



The Ripple Effect of Workforce Innovation

How Digital Training Strengthens Compliance,
Retention, and EVV Readiness

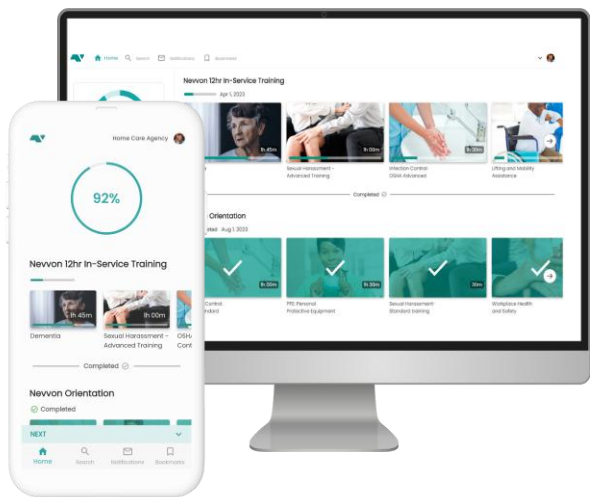
Allan Levine | CCO, Nevvon

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The Ripple Effect: Evolving Care at Home



About Today's Speaker



 **nevvon**
Better Training, Better Care

Allan Levine

Chief Commercial Officer, Nevvon

- 20+ years in healthcare technology, business development, and compliance
- Leads commercial strategy at Nevvon, working with hundreds of home care and home health agencies nationwide
- Background spans GTM strategy, partnerships, and operational scale across healthcare SaaS
- Focused on workforce, compliance, and integration challenges across home-based care

Today's Agenda

01

Compliance Risks: EVV, Audit Flags, Documentation

02

Digital Training for Audit-Readiness

03

Turnover, Retention, and Training

04

EVV Integration and Best Practices

05

Q&A and Discussion



OBJECTIVE 1

Compliance Risks: EVV, Audit Flags, Documentation

LEARNER OUTCOME

Explain key compliance risks facing Michigan home care agencies, especially those related to EVV and workforce documentation.

The Squeeze

Industry Pressures

- Medicaid rate cuts and reimbursement pressure
- CMS shifting from “pay and chase” to real-time fraud detection
- EVV mandates expanding across service lines
- Medicaid covers two-thirds of all US home care spending

Caregiver Reality

- Home care turnover ~75-79% nationally
- 17% direct care worker vacancy rate in Michigan
- \$2,600 average cost to replace one caregiver
- 70% of US workers (incl. caregivers) not engaged at work

FWA: What's Happening Nationally

CMS is shifting to real-time fraud detection. Home care is the top target.

MINNESOTA

\$2B+

in federal Medicaid funds withheld by CMS over alleged FWA in home care

NEW YORK

\$14.5B

in personal care services paid without matching EVV records (NY Comptroller)

CALIFORNIA

\$490M+

in healthcare fraud charges. CMS sent pre-enforcement letter

NATIONAL

\$14.6B

in alleged Medicare/Medicaid fraud schemes (DOJ 2025 takedown, 324 defendants)

CMS has sent pre-enforcement letters to MN, CA, ME, NY, and FL. Michigan is in the same line.

Sources: KFF (2026), KFF Health News, Rivkin Radler analysis (Dec 2025)

Michigan by the Numbers

17%

Direct care worker
vacancy rate

CHRT, 2024

70%+

Annual turnover for
MI home care aides

PHI, 2023

Top 3

Training documentation
gaps as CMS deficiency

CMS, 2024

85%

EVV visits per quarter
required with no
manual edits

MMP 26-10

Where Things Stand Today

Michigan EVV enforcement is live. We are 6 weeks into the first measurement quarter.



April 1, 2026

Enforcement live

MDHHS began full EVV enforcement under MMP 26-10



Now (mid-May)

Q2 in progress

First measurement quarter is underway. Monthly compliance reports flowing through HHAeXchange



June 30, 2026

Q2 closes

First full quarterly results land. 85% threshold measured per payer



Q3 2026

Corrective action

Agencies below 85% face corrective action plans, claim payment issues

Source: MDHHS Bulletin MMP 26-10 (Final)



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The Connection Most Agencies Miss

Auditors don't separate training and EVV. They look at both together.

Training Gap

Caregiver in-service hours incomplete or undocumented



EVV Clock-In

Caregiver clocks in for a scheduled visit



Denied Claim

No proof caregiver was qualified. Claim flagged or denied.

This is the ripple effect. A training gap becomes a payment gap, and increasingly, an FWA flag.



OBJECTIVE 2

Digital Training for Audit-Readiness

LEARNER OUTCOME

Describe the role of digital training in meeting audit-readiness and workforce compliance standards.

What Training Tech Actually Means

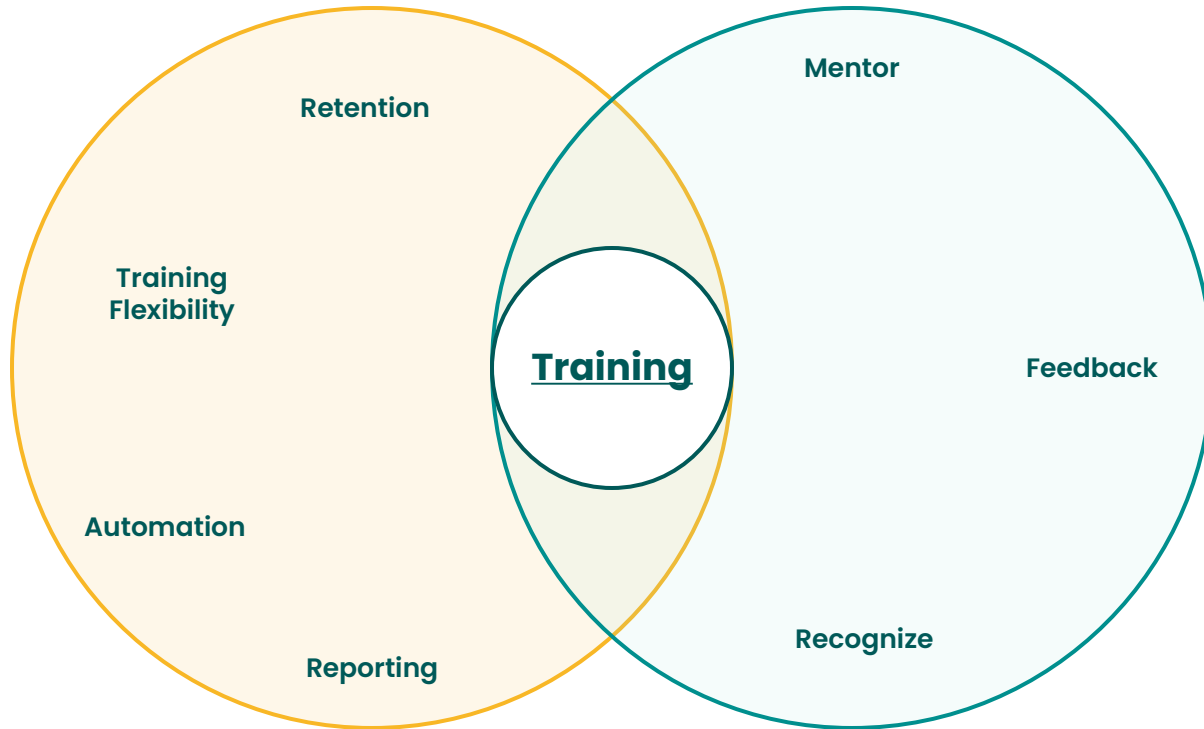
Provider Technology

- Cloud and app-based delivery
- Mobile-first with single sign-on
- Automated assignment and tracking
- Integrations with scheduling, EVV, payroll
- Real-time compliance reporting

Content for Caregivers

- Micro-learning (short, focused modules)
- Grade 3-5 reading level
- Multilingual, translated by native speakers
- Orientation, in-services, upskilling, CE
- Accessible on any device, any time

The Training-Tech Flywheel



The Training Tech
A Provider Approach

**Caregiver Centric =
Engagement**



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Compliance Automation: 4 Pillars

1

Centralized Training Management

One platform for all training: orientation, in-service, specialty, CE

2

Real-Time Compliance Tracking

See who is compliant, who isn't, and who is about to expire

3

Automated Admin Tasks

Auto-assign courses, auto-grade tests, auto-generate certificates

4

Audit-Ready at All Times

Every completion timestamped, stored, and reportable on demand

These same audit trails are your first defense if CMS or state auditors come asking.



Reporting: Your Single Source of Truth

One Dashboard

Centralized view of training records and certificates across the entire workforce

Customizable Views

Track compliance by location, role, team, or individual

Automated Alerts

Flags expiring certifications and overdue training before they become gaps

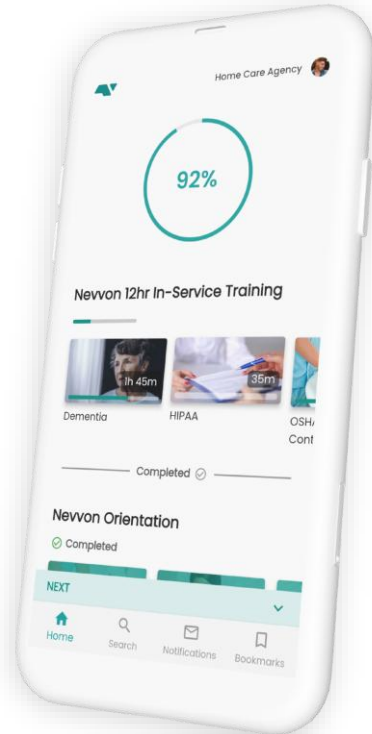
On-Demand Reporting

Pull audit-ready reports in real time. No spreadsheet assembly.

When CMS investigates, the speed at which you produce documentation matters as much as having it.

What Caregivers See

Mobile-first. Multilingual. Accessible on any device.



Why it matters

- Caregivers complete training between visits, not on unpaid time
- Multilingual support reduces friction and improves completion
- Micro-learning modules fit into 5-10 minute breaks
- Higher completion rates mean cleaner compliance data



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OBJECTIVE 3

Turnover, Retention, and Training

LEARNER OUTCOME

Identify the operational impact of turnover and explore how training improves retention and scheduling flexibility.

The Real Cost of Turnover

Current: 60% Retention

Hire 100 caregivers per year
Replace 40 at \$2,600 each

\$104,000

annually in replacement costs

Improved: 70% Retention

Hire 100 caregivers per year
Replace 30 at \$2,600 each

\$78,000

\$26K saved from a 10-point improvement

Now scale to your agency. 500 caregivers = multiply by 5. 1,000 caregivers = multiply by 10.

Training as a Retention Strategy

94%

of employees would stay longer if their employer invested in their career development.

Career Laddering Pathways

HHA → Certified
HHA

Credential upgrade

HHA → CNA

Role advancement

Leadership Training

Supervisory pipeline

Mentorship Programs

Peer support and
coaching

MA "Legacy of Care" pilot: 170% less turnover in agencies running structured mentorship vs. those without



Case Study: Compliance Automation at Scale

Large multi-state agency | 5,000+ caregivers | 22 branches

Before

- No digital proof of course completion
- Limited, outdated training materials
- Little multilingual content
- Manual onboarding slowed hiring
- Caregiver turnover ~60%

After

- End-to-end automation across the workflow
- Course completion rate over 90%
- Payroll cycle: 10 days to same-day
- Annual cost savings exceeded \$400K
- Caregiver retention up double digits

Case Study: From 12 Trainers to 2

Mid-sized agency | Field-based training model | Multi-county operations

Before

- 12 full-time trainers on staff
- Trainers drove to caregiver homes for 1-on-1 sessions
- Time, mileage, scheduling inefficiencies
- Could not bill until training was logged

After

- Trimmed from 12 to 2 trainers
- Redeployed staff as Caregiver Success Coaches
- Hybrid hub: classroom + mobile e-learning
- Six-figure savings from reduced travel and payroll
- Every file audit-ready

Where to Look for Savings

Time

Prep, delivery,
travel, payroll

Retention

Less hiring,
lower replacement
costs

Human Capital

Redeploy trainers
to higher-value roles

Compliance & FWA

Fewer audit findings,
lower fraud exposure



OBJECTIVE 4

EVV Integration and Best Practices

LEARNER OUTCOME

Review best practices for aligning training completion with shift eligibility using EVV integration.

Lessons from Other States

These states are ahead of Michigan. Here's what enforcement looks like.

NEW YORK

\$14.5B

in PCS paid without matching EVV records. State Comptroller building program to deny claims and recoup overpayments.

PENNSYLVANIA

85%

compliance threshold enforced. Agencies below face corrective action plans. 225+ joined the state's EVV Collaborative to prepare.

ILLINOIS

75%

minimum threshold. Below it: payment recoupment, OIG fraud referral, potential Medicaid disenrollment.

HAWAII

15%

of payments withheld for agencies with excessive manual edits. Released only after resolution.

Sources: NY State Comptroller (2024), HHAeXchange, Cube Therapy Billing, state Medicaid bulletins



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Case Study: EVV Integration in Practice

Large multi-state agency | 12,000+ home care workers

The Problem

- Two apps: training and EVV separated
- EVV app adoption under 15%
- Too many sign-ins, too little simplicity

The Solution

- Single sign-on: training inside EVV app
- Multilingual training in 9 languages
- Shift-blocking: training only when off-duty

506%

growth in EVV app adoption

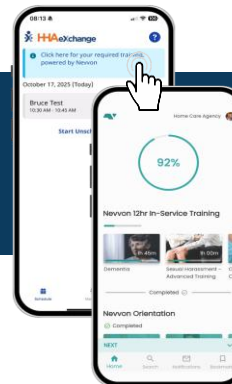
- Better data collection
- Digital-first EVV strategy
- Real-time training tracking across the workforce

Integration Matters

Your training system needs to connect to the platforms you already use.

HHaEXchange

Michigan's state-mandated EVV aggregator. All visit data flows here.



Scheduling, EHR, and Payroll Partners



Connected systems make it harder to make mistakes and easier to prove you didn't. Both matter when CMS comes asking.



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EVV Readiness in Practice

Hitting 85% means caregivers get EVV right on the first attempt. That only happens with training.

EVV Training

Caregivers must understand how to clock in/out, troubleshoot GPS issues, and document visits accurately. Training is what prevents manual edits.

HHAeXchange App Onboarding

Michigan's state-mandated EVV platform. Mobile-first. Caregivers need to be trained on it, not just told to use it.

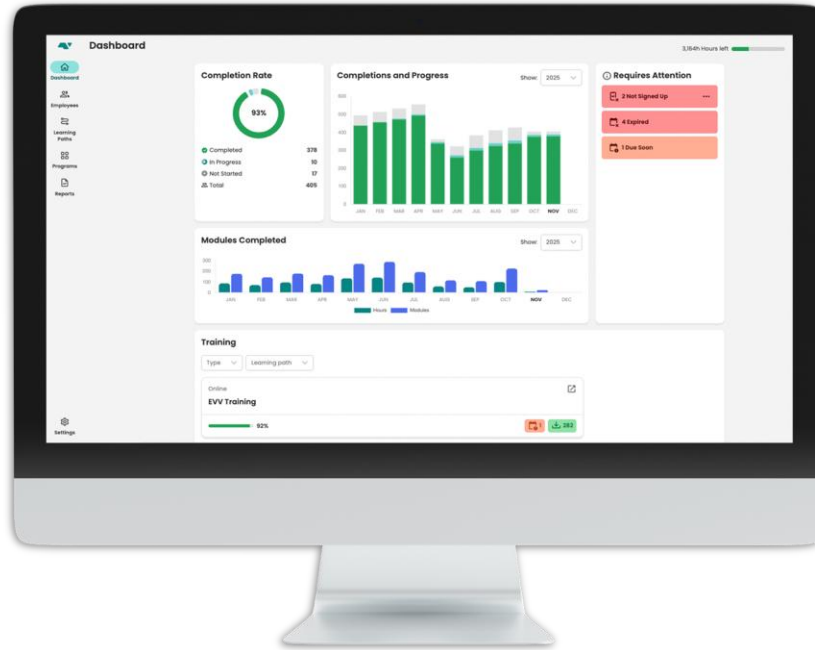
Multilingual Access

If your caregivers speak Spanish, Haitian Creole, Mandarin, or Russian, both the training and the app need to be in their language.

Manual edits below 85% trigger corrective action. Training prevents manual edits.

What Your Compliance Team Sees

Real-time visibility. One source of truth. Audit-ready every day.



Why it matters

- Track compliance by location, role, or team
- Automated alerts before credentials expire
- One-click certificate generation
- Pull audit-ready reports in real time

Key Takeaways

1

CMS is targeting home care for FWA enforcement nationally. MN, NY, CA, ME, FL already in the line. Michigan EVV enforcement is live. Your training documentation will be tested.

2

Digital training infrastructure pays for itself through retention savings, audit readiness, and clean EVV capture. The same systems also reduce your fraud exposure.

3

Connected systems, where training talks to HHAExchange, scheduling, and payroll, are the standard. Agencies that wait will pay more than agencies that prepare.



Q&A



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