



**Department
of Health**

Electronic Visit Verification

Considerations for Selecting an EVV System

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**New York State Department of Health
Office of Health Insurance
Programs**

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1 Version Control

Table 1 – Version Control

Version Control		
Version	Date	Updates
1.0	11/5/2021	<ul style="list-style-type: none"> Original Release

2 Program Requirements

Following a series of engagements with a wide variety of stakeholders, and after carefully considering input from Medicaid beneficiaries, family caregivers, providers, advocates, partner agencies, and solution providers, including information gathered from a Request for Information (RFI), in 2020 New York elected to proceed with the Choice Model for implementing Electronic Visit Verification (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.

The New York State Department of Health (NYSDOH) requires that providers and fiscal intermediaries (FI) who provide or support Medicaid-funded personal care services (PCS) employ EVV systems that meet the requirements of the 21st Century Cures Act. Providers and FIs who provide or support Medicaid-funded home health care services (HHCS) will be required to select and implement such systems by January 1, 2023. In addition, providers and FIs are required to submit EVV data to NYSDOH, where it will be aggregated for reporting and audit purposes.

To successfully select and implement an EVV solution under the New York State EVV Choice Model, providers and fiscal intermediaries should use the considerations below:

1. Selected systems must comply with the federal 21st Century Cures Act requirements. **Providers and fiscal intermediaries are responsible for reviewing the Cures Act** and making sure that they select systems that comply.
2. **NYSDOH will not endorse, approve, or recommend EVV systems** or provide a list of systems from which providers and fiscal intermediaries must select.
3. Providers and fiscal intermediaries 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 adapting to any future federal or state policies with regard to submission of EVV data.

4. Providers and fiscal intermediaries are responsible for ensuring that selected systems **meet privacy and security rules and laws**.
5. Providers and fiscal intermediaries 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. EVV systems **must be able to accommodate** the following scenarios:
 - Consumers who use multiple aides
 - Multiple individuals receiving services in the same home and/or at the 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 the care recipient's.
11. Providers and fiscal intermediaries may utilize multiple methods of collecting EVV data (for example, home phone number, fob, or GPS-enabled mobile applications). Currently, New York only aggregates the minimum set of EVV data elements needed to meet the requirements of the Cures Act. NYSDOH will continue to assess the EVV program and may, as a result, modify data aggregation to support initiatives to improve quality and access to services.

4 Appendix

4.1 Glossary

Table 2 – Glossary

Glossary	
Acronym	Explanation
EVV	Electronic Visit Verification
FI	Fiscal Intermediary
HHCS	Home Health Care Services
NYSDOH	New York State Department of Health
PCS	Personal Care Services
RFI	Request for Information

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