine if you're talking different clients.

So the system is also set up for that as well, that you can work numerous clients in different days in different schedules and still hit those tasks as well. So this is a great solution to accomplish all of those things. So I hope I answered that. Karen, does it sound like I covered those different scenarios and situations?

Karen Houseman: Debbie, you're doing a fantastic job.

Debbie Flower: I know, I just was trying to run through everything.

Karen Houseman: That's okay. So how I envision it, and this is how I think it's going to look. When you get to your point where you're signing out, I think it's going to have all of the tasks listed that are available. And you're going to pick the ones that you did that day and you might

not have done them all that day. So you just pick what you did. Even though they're all available, it's not going to be broken down by, on Wednesday, I do dishes type of thing.

Joe Schnur: Perfect. Also, I think you guys did a great job.

Q: If our schedule changes, can we still clock in and clock out a quarterly sometimes, I have to go to the client early.

Joe Schnur: The answer is yes. You can update the schedule, that's done today through the portal, but even if you didn't have a chance to update it, and you started early, the application will allow you to do that, and that is not a problem. So, you can started late early, sometimes there may be an examples where, you know, you got client traffic and started late, so the application will allow - you don't have to start right at the scheduled time.

Karen Houseman: I think we're getting a lot of questions about scheduling because it's not something we formally require by DHHS. And it's kind of a fresh idea with the EVV. And the schedule helps log in the Tellus system that you're going to have or visit. It doesn't necessarily mean that you have to choose to do the schedule all the time which is why you do it two seconds before because you have it written down in pen and paper in your planner. So it's we're flexible with our roles in that regard from the state perspective.

Joe Schnur: Yes.

Q: What does clock in or clock out location varies?

Joe Schnur: So the application also allows for that. In setting up the appointment, you will actually select a location for the clock in and clock out and it does allow you to have different locations. So that's not a problem.

Q: I provide services for my client in a split shift. How does that work?

Joe Schnur: So in a split shift, you would just schedule, say you have a morning visit and an afternoon visit, and you would just complete the visit as you do today. So you could schedule them in advance. You could schedule on the fly. They would be treated as separate visits, meaning there would be a clock in and clock out for each shift.

Q: What is the phone number for the dedicated Helpdesk?

Joe Schnur: I should know this, but I don't know offhand. We can certainly, we'll certainly be listing it and just to let you know, it is actually on the application as well. We do put a support, the support phone number right on the application so you will, you will have that at all times.

Q: And what are the hours of the helpdesk?

Joe Schnur: So the helpdesk hours, Vince maybe you can help me with this. I want to say it's 9 to five.

Vince Rea: Yes, it's the standard working hours of the day okay.

Joe Schnur: Thank you. What will be the -

Heather Leschinsky: I want to follow up on Joe just because Nebraska has Central and Mountain Time zone, we may just want to follow up on that, because we have, in the past, and I'm, again I don't, we'll follow up as we had a little bit different customer service hours in Nebraska, because of that work between time zone, we'll follow up on that.

Joe Schnur: Okay, perfect, thank you.

Q: What will the turnaround time be for payments?

Joe Schnur: I Thought we had a similar question earlier, and I believe we said that the payment cycle would not change.

Heather Leschinsky: It won't, but it will be faster, because it won't require for our AD waiver and our PAS providers, there will not be that time from when you submit your claim until you get paid, because you have to use the US. Postal mail. So it will be faster in the, in that if I do my visit on Thursday or I submit my whole week claim on Friday, I will get paid with the next payment cycle, which is the next week as opposed to the lag that occurs now with having to go through the mail to one office, to Central Office. For purposes of no more paper, it will be quicker. It will feel like we've got beyond that weekly cycle.

Joe Schnur: Great. Good, good point, Heather.

Q: What happens if I lose or break my device?

Joe Schnur: So, again, this will happen, you may even forget your device one day. So in those cases, we allow for you to manually complete those visits, and then enter the reason code as to why you had to do that.

Q: All right, can you use Tellus for billing, for none required EVV, if you choose, or will you be required to use two systems? Use Tellus for billing, are non for non-required EVV.

Joe Schnur: So I think this question is, obviously you use, Tellus for EVV required services. I think they're asking. What about for non EVV, the relevant services? Who wants to Karen, you want to help with that one?

Karen Houseman: Yeah. I can speak to that at this time there's still going to be a case paper process for those services, for the non EVV service

Heather Leschinsky: And the DD waiver that will still be through Therap, the time in and time and attendance, process through Therap. Sorry, Karen, I didn't know you were still speaking.

Karen Houseman: That's okay. I was going to, I saw you move, and I go, Oh, yeah, separately.

Joe Schnur: Right, I'll just add that we have had some providers ask us, like, what about, like, private pay and other types of non-Medicaid. And we would still like to use EVV if that is your case, then, and you are using Tellus, then we would be happy to connect with you directly, because that would be out of scope for the DHHS program, but we can work with you directly in those cases.

Q: Will this also apply to services provided exclusively through Zoom meetings?

Joe Schnur: For those services, I'm not familiar with the service, but there are those in scope for EVV.

Heather Leschinsky: Hopefully, that we implement EVV we will be back into providing in person services, so if not the EVV will still be required, even if the service is being provided through Zoom. Like I said, hopefully, by the time we go live, that we will be not in a public health emergency and we will be back in business before, I don't want to say as usual, because we don't even know what our normal was now that we have a different normal, but how we're providing services and rendering services for the public health emergency.

Joe Schnur: Thank you.

Q: The next question is about, you know, do I have to list out every task and the time for each task?

Joe Schnur: So, the answer is no, on that. For the plan of care, there will be a specific list of tasks, and that will be available on the mobile application. And then, when the visit is done you will just check off the tasks that were completed. We're not measuring time at the task level, we're just measuring time across the entire visit.

Heather Leschinsky: And those are for the services that are task, they are not all of the services, like respite or the DD services or even maybe I think we're even talking about AD waiver chore. Not all of those are have specific tasks. They're more of a bundling of whole bunch of different things happening within a visit. Not all of those services that are on the slide will have a task checkbox for every service. But there will still be check in, check out feature, for sure.

Joe Schnur: Thank you for that.

Q: Does each service state the amount of time expected in the app?

Joe Schnur: So, yes, the specific time for each service is listed in the app.

Karen Houseman: I need a little bit more education on that question, because I don't know what exactly they mean by service. So if they want to elaborate, they can.

Joe Schnur: I took it, it's each service code. That's the way I took it.

Jenn DeBoer: Joe, I do have an audience that actually pose a question to me. Am I understanding the information correctly about an internet connection being required to capture all the information including signatures?

Joe Schnur: So, the internet connection is not required to capture all the information including the signature. So, again, it is not required. So if you lose connection or don't have connection, then you can still complete EVV in the mobile application. And then, when you establish a connection, then that information will then be removed from the phone automatically into the Tellus system. So, it will be available for review and billing later. And, Jenn, how much more time do we have?

Jenn DeBoer: We're almost up. So if you want to have at least two more questions answered, I'm happy to allow for that two more questions, okay. great.

Joe Schnur: And again, these are these are really great. And if there are questions that we don't get to, we will definitely be following up. I know we're going to list a FAQ frequently asked questions document on the website. And as we get more and more questions, we will continue to add those too the list. So as we go, that will be a very detailed document answering all of your questions. But again, this is great. Thank you so much.

Q: What do you do if you usually hold your billing and wait to get paid? As such, right now I have about two weeks' worth of billing I'm waiting to send in for whatever reason.

Joe Schnur: So again, the system will allow you to bill at whatever frequency you want so that will really be up to you as to how often you want to bill.

Q: If we have a problem with something is there someone we can call to help us through?

Joe Schnur: Yes. So we're going to have a helpdesk that you'll be able to and you can contact this actually, in multiple ways. You can call us if you have the time. You can e-mail us if you only have time for a quick e-mail. You can actually even chat us if you happen to be online. So, again, there are multiple ways, and we try to make it as easy as possible for you to be able to reach us. So, Jenn, I will, at this point, turn it back over to you.

Jenn DeBoer: Thank you, Joe. Thank you, Heather, Karen and also Debbie. Thank you for all the good answers and questions. Before we wrap this meeting up, I want to thank all of you for your participation of the EVV Stakeholder Meeting. If you're interested in learning more about the EVV program and the Cures Act, the links are provided in the slide deck. Our EVV website is regularly updated and revitalized, so please check in from time to time for new information and upcoming events. Next slide, please.

We have monthly stakeholder meetings, which we would like you to join and participate, the EVV website has listed all the stakeholder meetings and any upcoming EVV announcement. You can find most of the EVV upcoming events on the EVV webpage. You can keep yourself updated on the EVV events by following as on the Nebraska Department of Health and Human Services Facebook page. As well, please respond to the survey questions that will be sent to you tomorrow, your feedback and comments are guideposts to this EVV implementation.

Thank you for joining us in this EVV Stakeholder Meeting. The meeting is now adjourned. Good night and be safe. Thank you.