

December 3, 2018

Seema Verma, Administrator Centers for Medicare & Medicaid Services Office of Strategic Operations and Regulatory Affairs Division of Regulations Development Room C4-26-05 7500 Security Boulevard Baltimore, Maryland 21244-1850

Re: Document Identifier CMS-10680

Dear Administrator Verma,

The Consortium for Citizens with Disabilities (CCD) Long-Term Services and Supports (LTSS) Task Force appreciates the opportunity to comment on the proposed collection of information entitled "Electronic Visit Verification Compliance Survey," published on October 5, 2018. CCD is a coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of the approximately 57 million children and adults with disabilities in all aspects of society.

Section 1903(I) of the Social Security Act, which includes the new Electronic Visit Verification (EVV) requirement for personal care services and home health services, contains important protections for Medicaid enrollees. It mandates that states consult with a variety of stakeholders when developing their EVV systems. First, states must consult with providers on: how to make the system minimally burdensome; how to incorporate best practices; and how to comply with the requirements of HIPAA privacy and security law. Second, states shall also "take into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders, as determined by the State in accordance with guidance from the Secretary."¹

The Electronic Visit Verification Survey, as proposed, does not accurately measure compliance with these important requirements. Instead, the proposed survey only asks states to certify general compliance and to include a description of their program.

¹ Section 1903(I)(2)(B) of the Social Security Act.

To ensure that the system is minimally burdensome, protects privacy, and does not inhibit community integration, more specific questions should be included in the compliance survey. Furthermore, states should be required to describe their stakeholder process.

Specifically, we suggest that CMS require states to report on the following aspects of compliance:

- 1. The process the state used to ensure that the EVV system is minimally burdensome for both providers and participants, particularly for participant-directed services;
- 2. The process the state used to ensure that stakeholder input is considered when developing the state's EVV system;
- 3. The steps the state has taken to ensure that the EVV system supports community integration by affording participants the flexibility to schedule their services based upon their own needs and preferences and enabling services to be provided at multiple locations for each individual in a single visit; and
- 4. The safeguards the State has implemented to protect participant privacy.

Thank you for your time and attention to this important matter. If you have any questions, please feel free to contact Jennifer Lav at <u>lav@healthlaw.org</u>.

Sincerely,

Alison Barkoff, Co-Chair Center for Public Representation (CPR)

Nicole Jorwic, Co-Chair The Arc of the United States Julia Bascom, Co-Chair Autistic Self Advocacy Network (ASAN)

Sarah Meek, Co-Chair American Network of Community Options & Resources (ANCOR)