

Disability Policy Consortium EVV Common Ground Group Talking Points
September 11, 2017

Over the summer, the Disability Policy Consortium (DPC), with whom BCIL works closely, convened a Common Ground Group of over a dozen MassHealth PCA program experts who met twice with the purpose of identifying areas of common concern regarding the impending implementation of changes to the PCA program as required under the federal 21st Century Cures Act. The majority of members were PCA consumer employers with decades of personal experience who are deeply concerned that the MassHealth electronic visit verification (EVV) proposals not only violate privacy rights, create uncertainty and potential safety risks, but will undercut the critical role of consumer control of PCA user/employers. All agree that third party electronic visit verification EVV as currently proposed is an inappropriate and ineffective model to use for the consumer-directed PCA program and is more suited to home health agencies where the consumer is not the employer. The following areas of concern were identified and are provided for your consideration. We hope these will assist you in formulating your own comments in preparation for additional MassHealth listening sessions that are planned for this fall.

Slow, thoughtful Implementation, listen to PCA users experience:

1. Allow time and thoughtful examination of the day to day difficulties these proposals will create for Employers and PCAs. We recommend MassHealth take a slow, measured, approach with opt in consumer trials until statewide mandatory roll out in January 1, 2019

- PCAs and consumer employers should have the opportunity to opt in to the new EVV system in the initial EVV trial roll out. A statewide mandatory roll out should begin **no earlier than January 1, 2019**. The initial opt in phase should ensure ample time to address system issues. During this period and for the first year of statewide implementation, a backup system should be available. This phased in implementation period should utilize significant consumer/employer and PCA input, such as focus groups, stakeholder group feedback, and test processes to ensure best possible consumer outcomes.

Expand opportunities for diverse consumer input:

2. MassHealth should expand/open up the current MH EVV Stakeholder group and make process more transparent to individuals and communities.

- Open additional seats to represent the diversity of the community; age, gender, race, geographic location, sexual orientation, type of disability, PCAs and surrogates.
- Meeting minutes, work products, meeting notices should be regularly posted online in accessible formats and available in other languages upon request.

Flexibility is key to effective PCA Management:

3. Any changes to the system should ensure significant flexibility recognizing that individual circumstances may require variability in utilization of hours and overall PCA management.

- PCA employers should be the ones to clock in & clock out their PCAs.
- MassHealth should work with consumer employers and PCAs to identify alternatives or make modifications to electronic location verification technology to assure it does not pinpoint exact locations. This would reduce potential violations of privacy rights and avoidable safety risks associated with capturing, tracking, and storing identifying information by a third party.
- PCA employers should not be required to list out frequent locations where PCA services are provided.
- System must afford significant flexibility in the use of approved hours including night hours (NTA).
- Flexibility must also include consumer employers' ability to use authorized and approved hours as they see fit, consistent with the program rules.

Limits on scope and use of consumer and employee data:

4. TPA/MH must not use any data collected for any other purpose than determining hours of service billed and should be destroyed once this purpose has been fulfilled.

- Require TPA to demonstrate and document processes used to protect personal identity data from breach and unauthorized use.
- Define length of time data will be held by whom and where and inform PCA employer and PCA in writing.
- Do not use billing hours for any other use such as developing algorithms to determine time by task by disability group or for any other purpose.

Ease of use and sufficient training is essential:

5. Sufficient optional training for consumer employers must be available, as well as for PCAs and surrogates.

- PCAs, consumer employers and surrogates should all have access to training on the new EVV system including but not limited to in person and online training.
- All materials must be in fully accessible formats.
- Alternative training should be available to address individual circumstances, such as disability, geographic location.
- Consumer employers should be able to opt out of the system if the use of EVV technology would force them to need a surrogate.