

**Jenn DeBoer:** Good afternoon, 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 this extraordinary times, we're meeting virtually, and I cannot thank all of you for accepting this invitation. I want to first introduce the EVV Nebraska Project Team. The EVV Project Manager is Vince Rae. Vince, please say hello.

**Vince Rea:** Good afternoon, everyone. I'm so happy that you're able to join us and learn a little bit more about the EVV Project.

**Jenn DeBoer:** Thank you, Vince. The Vender Manager, the Personal Assistance Service Specialist working with the EVP Project is Debbie Flower. Debbie is unable to join us today and she sends her apologies. 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 is also unable to join us, and she sends her apologies. My name is Jenn DeBoer and I am the Communications Lead for the EVV Project. It's a pleasure being here, and thank you, everyone, for being here with us. Finally, I want to introduce you to this project sponsor, Karen Heng. Karen is the Deputy Director of the Eligibility Operations at the Department of Health and Human Services 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 meeting.

**Karen Heng:** Sure. Thanks, Jen. Good afternoon, everyone. It's a pleasure to be with you this afternoon to introduce you to the Electronic Visit Verification Project and all the work that's going on as we try to go live in this project later this year, this fall. Electronic Visit Verification is a project that we've been working on for about the last 18 months at the department. We're working to make the best we can do. In order to do that, we have contracted with a vendor Tellus who is part of our presentations today, and they will share with you and demonstrate the actual software tool that we are going to use to go live.

Electronic visit verification is an important project as it improve services for the clients that we work with. So as a part of it, it takes collaboration from many people in order to make it happen. Some of it is you, the provider, you, the stakeholder or maybe you're interested vendor partner, Tellus, and the State of Nebraska. So there's a lot of people working together to make Nebraska have a great solution for EVV. Some of the highlights that you may like of this is that, if you are a beneficiary, you may see better health outcomes, because you'll be able to get more data about what services have been provided for you. It also will allow you to take ownership of your care, and being able to see the services that you're receiving.

For providers, there is increased automation, which allows us to get the billing to go. This billing automation gets rid of the paper, part of the job, and the mailing costs to get it to the department or the extra gas to drop your billing off at a local office, and this in turn, allows you to get on a faster payment cycle. Our payment cycle still remain the same in the weekly issuance put your billing will be hitting the cycle a lot quicker than it did, which leads to a quicker payment on your part. We're available for you anytime. Hope, to hear your questions today, and thank you very much for attending this presentation.

**Jenn DeBoer:** Thank you, Karen. Next slide, please. Before we start, I also want to introduce our panelists and EVV subject matter experts. My DHHS colleagues Heather Leschinsky. Heather, say Hello.

**Heather Leschinsky:** Good afternoon, and welcome.

**Jenn DeBoer:** Karen Houseman, Karen, please say hello.

**Karen Houseman:** Hi everyone.

**Jenn DeBoer:** Joe, who is the Senior Account Manager for Tellus.

**Joe Schnur:** Hi everyone, I look forward to working with you on the project.

**Jenn DeBoer:** Lisa Turner, the Senior Trainer for Tellus.

**Lisa Turner:** Hello, everyone. Thank you so much for joining.

**Jenn DeBoer:** And Kristy Pyles, Tellus Account Manager.

**Kristy Pyles:** Hello.

**Jenn DeBoer:** During the Q and A session, they will provide responses to questions you posed. 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 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 a 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 or reserve your questions until our Q and A session begins. Without further delay, let's begin the Nebraska EVV Presentation. Next slide. Thank you. The agenda for this afternoon is as follows: Introduction of State EVVV 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. The overview of EVV, this is to give you a high level introduction to EVV and what EVV is all 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 as a vendor and a demo of Tellus's 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 are currently implementing the first phase of the EVV Project, and the implementation must be completed prior to January first of 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 implement by January first of 2021. Next slide, please. An EVV system must meet the following federal requirements. 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. What is electronic visit verification and why EVV? It is the modernization of services delivered by our providers and capturing the services rendered to our participants. It accurately verifies activities, provides transparency, improves communications from all parties within the personal care service community and, most importantly, claims processing is more accurate and payments to our providers are faster.

Next slide, please. So, many will ask, are there benefits to our providers and participants? Well, our participants will not only have autonomy over their own care, they have better assurance of receiving Medicaid approved services. And as for our providers, no more paper claims, and, of course, you get paid much faster. Next slide, please. So, by now, hopefully, you have read the EVV announcement letter and these are the identified services mandatory for EVV. Now, there are a lot of information on the slide, but we will post the slide deck to the Nebraska EVV webpage for you to download. And next, I want to introduce you to the Nebraska selected EVV vendor, Tellus. Kristy, take it away.

**Kristy Pyles:** Thank you, thanks, Jenn. I'm Kristy, I saw me on-screen earlier. I am the Account Manager for the Nebraska implementation of EVV and I'm going to introduce you to our system and then, following that, Lisa, will do an amazing mobile app demonstration for you. Next slide, please. So, a little bit about our company and how we got our start. We started working with provider agencies. This is where we developed our EVV system so that we could complement a provider's work style and make your workflow better. So although we have expanded to the state Medicaid agencies and to the Managed Care system, we are still keeping our focus on our roots, and that is the provider community.

We strive to have open communication so that we can continue to make our product more streamlined for you so that you can provide the services when you need to provide the services. Next slide, please. So, one of the features that we offer is a provider portal. This is something that is available to both providers and provider agencies. Everything you see there on the screen is available to both providers and provider agencies, with exceptions of two. For provider agencies, you will have the function of sending messages to your agency providers. You will also be able to do agency provider management. We'll go through that in just a second. I wanted to make sure you understood that this is available for both, and where the differences may be.

So, first, we have the real-time dashboard. This is where you're able to go in, maintain your visits, do your scheduling, and update all of your information. Now, if you see the screen there, that'll show you if you have a missed visit, if you have a late visit, or any of the information you

may need to help grow your business, or to control your business. Next, we have the agency provider messaging. If your staff is in the field providing care, you can actually use this dashboard to send them messages. Once they get those messages, they can respond to the agency administrator so you have streamlined communication with your staff. You'll also have access to service authorization.

If you've been familiar with getting those via e-mail or mail, or maybe in fax, now they'll be at the touch of your fingers through the Provider Portal. We will be receiving those authorizations from DHHS automatically. Next, we have visits and scheduling. You can do this from either your provider portal or the mobile application, which we'll get to in just a second, but, in the Provider Portal, you have the ability to schedule visits, or move visits, or maintain any scheduling connected to that visit. Next, we have participant management. If your participant were to move or change a phone number or something change, you have the ability to go in and make those changes right in the provider portal. Finally, we have agency provider management.

Should one of your staff move or change a phone number or go to another agency, you have the ability to update your staffing records, again, at your fingertips. We've worked hard with our provider community to make sure that our system complements your business and we're very happy to be in Nebraska to help share our technology with you. Next slide, please. I mentioned mobile application earlier. The mobile application can be downloaded on smart devices, such as phones or tablets. Your device does need to be compatible with Android or Apple. And to download the application, you go to your app store, just like you do today, for Facebook or for your banking or for any type of shopping. So, it's a downloadable application, just like you would do with any other application you may have today.

We also have something we've created, based on feedback from our providers. So, we've been asked in the past, how do we handle EVV when we're out in the community, and there's no connection? Tellus has created an offline mode in our application, where, if you're at a visit and you do not have connection, you can continue to enter that visit into the mobile application and when you establish connection again, that visit will then upload to tell us, and be removed from the device. So even if you're not in cellular connection, you're still able to use a mobile application. And finally, we get asked quite a bit about our GPS functionality. We want to assure you that Tellus and DHHS take your privacy very seriously, and we want to let you know that we do not collect location information other than when the provider starts or ends the visit. We don't keep record of any locations in between those times. It's solely when the provider starts or ends the visit.

Next slide. So, as you can see on the screen, this is the mobile application that Lisa will be demonstrating in just a few minutes. When you first log into the application, you're going to see a calendar. That calendar is going to show you the visits that you have scheduled or completed for that day. As you can see, we have a visit coming up or Connie that we're going to start at 4:00 PM. So, if we click on that visit, we're going to go to the check in part of the application. This is going to show you the date, the time, the person, their address and their services. If this all looks correct to you, all you have to do is press "start visit" and set the phone down and complete your services.

Once your services are finished, you log back into the application and you're going to come to the checkoff screen. This is where you're going to see the tasks associated with the service or services that you provided. You look at the tasks and you checkoff the tasks that you completed. And if there are any that you didn't, you want to make sure that those are unchecked. So this is where you have control over the visit that you've just created. Once you've assured that the tasks reflect what you've done in the visit, you would click the box at the bottom that says "all services complete end visit".

This is going to take you to the checkout screen. If signatures are required, then you'll have the option to collect signatures on the screen. If your participant, or your participants authorized representative needs to sign, then you can take a finger or stylus, and sign the name. And then as the caregiver, you would sign the name as well. So once that is completed, you hit "complete visit" and then you're going to get confirmation that the visit has been completed and has been successfully verified. Next slide, please. You may be wondering how this all works on the back end of the system. So what you have here, you've seen the visit gets scheduled. You've seen the visit get completed, but what you haven't seen is how the visit gets verified on the system.

We have a very smart technology that we create and configure to DHHS recommendations and requirements. So when you submit the visit, to Tellus, Tellus is going to check that visit against the requirements that DHHS has required, that has requested. If that visit matches all those requirements, it's going to keep going over to the matched, so then that visit will be ready for you to submit your claim. If, for whatever reason, something is missing or needs added to the visit, you're going to have the opportunity to log into the provider portal and correct whatever may be wrong with that visit. Once you've made those corrections, the system will look at that visit again to make sure the requirements are met. If they are, it moves on over to matched, and then you can submit it.

Where this may look like a bunch of boxes, it's really not that complicated. Once you submit the visit, it takes a split second for the system to determine if it meets the requirements or if it doesn't. So again, we work very closely with our provider community so that we could create a system and process where you can submit your claims quicker without a lot of impact to your business. Next slide. One of the things that DHHS has decided is to allow an open model in Nebraska. So if you already have an EVV vendor, your vendor is welcome to connect with Tellus so that you can continue using your vendor and we'll collect the data from your vendor. If you do have a third party vendor, there will be requirements for your vendor in you to comply with.

Those requirements will be posted on the DHHS EVV webpage. Right now, there are draft requirements on there. We're in the process of finalizing those requirements and you should see them soon. In addition, providers will be required to sign an attestation or confirmation for DHHS saying that their vendor is compliant with the 21st Century Cures Act and the requirements set forth by DHHS. Vendors will also be required to sign the same attestation or confirmation for Tellus saying their system is compliant. We want to make sure that everyone is compliant with the rules and that everyone has smooth transitions once we go live.

Next slide, please. So in addition to technology, we also offer outreach, training and customer support. We work with DHHS to help create some communications to go out to you so that you are updated and aware of what's happening with the EVV implementation. We also have a training platform that providers will be able to use. In that platform, providers have modules that they can select based on the area that they may need more information. Helpful user guides and FAQs for the system will also be available. So that providers have the one-on-one support they need. We also have a dedicated helpdesk who will be able to talk to those providers when they need help or have questions. So, without further ado, I want to introduce you to Lisa's demo. I'm very excited that you're going to be able to see this. And Lisa, take away.

**Lisa Turner:** Thanks a lot, Kristy. Hello, everyone. I am Lisa Turner. I am 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 me. I work with thousands of providers to help adopt the EVV and I'm very passionate about the provider community. So with much anticipation, let's get started. So, first, I want to show you how super easy and fast it takes to complete a visit.

Our mobile app is designed for easy navigation so that the caregiver can spend less time on the phone and focus on the care of the participants. Now, first, the provider must download the mobile app, just as they would do any app within their personal, phone or tablet. As Kristy mentioned earlier, you can download, just like you download Facebook, banking apps, or restaurant apps, you will do the same. Also, for the demo purposes, I've already downloaded the application, but I just want to quickly show you how to do so. Although you can download the app any time you want, you will not be able to use it until the go live date. So right now, I'm showing you is, of course, an iOS, the Apple phone. So, for Apple users, you're going to use the Apple Store, which is at the bottom of the screen. Of course, for Android, you're going to use your Play Store to search for the Tellus app. I'm going to select the A for the Apple Store.

I'm going to click on the search to get that engine bar. And on the engine bar, I'm going to type in the company, Tellus T-E-L-L-U-S, space E-V-V plus. Now keep in mind that when you're searching for Tellus EVV, you want to make sure that you enter that EVV plus and to make sure that you have the accurate Tellus app, you want to select the green logo that is right next to the name Tellus. So, I have already the app download it. I click on open to take me right to the Tellus page, where I'm going to enter my credentials, which is, of course, a username and the password. Once I've entered my password accordingly, I'm going to click on the login button that is below the password sign in.

And, as it's signing in, our app has security measures per HIPAA law, and depending on the security of the providers' device, such as face ID recognition or fingerprint. If you don't have neither of those types of security, then the app is going to ask you to enter a four digit code, just like an ATM pin number. You enter that four digit code. Just in case your phone gets lost or stolen, no one will have access to the participant's information. Now, before I continue with the data of the scheduled visit, I also want to show everyone on the call that our application is also available in Spanish. So you may change the, the data, or the information to the Spanish language to access the Spanish language.

I just want to quickly show you that to access it, you're going to go the main menu, which is on the upper left hand corner, and the blue area, next to tell us, to see the three horizontal lines. I click on the main menu, and as you can see, you know, second from the bottom, it says language. I tap on the language category, and now I have the option to select Spanish, and then now my data will be translated into the Spanish language. So, I just wanted to share that quick little information with you guys. All right, so let us go back to the homepage, where we started.

And here and the first page is the calendar. The calendar, where you're going to see the visit that is already scheduled for the day or according to the timeline, so you no longer have to call in or get a paper schedule of that service. You can see that information there. To see the details of the visit, you just simply click on the name where you see that name, Fernando, you tap on that name. And then you'll see that the information is already provided for you from the name of the recipient or the participant. You have the date and the time and the location where the services will be provided.

Below the visit details. You have two color bars. We also not only color them, but we also labeled them. The green button, which is your go, start visit or check in visit, which is where you're going to begin the service. And if there is any reasons why you cannot provide services, the red button that says "cannot start the visit" this will initiate some reason codes as to why this visit is being cancelled and why you weren't able to provide the services. Now, for the purposes of this demo, I'm going to clock in which is, of course, selecting the green "start the visit" process. When I click on the "start the visit", the application is going to capture my start time, and of course is going to capture behind the scenes, the location of where I clocked in.

Once you clock in and you can see the details once again, from your scheduled date and time, to the actual start time where you clocked in and your schedule end time. Below the program, the visit details, you'll see the services that you are to provide or the service. In this example, I am providing personal care and below the personal care, I have the three tasks that I must complete: bathing, undress and dress, and prepare breakfast for the participant. Now, for this example, once you clock in, you can see that it took less than ten seconds for us to start the visit, and now we can put the phone down and we can go take care of our participant because our number one goal is the care of the participant.

Now, for this example, the visit is scheduled for one hour. So, let's say my hour is now up and I am done with the service, and I am done with the task. I come back to the cell phone and it's time to end the visit, which is the checkout process. The checkout button that you see is "end the visit". Once you click on "end the visit" to clock out, the system is going to ask you, hey, are you sure you want to end this visit? The app will ask to confirm that just in case you selected this visit or selected that button by mistake. So, in this case, I am done, let's say the hour just arrived, and I click "yes".

Now, here's a brief overview of the entire visit you have on the top from left to right, your actual start time and your actual end time. Below the timing, you have your service or your services, and the task or tasks assigned. Then, now, let's say, for this example that I was not able within the hour to provide one of the tasks that are, you know, that is on the schedule, so let's say that I didn't have time to prepare breakfast. So, if that's the case, I'm going to deselect the prepare

breakfast task because I took more time bathing and undressing and dressing the participant. So I couldn't I didn't have time for the breakfast piece. So once I've selected the tasks that I was unable to provide, I'm now going to complete the checkout. So, I click on the "complete checkout" button at the bottom.

And, now, I have the confirmation page. So, the confirmation page is saying, hey, all the services, or the service and the tasks are completed except one that is listed as incomplete. Now, the signer, whether it's the participant or a representative of the participant, it's going to assign confirming that, yes, those services were provided at that date and during that time from beginning to end. Now, in the middle of the screen you see toolboxes from left to right, you see, on the left side, it says recipient. That's where the actual recipient will sign and on the right is the caregiver, that's what your provider will sign.

But, let's just say that in this case example, the participant is unable to sign for X reason to change the naming convention from recipient to whoever's going to sign, the yellow bar that you see above the two boxes, that where it says recipient, that's where you're going to change to who was kind of sign on behalf of the participant. So I click on the recipient bar and now, you'll see a list of reasons or who will be signing. So, number one, was there no signature gathered? The family member will sign, a legal guardian will sign, or representative. In this case, a family member is going to sign on behalf of the participants. So I select the Family Member option, and I click okay.

Now, the system is going to ask, hey, why is this family member signing on behalf of the participant? Well, we have a prefix list, either your participant is blind, impaired, it's a child, the participant refused, or they're unable to read or write. In this case, the participant for my example, is impaired. So I click on the impaired option, and I click okay. Now you will notice that the box on the left that once that recipient now says, family member. So now, all you have to do is tap on the family member box with your finger.

Just tap it, hand over the device. And of course, the family member can sign with a finger or, you know, if you're fancy, you have the stylus pen and that panel, so the family member sign, and then now the tab on the right where it says caregiver signature you tap on that tab and then of course the caregiver will sign. Once you have captured both signatures, let's finalize both of the signatures by clicking on the complete at the bottom right. And now you have your confirmation with both signatures from a family member on the left, provider on the right and now we're going to complete this visit. Tap on the complete the visit, the system is verifying everything and you get this confirmation that, hey, the visit was completed and successfully verified. I click OK, and now I'm done.

Well, everyone, so at this time, you know, I have some good news and some bad news. The bad news is that the demonstration is done. And the good news is that I'm handing it over to Jenn, and it's time for some good things for Q and A thanks, everyone.

**Jenn DeBoer:** Thank you, Lisa. Thank you very much. And 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 sessions and our panelists that we just introduced, we'll also be answering your questions and provide some responses to them. So, Joe, back to you.

**Joe Schnur:** Okay, great, thank you, Jenn. Hello, everybody, this is Joe Schnur from Tellus. I'm going to facilitate the Q and A session. I can see that many of you have started to chat questions. Please continue to do so, and we will try to get to as many of these as possible live here on the webinar, and, of course, the ones that we do not get to, we will follow up afterwards.

**Q:** So, Lisa, you actually might be good at that first two questions are regarding versions of Android and iOS, which, what are the minimum versions required to run the app? Do you happen to know that?

**Lisa Turner:** Yes, great question. Thanks a lot, Joe. So, for the application to be compatible for download, the devices must be greater than a five model version. So, for example, if you are an Apple user. I'm speaking about iPhone 5, it has to be no greater than a 5. Of course, Android, your version has to be five model version. Anything less than a five model, version, phone, or tablet, the application is not available for download. Thank you, Joe.

**Joe Schnur:** Okay, great, thanks Lisa. And then just to add onto that, so that's the device version, and then the software version of the applications. There's also an operating system version, which hopefully you keep current with that and then there's a version of the Tellus app as well. Every once in a while, we will issue some updates. And so, it's important that you also keep up to date on both of those as well so that they are in sync and you have the latest revisions that have cleared any kind of bugs or anything like that.

**Q:** There's a question here about adding tasks while you are working.

**Joe Schnur:** So the way the tasks are going to work, in the Tellus application, is the tasks come over in the authorizations, and Tellus will automatically load those tasks into the application. Then during the visit, the provider can choose this checkoff the tasks that were completed in that visit. So it's all pretty automated. You don't have to "load anything" all of it will automatically be loaded through the application. All right, let's see.

**Q:** There's a couple of questions here about third parties.

**Joe Schnur:** I know that Kristy spoke to third parties. We will implement a full third party process. There is a draft version of the third party requirements on the website, the DHHS website. We will be issuing the final version of that shortly. That will lay out all the specific requirements for the third parties.

**Q:** And then there are some questions around, you know, data flows and how they're going to be uploaded or available for upload into third party systems.

**Joe Schnur:** And we will put that in the Q and A. We are still working through some of those work streams.

**Q:** There's a couple of questions on here about languages.

**Joe Schnur:** So I know Lisa showed how the application, both the mobile and the portal, are available in English and Spanish.

**Q:** There are some questions about, will there be other languages available?

**Joe Schnur:** So, I know what, at the current time, English and Spanish are the two required languages. I don't know if Heather or anybody else wants to comment on any languages further than those.

**Heather Leschinsky:** Hi, this is Heather. Vince, did you want to answer that? Either one?

**Vince Rea:** No, go ahead Heather.

**Heather Leschinsky:** Okay, so the requirements meant that the requirements that we put forward for Tellus, the State of Nebraska, is that the, the application must be offered in the most prominent non-English speaking language, which is Spanish in Nebraska. So at this point in time, Spanish is the other language that will be offered.

**Joe Schnur:** Thank you, Heather.

**Q:** The next question is about signatures, and I know that there's an ongoing discussion around a lot of specifics around signatures. So we'll probably follow up on this one, but it does say, you know, we have several clients who are unable to sign for themselves, and if those people are not available at clock out, what happens?

**Joe Schnur:** So, again, on the application, there is an option that if you're not able to collect a signature, it does allow for that. You would click the drop-down menu, there is a no signature gathered option, and then you would be asked to enter in a reason code. But again, as I mentioned, there are several discussions around kind of signatures, and how they're all going to be handled in an EVV world, and so there will be follow up answers on that in the FAQs.

**Q:** There's a question about, once we move the paper or once you move the EVV, can we get rid of paper or paper timesheets still required.

**Joe Schnur:** So the idea with EVV is to get rid of paper, but I will let Karen or Heather share some of their thoughts.

**Karen Houseman:** Can you go back to the slide that shows the different services that we'll be utilizing the EVV service, the EVV platform.

**Joe Schnur:** Can you go back to that slide? There you go.

**Karen Houseman:** So, at this time, when we implement EVV, these are the services that will be utilizing the EVV service, the other service codes will still have the payment process that they have today.

**Joe Schnur:** Great, meaning that if your service is not on this chart, then it is out of scope for EVV at this time and then you'll follow existing processes. Great.

**Q:** If a caregiver or clinician arrives after the visit is scheduled to start, how do they adjust the start time?

**Joe Schnur:** The reasons for late arrival could have been caused by patient visit issues, or yeah, there's multiple examples where this will happen, and so the way that that is adjusted in the system, so first of all, you can clock in after or even before the scheduled time. In fact, rarely do we see that visits hit exactly the time. There is also a counter on the application to let you know how long you've been in the visit, in case you lose track of that. Meaning that if you know that visit is scheduled for an hour or two hours, then you can always look at the application. That will let you know exactly how long you've been in the visit.

But if you do need to adjust time for a legitimate reason, then, through the portal you are able to adjust the time. And again, you will need to enter a reason code for that, for any changes. But again, if you clock in, let's say you arrive 10 minutes late because the traffic, or something, then, you would just extend your visit 10 minutes on the other side. So you would still have the required time in the visit.

**Q:** Is there flexibility to add more services provided during the visit if it's determined that other services need to be provided after arriving at the home? Karen, Heather, do you want to take this one?

**Karen Houseman:** So in this question, I think when they say services, they mean what they are providing to the individual receiving care and we're calling those tasks. So, what I envision, and what we've talked about is the service authorization is going to have the tasks tied to it and it's not going to be separated for that specific visit. When the caregiver clocks out they will have the whole comprehensive list of approved tasks available to choose from. If they didn't do them all, that's fine. They do what they have agreed upon with the individual and what's in the scope of their service authorization. If there's something not on that list of all the tasks and they need additional care then following up with the service coordinator and having that individual express their needs to their service coordinator would be needed at that point.

**Heather Leschinsky:** And, Joe, could you explain, I think, another way to also address this question and we may not be completely understanding it, but I think we all interpret the questions a little bit differently.

**Q:** But could you address, if the scenario is, I have a visit scheduled for an hour, and it ended up that I needed to do more cleaning than what I anticipated, and I ended up being there for two hours. So, that could be another scenario that could fall under this question. How would that be handled in the Tellus application? Could you all speak to that?

**Joe Schnur:** Yes. So, in that case, where the visit was scheduled for an hour, but for good reasons, the visit extended longer than that, let's say two hours, That is not a problem, that will be captured in the application. So, again, you would still check out, at the time when you are

done the service, and it will record the entire time that you are there. And then on the back end, what we're doing is we're matching that up against the authorization. So as long as it is in line with what has been authorized, then it won't be a problem. So, that's how that's handled.

**Q:** There's a couple of questions on here about Therap, which I know many of the providers' use for different ways today, and they're asking how is this going to work? Will there be an interface with Therap, those replace Therap, so those types of questions. So who wants to start with that one?

**Heather Leschinsky:** I can take those on so that Therap is the case management solution for the DD waivers. And so it is not going away or being replaced. What we are looking at is potentially offering an EVV module within the Therap of application. If the providers choose that route, providers can choose to use the Tellus route, but all of the other functions that already exist in Therap will continue including the program documenting the program and for the non EVV services the time in time-out feature will still apply to those services.

So Therap will continue. There is where we're exploring the opportunity for these EVV services to be entered in Therap in an easy module, which is different than what exists today with the clock in clock in feature, but then there is always the option, especially well, for those providers that use multiple, or serve, multiple search service codes. So, you might be a service provider in the DD waivers and you might be a provider for the aged and disabled waiver. You could use the Tellus for both, but you will still have to go back and forth between Therap and Tellus. But Therap not going away. And, are there any other questions that I didn't cover in that, Joe?

**Q:** Regarding billing, so if there is an option for Therap for EVV, I choose to use that, do I still do my billing through Tellus?

**Heather Leschinsky:** The answer to that is yes, you would still need to do billing, and in Tellus, for the EVV mandatory services.

**Joe Schnur:** Yes, okay, thank you.

**Q:** There's a question on here about the cost.

**Joe Schnur:** So, the cost for Tellus includes the mobile application and the provider portal, there is no cost, so DHHS is covering those costs. The providers would be responsible for the device costs, so any kind of hardware, but all the software costs are included and covered by the state. There's another question about, just signatures. I think we covered that one.

**Q:** There's a question about how does the GPS work?

**Joe Schnur:** So again, I know Kristy had mentioned this, but it's a good one to cover again. So the mobile application, just like all smart devices, they do have GPS capabilities. You do need to enable the GPS capabilities for the application to work so you cannot disable it then EVV will not work. And the way the GPS comes in is when you check in, you hit the check in or you start service is actually what it's called. When you hit that button, the GPS activates. And it just

identifies the location at that time and once you identify the location, which it typically takes seconds, then it turns off. And then when you hit the clock out or and visit complete, then it will all it will do the same, it will activate it, will identify location, and then it will turn it off. So at no time in, between do we track anybody or anything. So it is activated actually, by the provider selecting the clock in and clock out. Hopefully that answers the question on the GPS.

**Q:** And some people may wonder, how does GPS work if there's no internet?

**Joe Schnur:** So smart devices have a satellite receiver in them, and they can still work without internet. The application does work in offline mode, which allows the smart device and Tellus application to work when you are not connected to the internet. Which is a great feature. I know there's rural parts of Nebraska that this is going to be very important for, so you will still be able to clock in, clock out, capture signatures, everything you do, and GPS will still be captured through that satellite receiver in the smart device. Then, when you do get back into an area with an internet connection, the data will be automatically loaded into Tellus, so you don't have to do any extra steps. So, that's, that's a nice feature that I know will come into play for many of you.

**Q:** There's a question here about services for live in, if you live with the participant does this apply to me, basically. Who's best to handle that one?

**Heather Leschinsky:** Karen.

**Karen Houseman:** I'm using two computers, and I grabbed the wrong mouse to unmute. Could you repeat the question, I'm sorry.

**Q:** Sure, there's a question about if I live with that, with the participant that I'm providing service for is EVV still relevant, for me?

**Karen Houseman:** Yes, it is. We made that decision at the state level to still have caregivers that live with the person they're providing care for to use the EVV solution. So, yes.

**Joe Schnur:** Okay, great.

**Q:** I'm wondering how all the information for schedule, tasks, et cetera, is entered, how is the schedule entered?

**Joe Schnur:** Good question. So, a schedule can be entered either on the web based portal or on the mobile application. It can be done in both places, and depending on your specific needs, you know, you may prefer one over the other. It's a pretty simple workflow where you're going to go through and select the recipient that you're scheduling for, who's providing the service, all the required fields that we had mentioned that are required for EVV. What is the location for the start, the visit, and the visit? What service are you providing? The task will be automatically fed him from the authorization so you will not have to load the tasks.

Once you select that service, it will, it will pull the tasks in, and then the estimated time for that schedule. And, again, we talked that, you know, you don't have to be exactly on the schedule, but

that is the best guess to what the visit is scheduled for. You don't, you do not have to schedule in advance, meaning you can basically schedule in real time or create the visit in real time. So you could be, you know, sitting in the driveway, create the visit, go in, and start the visit. If you would like to schedule it in advance, and create your whole calendar for the week, you have the flexibility to do that as well.

**Q:** Another question on third parties. How do I integrate this into Tellus?

**Joe Schnur:** So we had mentioned earlier there will be a third party process. There will also be a requirements document that we will post to the website. We would like to begin to engage with the third party sooner rather than later, so feel free to reach out to tell us, and let us know who your vendor is. I know we had sent out some survey information to collect that type of information as well. Tellus has integrated with many vendors and other states. So, the good news is that for a lot of the vendors that are present in multiple states, we will likely have an existing relationship that we'll be able to leverage. But, of course, there are somewhat some that maybe, we haven't worked with, and those are specifically the ones we'd like to engage with very soon. So, please let us know who those are.

**Q:** Another question, just about signatures. Are they required?

**Joe Schnur:** So, again, what we're going to be and we're going to be posting some specific questions or answers around the signature, so more to come on the signatures in our FAQs.

**Q:** If we use Tellus as our primary app, how do we get the data we need to prepare the state mandate cost report?

**Joe Schnur:** Who's best to handle that one?

**Heather Leschinsky:** That might be one we will have to document. That's another question. We will probably need to - that's a new question we haven't heard yet, so we'll need to look into that and provide follow-up on that particular question.

**Joe Schnur:** Okay, perfect.

**Heather Leschinsky:** I do. Would there will be. I do want to caveat. There will be interfacing or talking back and forth between, Tellus and Therap, so we may be able to accomplish what we need to for the cost based reporting through the current means. But we'll just have to follow up and research it and provide a follow up.

**Joe Schnur:** Thank you, Heather. Jenn, can you give me an idea how much more time we have?

**Jenn DeBoer:** Yep, we have, you can actually answer at least, about 2 to 3 questions because the allotted is to 4:40 or, you know, you were to, Nebraska Time 3:40.

**Joe Schnur:** Okay, great. Awesome. And really, we really do appreciate the questions. The sessions are for you. So we do really appreciate the engagement.

**Q:** Does Tellus no, our total hours allowed per Provider, will hours automatically be loaded.

**Joe Schnur:** So, yes, we will be receiving a feed from DHHS with the authorization. So, any specific information that is on the authorization will be loaded into the Tellus system. So, as specific as the authorization is, that's how specific the Tellus system will be.

**Karen Houseman:** So, I interpreted that question a little bit differently, because I was reading into it for the Aged and Disabled Waiver. The participant may have three providers are so that they kind of coordinate their schedule on, you'll still coordinate the schedule outside of the EVV system. You're welcome to use pen and paper, or track at however you're doing it now, and that scheduling piece can occur as soon as two to three seconds before the visit, or you could do it ahead of time. It's up to the participant, and, and how they're working with their providers on how they want to do it. The authorizations won't have any additional scheduling details, though, the additional information that will be available in Tellus, is that task oriented information.

**Joe Schnur:** Thanks for that. There's a couple here that I think we've answered. Let me get to some new ones.

**Q:** What a staff call and last-minute for sick?

**Joe Schnur:** Basically, I think this is, you know, how do we update it? So you can update any existing schedule with any of the criteria, whether it's you need to change the staff out, you need to update the time. There's a, you just pull up the existing visit and there's a update visit, and it will pull up this screen, the same screen basically that you use to schedule a visit, and then it will allow you to adjust any of the criteria that you need to, and they just hit save. And it will actually ask if it's a re-occurring visit. The will ask you do you just want to make this change, just for this time or for all times going forward. And you can make that choice.

**Q:** There's a couple other questions about kind of scheduling flexibility.

**Joe Schnur:** And we will be, in future stakeholder meetings, we will be diving into the schedule because I know there's a lot of good questions on here about how's the scheduling work? And we will demo those components, schedule does allow a fair amount of flexibility around re-occurring, days of the week and all those types of things. So, we will show a lot more of that on future calls.

**Q:** Can still receive a phone call, even if I'm using the app.

**Joe Schnur:** The answer is: yes, the app does not interfere with the phone call, or vice versa.

**Q:** There is a question around billing frequency, which I know there's been some of those before.

**Joe Schnur:** So, I believe the way we answer this one is that billing frequency, meaning, can I release how often can I release my billing, from Tellus. And that frequency is really up to the

provider. They can release their billing daily, weekly, monthly, or whatever they prefer, and then that will, I think Karen had mentioned this in the beginning, that will allow them to get into the cycle potentially earlier, allowing that revenue stream to happen quicker. But the overall payment, cycles will remain the same. Did I capture that correctly?

**Heather Leschinsky:** Yeah, So, the provider can, release their claims, like you said, whatever frequency they choose, there will be a weekly feed from Tellus to NFOCUS so, NFOCUS will continue to be the source in which the payment is issued from and that will, that cycle will continue to be according to the NFOCUS cycle. So, a weekly pain and being issued out of NFOCUS.

**Joe Schnur:** So, Jenn, at this point, I know we need to wrap up, should I turn things over to you and we will follow up on the remaining questions?

**Jenn DeBoer:** Oh, you have about five more minutes if you have Yeah, I can definitely give that to you.

**Joe Schnur:** Okay, great, because there's definitely more questions here. Let's see.

**Q:** There's a question about, basically what if location services are not available. And staff needs to clock in.

**Joe Schnur:** So, again, GPS will work even though there's not internet. So that should not be an issue.

**Q:** Here's a question about how do I know if billing has been processed or paid?

**Joe Schnur:** So there will be a feed from DHHS back to Tellus with the final adjudication status and then that will be updated in the Tellus portal. So, at any point, you can go in and get an updated status on all of your claims. We allow you to search your claims by any of the statuses, so you can go in there and see which ones are still waiting to be processed, which ones have already been paid. Maybe, if you have any denials, you can search by all your denials. So all that data is available, there's also a little graph available on your dashboard. So if you prefer to look at it in a graph format that gives you a quick overview of all the statuses, as well.

**Q:** Can your multiple start and stop times in one day, we need to collect signatures for each time?

**Joe Schnur:** So yes, if you have a visit in the morning and then a visit in the afternoon, then yes, you will need to go through the clock in the clock out process. And again, check off the tasks that you completed in each of those visits and also capture the signature, which is really verifying for that specific visit, what was accomplished. So the answer is yes, you would have to complete the check in, check out with signatures each time.

**Q:** Can this be done on a computer?



**Joe Schnur:** So the phone has the GPS, so or a smart device, let me say that because it can work on a tablet as well, whereas the computer doesn't have that. So, the application needs to be downloaded, so as long as it's a device that you can download the app, then it can be used if there is a reason where, or you forgot your phone or your battery died and you don't have your charger or there are going to be examples of where you just don't have the device available. Then, you can use the computer or the Tellus portal to manually log that time. Even if you do it, like, say you're an individual provider, you did a visit, that day, you forgot your phone, you most likely probably still recorded that visit on paper, because you didn't have your phone. And then you can, when you get back to your office later that day, you can go on your computer, get on the Tellus portal and then complete that visit manually. And then it will ask you for a reason code. And then it will obviously identify that visit as being non-electronically verified. So, hopefully that explains the, kind of the manual process around that.

**Heather Leschinsky:** But we want to make sure that people are using the mobile device and using the EVV as their primary source of checking in, checking out because the 21st Century Cures Act does require that we capture all of that information so we can have providers using the web portal for manual, entries for their entire business. So it would only be in those rare occasions when the mobile device wasn't able to be used that the web portal would be, the manual entry is what we would want to use.

**Joe Schnur:** Okay, thank you for adding that. And then maybe the last question is really around timing.

**Q:** There's a couple of questions on your kind of when are we starting?

**Joe Schnur:** So Vince, do you want to give the overview of when the expected kind of kickoff launches?

**Vince Rea:** Sure. So we are hoping for a launch at the end of September. And we will be completing the rollout at the end of November, the process of how that's going to be about and who's, at which times, is still being worked on. And there'll be more information coming, probably within the next meetings to identify some more details around that.

**Joe Schnur:** Great. Thanks, Vince.

**Q:** And I know that we did get some questions that people actually did go and download the app and said, hey, the app doesn't work.

**Joe Schnur:** So you can download the app, but if you are correct, it will not work until we go live. So there's it doesn't hurt to download the app, but it just won't work until we actually go live with the system. So at this point again, I wanted to thank everyone for their participation. Thank you so much, Heather and Karen for answering all the tough ones. And at this point Jenn, I'll turn it back over to you.

**Jenn DeBoer:** Thank you very much, Joe. Much appreciated. And 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 webpage is regularly updating information and revitalizing, 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 webpage has listed all the stakeholder meetings and any upcoming EVV announcements. You can find most of the upcoming events on the EVV web page, and you can keep yourself updated on the EVV events by following us on the Nebraska Department of Health and Human Services Facebook page. Please respond to the survey questions that will be sent to you tomorrow. Your feedback and comments are guideposts to this EVV implementation. I want to thank you again for joining us in the EVV Stakeholder Meeting. The meeting is now adjourned. Good day, and be safe. Thank you, all.

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