

The Department of Health (DOH) is seeking to collaborate with stakeholders to obtain important information for the implementation of Electronic Visit Verification (EVV) as required under the 21st Century Cures Act.

On December 13, 2016, the 21st Century Cures Act was signed into law. Section 12006(a) of the ACT requires states implement the use of an EVV system for Medicaid financed Personal Care Services (PCS) by January 1, 2020 and Home Health Care Services (HHCS) by January 1, 2023. Personal care services include any personal care provided to individuals in Medicaid fee-for-service, Medicaid managed care, consumer directed services, and personal care provided in Nursing Home Transition and Diversion (NHTD), Traumatic Brain Injury (TBI), or any other waiver program.

The information collected in the EVV Readiness Survey below will help the Department determine the landscape of providers and existing infrastructure to consider and potentially leverage in determining the best approach to implementing EVV. We appreciate your response to the survey. If you have any questions regarding EVV or this survey, please contact us via email at EVVHelp@health.ny.gov

The Department of Health (DOH) will host stakeholder Listening Sessions in the coming months to provide consumer representatives, home care agencies, home care workers and their representatives, health plans, state agencies, and other interested parties an opportunity to have input in New York's EVV design and implementation. The results of the survey will be shared and discussed and the Listening Sessions.

1. Are you familiar with the Cures Act and its EVV system requirements?
 - a. Yes
 - b. No

2. What type of service providers are employed by your organization? (Select all that apply)
 - a. MD/DO
 - b. Physician Assistant
 - c. RN/LPN
 - d. Home Health Aide
 - e. Personal Care Aide
 - f. Administrator/Office Manager or Assistant

3. What is your organization type?
 - a. Licensed Home Care Service Agency (LHCSA)
 - b. Certified Home Health Agency (CHHA)
 - c. Consumer Directed Personal Assistance Program (CDPAP)
 - d. Other: _____

4. How many individuals in your organization provide personal care or home health care services? (Do not include administrative staff)
 - a. 1-100
 - b. 101-250
 - c. 251-500
 - d. 501-1,000
 - e. 1,000+

5. How many members are served?
 - a. Under 1,000
 - b. 1,001- 5,000
 - c. 5,001-10,000
 - d. 10,001-50,000
 - e. 50,001-100,000
 - f. 100,001 - 500,000
 - g. Over 500,001

6. What is your annual net revenue?
 - a. Under \$50,000
 - b. \$50,001-\$100,000
 - c. \$100,001 - \$500,000
 - d. \$500,001 - \$1,000,000
 - e. Over \$1,000,000

7. Where do you provide services?
 - a. Rural areas
 - b. Urban areas
 - c. Both

8. What Medicaid Managed Care product(s) does your organization contract with? (Select all that apply)
 - a. MLTC Partial
 - b. MAP
 - c. FIDA
 - d. HARP
 - e. MMC
 - f. SNP
 - g. Fee-for-Service

9. What services do you provide? (Select all that apply)
 - a. Personal Care Services
 - b. Consumer Directed Personal Assistance
 - c. Home Health
 - d. Homemaker
 - e. Occupational Therapy
 - f. Physical Therapy
 - g. Respiratory Therapy
 - h. Nutritional Counseling
 - i. Medical Social Services
 - j. Sign Language/Oral Interpreter
 - k. Social and Environmental Supports
 - l. Other: _____

10. An EVV system electronically verifies: the type of service performed, the individual receiving the service, the date of service, the location of service delivery, the individual providing the service, and the time the service begins and ends.
 Do you/your organization currently use an EVV program that meets this definition?
 (If No, skip to question #14)

- a. Yes
 - b. No
 - c. I'm not sure
11. If you/your organization currently uses an EVV program, please provide the name of the vendor?
12. What data elements are collected by your organization's EVV program or similar program? (Select all that apply)
- a. Type of service performed
 - b. Individual receiving the services
 - c. Date of service
 - d. Location of service delivery
 - e. Individual providing the service
 - f. Time the service begins and ends
13. What functionality does your organization's EVV program or similar program have? (Select all that apply)
- a. GPS Location
 - b. Scheduling
 - c. Reporting
 - d. Claims submission/Billing
 - e. Authorizations
14. What existing infrastructure do you/your organization have in place to support an EVV program? (Select all that apply)
- a. Existing EVV program
 - b. Electronic Health Record program
 - c. Key fob or other in-home GPS logging device
 - d. Computer with internet access
 - e. Mobile internet access
 - f. Member landline telephone
 - g. Provider cell phone (without smart phone capabilities)
 - h. Member cell phone (without smart phone capabilities)
 - i. Provider smart phone
 - j. Member smart phone
 - k. IT Support
 - l. Other: _____
 - m. None of the above

If you have any other inquiries or suggestions regarding EVV from a provider perspective, please email them to EVVHelp@health.ny.gov