NEW YORK STATE | Department of Health

Electronic Visit Verification (EVV) Program Requirements

New York State "Choice Model"

Following a series of engagements with a wide variety of stakeholders and carefully considering input from Medicaid beneficiaries, family caregivers, providers, advocates, partner agencies and Electronic Visit Verification (EVV) solution providers, including information gathered from a Request for Information (RFI), New York has elected to proceed with the Choice Model for implementing EVV.

New York selected the Choice Model for the following reasons: (1) it best ensures that consumers will have EVV options from which to consider when selecting a provider; (2) it gives providers of service the flexibility to select an option that best meets their business needs and the needs of the consumers they serve; and (3) it recognizes that many providers serving New York's Medicaid consumers have already implemented EVV systems that meet the requirements of the Cures Act, preserving the investment that has already been made, avoiding duplicative costs, and eliminating disruption to consumers and caregivers.

To implement the Choice Model, NYSDOH will require that providers of Medicaid-funded personal care services (PCS) select, and put into production use, EVV systems that meet the requirements of the 21st Century Cures Act by January 1, 2021. Providers of Medicaid-funded Home Health Care Services (HHCS) will be required to select and implement such systems by January 1, 2023. In addition, providers will be required to submit EVV data to NYSDOH, which will be aggregated for reporting and audit purposes.

Considerations for Selecting an EVV System

In order to help providers successfully select and implement an EVV solution under the New York State EVV Choice Model, use the considerations below:

1. Selected systems must comply with the Federal 21st Century Cures Act requirements. **Providers are responsible for reviewing the Cures Act** and making sure that they select systems that comply.

2. **DOH will not endorse, approve or recommend EVV systems**, or provide a list of systems from which providers must select.

3. Providers are advised to select systems with **flexible interfaces**. Systems should be capable of submitting required elements to the NYS data aggregation mechanism, interoperating with claims submission functions, and should be able to adapt to any future Federal or State policies with regard to submission of EVV data.

4. Providers are responsible for ensuring that selected systems **meet privacy and security rules and laws**.

5. Providers are advised to select systems that offer **alternative methods** for collecting data electronically in the event of system failure, natural disaster, or services provided in geographic areas with limited or no internet or cellular connectivity.

6. EVV systems should retain and back up data in keeping with all standard **Medicaid Audit data retention requirements**.

7. The provider EVV system **must be able to accommodate** the following scenarios:
    - Consumers who use multiple aides
    - Multiple individuals receiving services in the same home and/or same time with one or multiple aides.

8. All EVV systems **must be accessible** for input or service delivery 24/7.

9. EVV systems must have the ability to enter visit information in an offline mode when there is inadequate network capacity or other technical disruption and enable upload to the EVV system upon return of connectivity.

10. NYS will not require EVV data for caregivers that live full-time with their care recipients. The caregiver's permanent place of residence must be the same as care recipients.

11. Providers may utilize multiple methods of collecting EVV data (for example, home phone number, fob, or GPS-enabled mobile applications). New York will launch data aggregation with a limited set of data needed to meet the requirements of the Cures Act. Once the initial implementation period is complete, NYSDOH will assess the EVV program and may, as a result, modify data aggregation to support initiatives to improve quality and access to services.