Provider Feedback on Electronic Visit Verification

Information and Disclaimers

ISSUE DATE: February 21, 2018
RFI NAME: Electronic Visit Verification (EVV) Provider Survey (YH18-0055)
RESPONSE DUE: March 12, 2018
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QUESTIONS CONCERNING THIS RFI SHALL BE DIRECTED TO THE IDENTIFIED PROCUREMENT OFFICER.

Responses to this provider Request for Information (RFI) must be submitted to AHCCCS on or prior to the time and date through the survey link provided. Late responses will not be included in the information collected for the RFI. This RFI is being issued by AHCCCS, however, Mercer, a consulting firm, will be collecting the data and is subject to all of the same terms of confidentiality.

To respond to this survey, persons with a disability may request a reasonable accommodation by contacting the appropriate procurement agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

Only one response per provider will be accepted. If more than one is submitted, AHCCCS will determine the most appropriate means to reconcile the submissions. Responses to this RFI are confidential and no provider specific information including any identified proprietary information will be made public. Aggregate information from this survey will be publically posted. Responses and information shared will not contain any provider specific or identifying information. Responding to this RFI is appreciated and is designed to collect vital information from provider organizations. EVV vendors (organizations that provide these systems) should not complete this survey.

THIS RFI WILL NOT RESULT IN A CONTRACT. RESPONDENTS ARE STRONGLY ENCOURAGED TO READ THROUGH THE RFI. THE DESIGN ELEMENTS DISCUSSED IN THIS RFI DO NOT REFLECT THE FINAL DESIGN APPROACH, RATHER THE CURRENT EVV APPROACH BEING CONSIDERED BY AHCCCS. THE RFI WILL HELP INFORM THE FINAL DESIGN ELEMENTS THAT WILL BE INCLUDED IN AN RFP TO BE RELEASED IN 2018.

Survey Purpose

In response to the EVV requirements outlined in the 21st Century Cures Act, issued in 2016 and AHCCCS efforts already underway to implement EVV, your organization's response to this survey is being requested to gather critical information. While the Cures Act allows the EVV system to be implemented in stages, Personal Care services by 2019 and Home Health services by 2023, AHCCCS is planning to implement EVV with these services within the 2019 timeframe. Responses are being sought from both providers without EVV systems and providers who currently use an EVV system. All of this information will be used by AHCCCS to inform the issuance of a formal Request for Proposal for an EVV vendor in 2018. While AHCCCS is procuring the system, EVV implementation does not intend to change how providers currently interact with health plans or AHCCCS.

An EVV system is defined under the Cures Act as a system under which visits conducted as part of the personal care services or home health care services are electronically verified with respect to:

-The type of service performed;
-The individual receiving the service;
-The date of the service;
-The location of service delivery;
-The individual providing the service; and
-The time the service begins and ends.

The Center for Medicare and Medicaid Services (CMS) defines personal care under state plan, waiver and demonstration programs as non-medical services that include supporting members with activities of daily living (ADL) and depending on the Medicaid authority can include instrumental activities of daily living (IADL) such as meal preparation, money management, and shopping. Home health care services are state plan services that are defined under 1905(a)(7) of the Social Security Act. The RFI seeks input only from providers of the following in-home services identified by AHCCCS for implementation of the EVV system. Providers of per diem services in licensed settings like group home or day activities do not need to complete the survey. Below is the list of identified services:

SERVICE - SERVICE CODE
-Attendant Care - S5125
-Companion Care - S5135
-Habilitation - T2021
-Home Health - Home Health Aide - T1021
                Nursing - G0299, G0300, S9123 and S9124

Physical Therapy - G0151 and S9131
Occupational Therapy - G0152 and S9129
Respiratory Therapy – S518
Speech Therapy - G0153 and S9128

-Homemaker - S5130
-Personal Care - T1019
-Respite - S5150 and S5151

The RFI covers the provision of these services regardless of the population being served (e.g., members eligible for acute care/physical health, behavioral health or long term services and supports) and seeks responses from all providers of these services. Service Codes provided are not all inclusive and may be modified or changed based on CMS, stakeholder or other information provided during EVV design and development process.

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EVV Goals

AHCCCS is interested in meeting the following objectives through the implementation of EVV:
- Compliance with the requirements of the Cures Act;
- Supporting timely documentation of service delivery for members including real-time service gap reporting and monitoring;
- Reducing administrative burden associated with hard copy timesheet processing;
- Generating cost savings from the prevention of fraud, waste, and abuse.

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Survey Summary

The survey consists of three sections and is designed to collect basic information from all the providers that choose to respond. The information contained in this survey is being collected to inform AHCCCS about the types of providers, provider concerns, types of systems that may already be in place and the number of transactions that will need to be managed on a daily basis. The survey also provides detail on some design

elements that represent the proposed AHCCCS EVV approach. Please note that results of this survey may result in changes to the proposed design. This will be reflected in the Request for Proposal that will be released in 2018 for the procurement of the EVV system.

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Survey Section 1: Agency Information

* 1. Provide the name of your organization.

[   ]

2. Select the staff title that best represents the individual completing this form

[⬍]

Other (please specify)

[   ]

2. Drop Down Options
Executive Director
Fiscal Staff
Billing or Scheduling Staff
Administrative Staff
Other

3. What are the population(s)/program area(s) that is/are being served?   (Check all that apply)

☐   Acute Care/Physical Health

☐   LTSS - Physical Disabilities and Older Adults (EPD)

☐   LTSS - Intellectual and Developmental Disabilities (DDD)

☐   Behavioral Health

☐   Other

Other (please specify)

[   ]

4. Please indicate your organization's provider type(s).

☐ Attendant Care Agency - PT 40

☐ Habilitation Provider - PT 39

☐ Home Health Agency - PT 23

☐ Community Service Agency - PT A3

☐ Fiscal Intermediary - PT FI

☐ Integrated Clinic - PT IC

☐ Behavioral Outpatient Clinic - PT 77

☐ Non-Medicare Certified Home Health Agency - PT 95

☐ Other (please specify)

[ ]

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Agency Information

Direct Care Worker/Staff and Member Information - Questions 4 and 5 are designed to identify the number of direct care workers/staff and the number of members whose visits will be processed through the system. Each time a person receives a different service, the EVV system is required to have the capacity to process the information effectively. To help gauge number of visits processed through the system, survey respondents are asked to indicate the number of direct care workers/staff who are providing care and the number of members that receive each service listed below.

5. How many direct care workers/staff in each of the following service categories received a paycheck during the calendar year 2016 by service type? Direct care workers/staff served can show up in multiple service rows. For example, direct care workers/staff should be counted twice if they provider both Respite and Habilitation during a calendar year 2016.

Input Number of Direct Care Workers/Staff:

Attendant Care - S5125

[   ]

Companion Care - S5135

[   ]

Habilitation - T2021

[   ]

Home Health - Home Health Aide - T1021; Physical Therapy - G0151 and
S9131; Occupational Therapy - G0152 and S9129;
Respiratory Therapy – S5181; Speech Therapy - G0153
and S9128; Nursing - G0299, G0300, S9123 and S9124

[   ]

Homemaker - S5130

[   ]

Personal Carr - T1019

[   ]

Respite - S5150 and S5151

[   ]

6. How many members in each of the following categories received supports during the calendar year by service type? Members served can show up in multiple service rows. For example, members should be counted twice if they received both Respite and Habilitation during a calendar year 2016.

Input Number of Members:

Attendant Care - S5125

```
[                                                    ]
```

Companion Care - S5135

```
[                                                    ]
```

Habilitation - T2021

```
[                                                    ]
```

Home Health - Home Health Aide - T1021; Physical Therapy - G0151 and
            S9131; Occupational Therapy - G0152 and S9129;
            Respiratory Therapy – S5181; Speech Therapy - G0153
            and S9128; Nursing - G0299, G0300, S9123 and S9124

```
[                                                    ]
```

Homemaker - S5130

```
[                                                    ]
```

Personal Care - T1019

```
[                                                    ]
```

Respite - S5150 and S5151

```
[                                                    ]
```


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Agency Information

Unduplicated Counts - AHCCCS needs to know the unduplicated number of direct care workers/staff that will be potentially using the EVV system in total in order to quantify training and system requirements. AHCCCS would also like to understand to what extent family members who provide services might require specific training on the functions offered by the system.

7. What is the total number of unduplicated staff who received a paycheck for the service categories (attendant care, habilitation, home health, homemaker, personal care, and respite) during the calendar year 2016? List unduplicated staff counts only.

Number of non-family direct care workers/ staff

[   ]

Number of direct care workers/ staff who are family members
living in the home

[   ]

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Agency Information

Identifying the counties where services are provided will assist AHCCCS in understanding how the EVV system architecture (how it works) may need to be designed to operate in rural, suburban or urban areas. By identifying the number of unduplicated members using these services in each county by organization, AHCCCS will also be able to determine the number of members who may be impacted by system capabilities within a geographic area.

8. What is the number of unduplicated members served by your organization in each county?

County	
Apache	
Coconino	
Mohave	
Navajo	
Yavapai	
Cochise	
Graham	
Greenlee	
Yuma	
La Paz	
Santa Cruz	
Pima	
Maricopa	
Gila	
Pinal	

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Agency Information

Information technology infrastructure at the provider level is important to understand to determine what might need to be provided through the EVV system. Please check what technology infrastructure is currently being used by your organization.

9. What technology infrastructure does your agency currently use? Check all that apply.

☐ Existing EVV System

☐ Electronic Health Record

☐ Computer with Internet Access

☐ Tablet with Internet Access

☐ Mobile Internet Access

☐ Provider issued Cell Phone

☐ Provider issued Smart Phone

☐ IT Support

☐ Other

Other (please specify)

```
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
```

10. Is your organization currently considering, purchasing, or implementing a new EVV system? (Check the box that applies)

◯ Considering

◯ Purchasing

◯ Implementing

◯ Not applicable

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Survey Section 2: EVV Design and Functionality Summary

This section collects information on design preferences for both providers that currently do not have an EVV system and those that already have an EVV system. AHCCCS design elements will be identified in

the questions whenever possible. At the end of each question, survey respondents will have the opportunity to provide additional feedback. In order to simplify member and direct service worker/staff training and utilization, as well as maximize Federal Medicaid resources available to AHCCCS for the implementation of EVV, AHCCCS is considering procuring one statewide system to be used by all providers not already using an EVV system. Providers who currently use an EVV system may continue to do so as long as the system meets AHCCCS requirements. Data collected from existing systems will be sent to the AHCCCS EVV data aggregator via an interface. Maximizing these resources will support AHCCCS's focused effort to mitigate additional costs to providers for an EVV system.

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EVV Design and Functionality

EVV systems are required to capture time and attendance and various approaches can be used by staff when they arrive at the service delivery location to sign-in and sign-out. AHCCCS is considering any and all of the modes of data collection listed below. If a new EVV system has been recently purchased or is under consideration, please complete this section by selecting system features that are being considered.

11. _**For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system**_**: What modes of data collection are/may be used in your current and/or new EVV system?**

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (Advance to the next question)

☐ Land Line Telephone (Used only with limited connectivity)

☐ Fixed In-home Device (Used only with limited connectivity). A fixed in-home device is located in a members home or controlled by a member and generates a random number at the time of arrival and departure of the direct care worker/staff.)

☐ Cell Phone

☐ Cell Phone (with GPS)

☐ Tablet (Cellular or Wi-Fi)

☐ Computer (Wi-Fi)

☐ Other (Pleases specify in comment/feedback box)

☐ Comment/Feedback:

12. Which modes of data collection would you recommend to include in an EVV system?

(Please rank the following with "1" being the most important and "6" the least)

⁞ [⬍] Land Line Telephone (Used only with limited connectivity)

⁞ [⬍] Fixed In-home Device (Used only with limited connectivity). A fixed in-home device is located in a members home or controlled by a member and generates a random number at the time of arrival and departure of the direct care worker/staff.

⁞ [⬍] Cell Phone

⁞ [⬍] Cell Phone (with GPS)

⁞ [⬍] Tablet (Cellular or Wi-Fi)

⁞ [⬍] Computer (Wi-Fi)

13. Comment/Feedback (Are there other modes of data collection that you would recommend?)

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EVV Design and Functionality

Features of the EVV system outside of verification of time and attendance capabilities that would be beneficial are listed below. The first three design elements are being proposed by AHCCCS as design features to be included in the core EVV system. The AHCCCS proposed capabilities are being considered because they offer an opportunity to help providers reduce administrative burden and better support service delivery to members.

14. *For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system:* What system capabilities are being used in your current and/or may be used with yournew EVV system?

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (advance to next question)

☐ Scheduling module for direct service worker/staff - AHCCCS Proposed Design Elements

☐ Service plan module that would capture tasks completed – AHCCCS Proposed Design Element

☐ Track prior authorization, service approval, and utilization reporting for managing and monitoring – AHCCCS Proposed Design Element

☐ Ability to include service delivery note

☐ Provider Notification of missed or late visit with real-time alerts

☐ Automated claims submission and staff payroll administration and management

☐ Interactive provider dashboards

☐ Staff capability to access provider rules, policies, and procedures

☐ Staff credentialing module — staff educational information and training record e.g. incorporating the DCW testing records database

☐ Quality assurance and quality improvement activities — health and welfare monitoring, including the ability to capture members experience of care.

☐ Ability to allow member access to the system

☐ Other (Pleases specify in comment/feedback box)

☐ Comment/Feedback

15. What are the recommended EVV system capabilities in order of priority?

(Please rank the following with "1" being the most important and "9" the least)

⠿	[▲▼]	Scheduling module for direct service worker/staff – <u>AHCCCS Proposed Design Element</u>
⠿	[▲▼]	Service plan module that would capture tasks completed – <u>AHCCCS Proposed Design Element</u>
⠿	[▲▼]	Track prior authorization, service approval, and utilization reporting for managing and monitoring – <u>AHCCCS Proposed Design Element</u>
⠿	[▲▼]	Ability to include service delivery note
⠿	[▲▼]	Provider notification of missed or late visit with real-time alerts
⠿	[▲▼]	Automated claims submission and staff payroll administration and management
⠿	[▲▼]	Interactive provider dashboards
⠿	[▲▼]	Staff capability to access provider rules, policies, and procedures
⠿	[▲▼]	Staff credentialing module — staff educational information and training record e.g. incorporating the DCW testing records database

16. Comment/Feedback (Are there other system capabilities that you would recommend?)

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EVV Design and Functionality

17. ***For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system:*** **What data management and security features are current capabilities within your EVV system?**

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (Advance to next question)

☐ Data aggregator to allow collection of information from legacy EVV - AHCCCS proposed design element

☐ Provider specific dashboards and other reporting

☐ Ability to encrypt data when device is at rest or when data is transmitting.

☐ Ability to store encrypted data on a device for uploading later

☐ Cloud-based information storage with data encryption

☐ Role-based security required for the various modules with multiple levels of access control

☐ Security Administrator role for the provider – Someone assigned to administer all the security for the system

☐ Other (Pleases specify in comment/feedback box)

☐ Comment/Feedback

18. AHCCCS would like information on data management and security features of the EVV system that might be important to providers. What features of the EVV system do you think might be important to providers with and without EVV systems?

(Please rank the following with "1" being the most important and "7" the least)

⠿	[▲▼]	Data aggregator to allow collection of information from legacy EVV - AHCCCS proposed design element
⠿	[▲▼]	Provider specific dashboards and other reporting
⠿	[▲▼]	Ability to encrypt data when device is at rest or when data is transmitting.
⠿	[▲▼]	Ability to store encrypted data on a device for uploading later
⠿	[▲▼]	Cloud-based information storage with data encryption
⠿	[▲▼]	Role-based security required for the various modules with multiple levels of access control
⠿	[▲▼]	Security Administrator role for the provider – Someone assigned to administer all the security for the system

19. Comment/Feedback: (Are there other data management and security features that you would recommend?)

EVV Design and Functionality

Providers' administrative staff will require training on the EVV system. The following questions are intended to inform administrative staff training.

20. What are the preferred modes for _administrative staff_ training on EVV system requirements and use?

(Please rank the following with "1" being the most important and "5" the least)

⠿	[⬍]	In person 1:1 with provider
⠿	[⬍]	In person-multiple providers in geographic service area (GSA)
⠿	[⬍]	Open web-based (webinar)
⠿	[⬍]	Service-specific (Attendant Care, Homemaker, Home Health, etc.)
⠿	[⬍]	Online interactive training

21. Comment/Feedback: (Are there other administrative staff training methods that you would recommend?)

22. _For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system_: How is _administrative staff_ training being provided now or in the future?

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (Advance to next question)

☐ In person 1:1 with provider

☐ In person-multiple providers in geographic service area (GSA)

☐ Open web-based (webinar)

☐ Service-specific (Attendant Care, Homemaker, Home Health, etc.)

☐ Online interactive training

☐ Other (Pleases specify in comment/feedback box)

☐ Comment/Feedback:

23. What are the preferred modes for _direct service worker/staff_ **training regarding the EVV system requirements and use?**

(Please rank the following with "1" being the most important and "5" the least)

⠿	⬍	In person 1:1 with provider
⠿	⬍	In person-multiple providers in geographic service area (GSA)
⠿	⬍	Open web-based (webinar)
⠿	⬍	Service-specific (Attendant Care, Homemaker, Home Health, etc.)
⠿	⬍	Online interactive training

24. Comment/Feedback: (Are there other direct service worker/staff training methods that you would recommend?)

25. _For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system_**: How is** _direct service worker/staff_ **training being provided to individuals that are rendering services?**

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (Advance to next question)

☐ In person 1:1 with provider

☐ In person-multiple providers in geographic service area (GSA)

☐ Open web-based (webinar)

☐ Service-specific (Attendant Care, Homemaker, Home Health, etc.)

☐ Online interactive training

☐ Other (Pleases specify in comment/feedback box)

☐ Comment/Feedback:

```
[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
[                                                    ]
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EVV Design and Functionality

Members/ family members will require training on the EVV system. The following questions are intended to inform member/ family member training.

26. What are the preferred modes for _member/ family member_ training on EVV system requirements and use? Please rank the following training modes, with 1 being the most important.

⸬	[⇕]	In person 1:1 with member/family
⸬	[⇕]	In person-multiple members in geographic service area (GSA)
⸬	[⇕]	Open Web-based (webinar)
⸬	[⇕]	Service-specific (Attendant Care, Homemaker, Home Health, etc.)
⸬	[⇕]	Online interactive training

27. Comment/ Feedback: (Are there other training methods that you would recommend?)

28. *For providers with current EVV systems or those in the process of considering, purchasing, or implementing an EVV system*: **How is** *member/ family* **training being provided now or in the future?**

(Check all that apply)

☐ DO NOT HAVE AN EVV SYSTEM (Advance to next question)

☐ In person 1:1 with member/family

☐ In person-multiple members in geographic service area (GSA)

☐ Open Web-based (webinar)

☐ Service-specific (Attendant Care, Homemaker, Home Health, etc.)

☐ Online interactive training

☐ Other (Specify using the comment/feedback box)

☐ Comment/Feedback

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Survey Section 3: EVV Legacy Systems Summary

EVV Legacy Systems are any existing commercial off the shelf or customized systems currently operated by a provider. While this portion of the survey is designed for providers with a legacy EVV system, providers without a system are encouraged to review, respond and submit feedback on survey questions

as several proposed system design elements are presented. AHCCCS is proposing one statewide system with a data aggregator. Collecting information on the current EVV system that providers have already implemented can help inform the AHCCCS design effort. AHCCCS remains committed to mitigating costs and minimizing burden for the development, implementation, and use of the system.

29. Provider without a system can skip questions related to system implementation by checking the box below.

☐ DO NOT HAVE AN EVV SYSTEM (Skip ahead)

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EVV Legacy Systems

30. From the drop down menu, what is the name of the EVV system vendor your organization currently uses?

[dropdown]

28. Drop Down Box Options
Listing of 39 Companies and Other

31. When was the system implemented? If the exact date is unknown, list the approximate date.

Implementation Date

MM/DD/YYYY

32. How long did implementation take? List the number of days and include time spent on testing, initial training, and piloting to the actual "go live" or fully implemented start date.

Implementation days

33. How long did it take to transition from "go-live" to routine operation? List the number of days.

Days to Routine Operation

34. What was the cost of the initial investment? If initial investment cost is unknown, list an estimation. List whole numbers only.

Initial investment cost

35. What is the annual ongoing cost of operation? If ongoing annual cost is unknown, list an estimation. List whole numbers only.

Annual investment cost | [   ]

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EVV Legacy Systems

36. What has been your experience with the EVV system?

Rank the following categories based on your experience, where "1" is poor and "5" is the best.

	Rank score (1-5)
Timeliness of implementation	⬍
Training of staff	⬍
Training of members/consumers	⬍
Overall system design and functionality	⬍
Administrative staff adoption of the system	⬍
Direct service worker/staff adoption of the system	⬍
Members/consumers adoption of the system	⬍
Overall cost of operation	⬍

Comment/Feedback: (What other experience are important to list and how would you rank them?)

[   ]

37. What are the features of your EVV system that address individual specific needs or accommodations for staff and/or members receiving providing or receiving services?

(Check all that apply)

☐ Limited English Proficiency (LEP)

☐ Vision Impairment

☐ Hearing Impairment

☐ Physical Impairment

☐ Other (Specify in the comment/feedback box)

☐ Comment/Feedback

[ ]

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EVV Legacy Systems

38. At a minimum, does the organization's EVV system collect the following information in compliance with the 21st Century Cures Act?

(Select answers from the drop down box)

	Performs Requirement		If No, Is there additional cost of adding functionality?
Type of service performed	⬍	**36. Drop Down Box Options** Yes No Unsure	⬍
Individual receiving the service	⬍		⬍
Date of the service	⬍		⬍
Time the service begins and ends	⬍		⬍
Location of service delivery	⬍		⬍
Individual providing the service	⬍		⬍

39. Comment/Feedback:

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EVV Legacy Systems

40. Please indicate how service is verified. AHCCCS is considering verification by the direct service worker/staff and the member/responsible party at the beginning and at the end of the shift. If the family member/responsible party is also the paid caregiver the member or a delegated party will be responsible for verifying the visit. Please provide feedback on this issue and any concerns you might have about this approach.

(Select approach from drop down box currently being used for each means of verifying service)

	Direct service worker/staff	Member/Family Member
Hardcopy	⬍	⬍
Electronic Signature (may include voice, fingerprint, or electronic signature pad)	⬍	⬍
Digital Signature (identity linked to a numeric code that is used with the fixed in-home device)	⬍	⬍
Other (Specify in the comment/feedback box)	⬍	⬍

Comment/Feedback

38. Drop Down Box Options
- At beginning and end of visit
- At the beginning of visit
- At end of visit
- At end of week
- At end of the payroll period
- Upon Completion of each task
- Other (Specify in the comment/feedback box)
- Not Applicable

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EVV Legacy Systems

41. Indicate the features of the organization's system that address the provision of EVV in rural/urban areas where connectivity or technology infrastructure (e.g., internet access, cellular service or other impediments) is limited or non-existent. AHCCCS will be establishing criteria for limited exceptions to the EVV system requirements when technology infrastructure is limited or nonexistent. For example, AHCCCS is proposing to allow for the use of paper timesheets in combination with a fixed device in communities where connectivity is not readily available.

(check all that apply)

☐ Fixed device - Identity linked to a numeric code that is used with the fixed in-home device.

☐ Telephony

☐ Manual entry

☐ Other (Specify in the comment/feedback box)

☐ Comment/Feedback:

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Survey Conclusion

Thank you for taking the time to complete this EVV Survey. Below is the list of all the AHCCCS proposed design elements/ideas (questions 42-50) that appeared throughout the survey. Please provide any final feedback in the comment boxes provided below each element/idea.

**42. One statewide vendor with a data aggregator for organizations already using an EVV system.**

43. Implementation of the system for both personal care and home health services by 2019.

44. Identified services include attendant care, habilitation, home health (aide, therapy, nursing), homemaker, personal care, and respite.
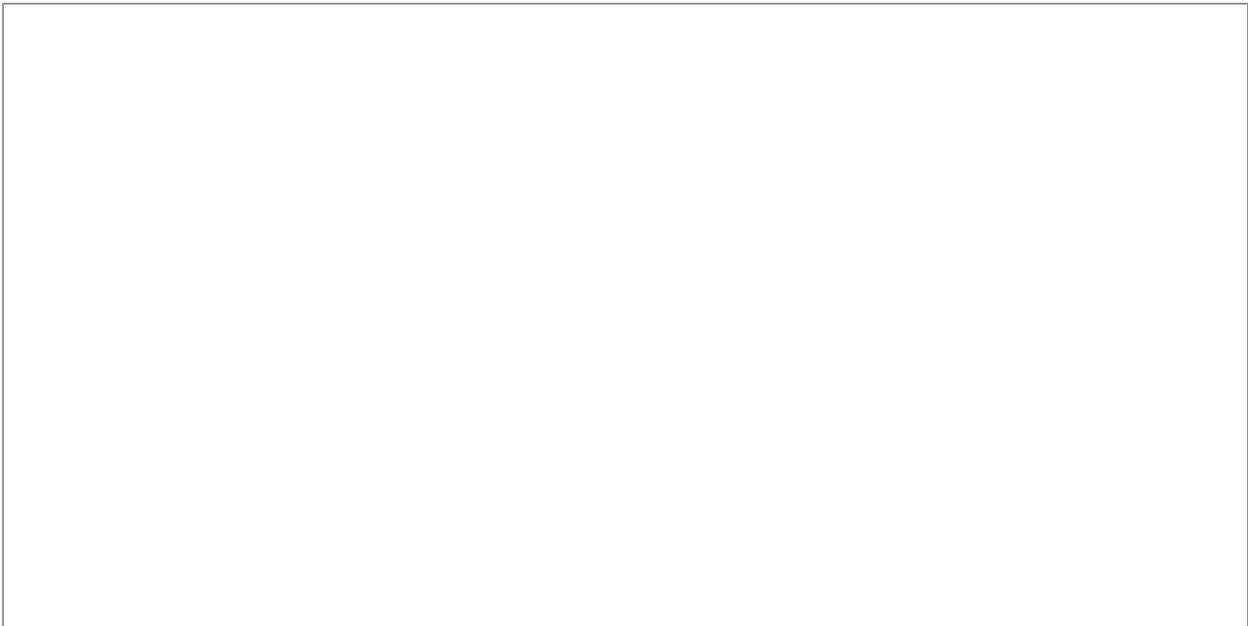
45. Scheduling module for direct service worker/staff.
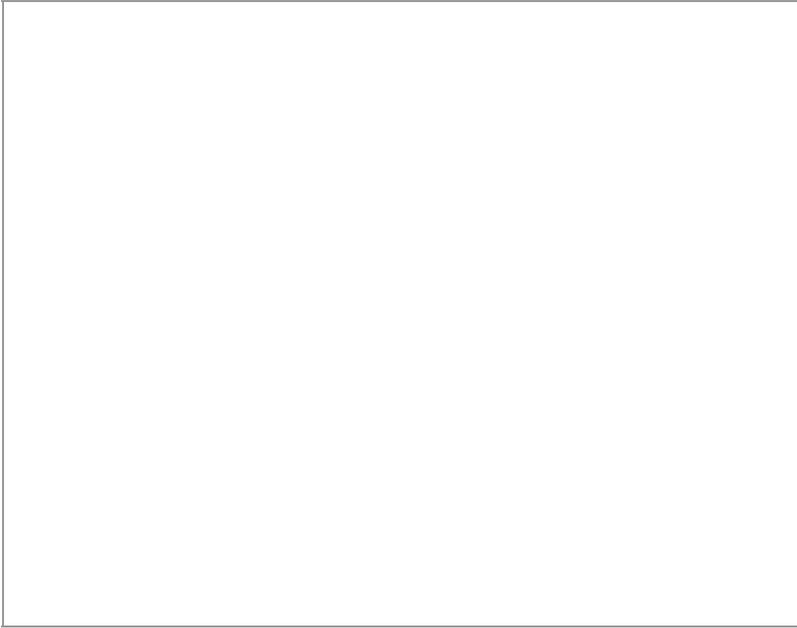
46. Service plan module that would capture tasks completed.
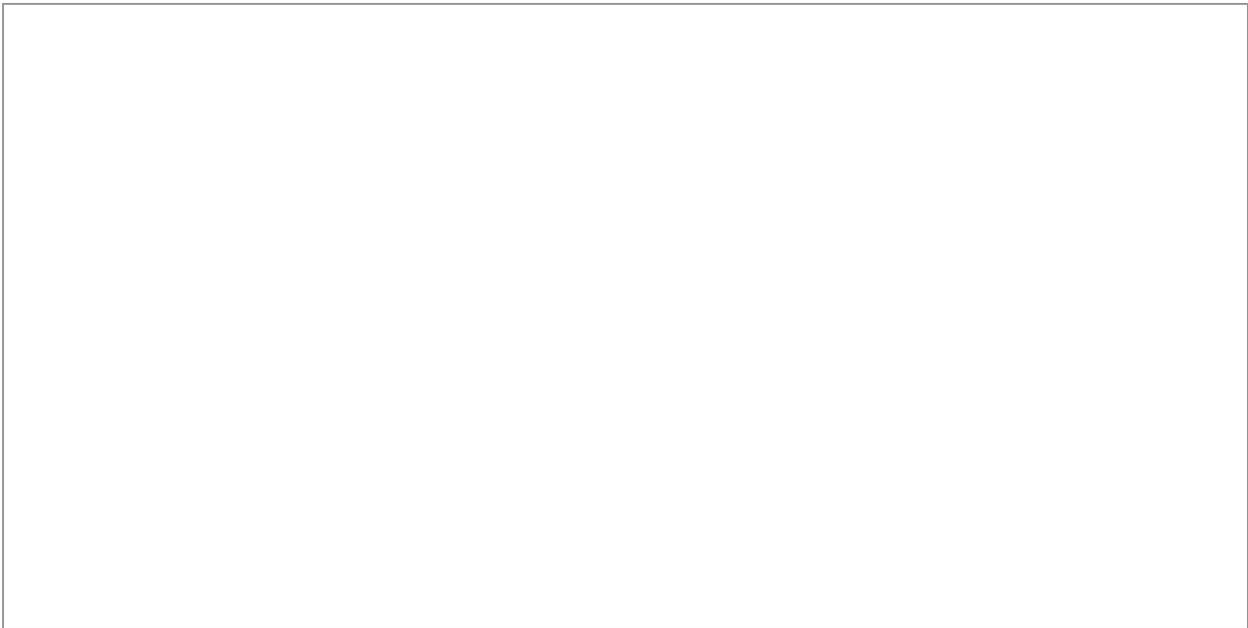
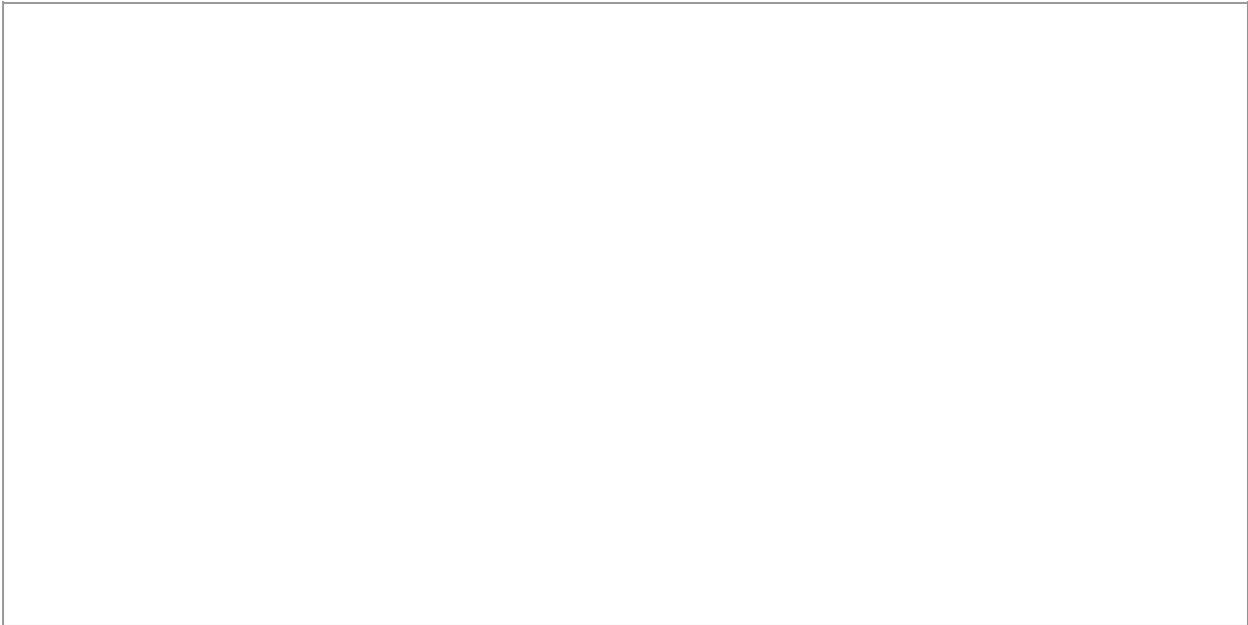**47. Module to track prior authorization, service approval and utilization reporting for managing and monitoring.**
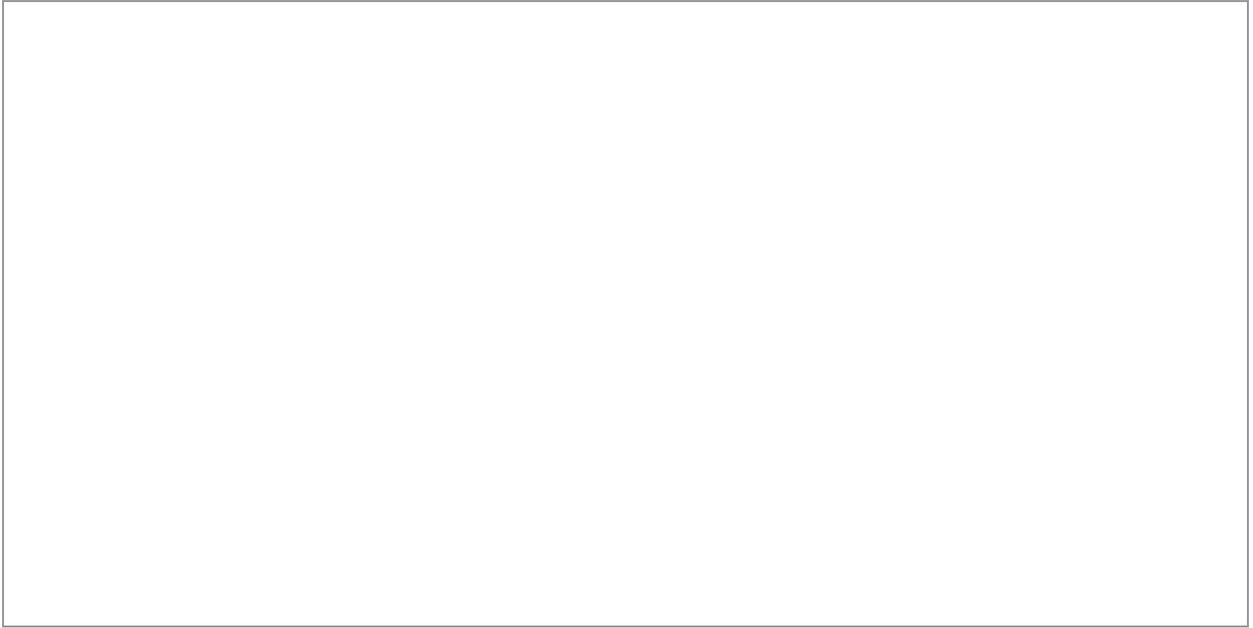
48. Multiple data capture methods.

49. Verification by the direct service worker/staff and the member at the beginning and at the end of the shift.

50. AHCCCS will be establishing criteria for limited exceptions to the EVV system requirements when technology infrastructure is limited or nonexistent. For example, AHCCCS is proposing to allow for the use of paper time sheets in combination with a fixed device in communities where connectivity is not readily available.

51. Final Comments or Feedback: