August 9, 2019

Ms. Lana Earle

Director, Division of Long Term Care

New York State Department of Health

Office of Health Insurance Programs

One Commerce Plaza, Room 1620

Albany, NY 12210

Re: Comment on Electronic Visit Verification Implementation in New York State

Dear Ms. Earle:

I am writing in relation to New York State Department of Health’s approach to complying with the federal 21st Century Cures Act which calls for the implementation of Electronic Visit Verification (EVV) for Medicaid funded personal care services by January 1, 2020 and home health services by January 1, 2023. We are responding to your request for stakeholder input

As you know, LeadingAge New York is a statewide organization that represents the continuum of not-for-profit long-term/post-acute care (LTPAC) providers, senior services, and provider-sponsored managed long term care (MLTC) plans. Our approximately 400 members include providers of senior housing, non-medical senior services, home care agencies, adult day health care programs, assisted living facilities, hospice programs, nursing homes, and MLTC, PACE, FIDA, and Medicaid Advantage Plus (MAP) plans. Our members range from small, independent providers to large continuing care systems.

We appreciate the opportunity to comment on Electronic Visit Verification implementation in New York.

* LeadingAge New York urges the state to move forward with the “Provider Choice” model presented by the Department during its statewide listening sessions. The “Provider Choice” model would enable providers to select an EVV vendor of their choice or continue with the one they currently use. A significant number of our members have been utilizing electronic visit verification for several years due to the volume of Medicaid-reimbursed care they deliver or for improved tracking and quality and care management. They have invested significant time and financial resources in their systems. Allowing provider choice would enable providers to continue to use or update a system, provided it complies the standards and data collection required by law. LeadingAge NY appreciates the Departments interest in creating as little disruption as possible to those already utilizing EVV systems.
* The “Provider Choice” option would also enable providers to continue to tailor their EVV systems to meet their needs and the needs of their patients. Many of our providers’ EVV systems are multifunctional. Providers link EVV with authorizations for care, electronic health records, plan of care changes, billing, scheduling, and tracking and improving quality measures. Such systems create efficiencies and encourage best practices. We encourage the Department to choose a model/s that allows for such enhanced functions to encourage efficiencies and quality.
* We urge the Department to acknowledge the various abilities and needs of consumers receiving care within the Consumer Directed Personal Assistance Program (CDPAS) and provide EVV system options that are tailored to consumers’ abilities.
* We oppose the implementation of a statewide EVV system that requires tracking or monitoring of workers using GPS or biometrics. We recognize that EVV systems must record start and end times and verify the locations at those times. We ask that the department utilize other methods of verifying location at start and end times only and use GPS as a last resort. We ask the Department to require consent of the consumer and worker when requiring GPS verification at shift start and end times.
* As a significant number of providers do not have EVV systems, we support a delay in implementation of EVV for personal care. This will ensure adequate time for both vendors and providers to meet this new mandate.
* We urge the state to provide funding to home care providers to purchase EVV technology and provide training to implement their programs. Providers are operating at limited profit margins and significant costs, training and implementation will be incurred. We suggest state budget funds be provided directly to home care providers for purposes of making EVV operational.
* LeadingAge New York asks for clarification regarding whether this requirement is applicable to personal care or home health care provided by licensed or certified home care agencies to individuals in congregate settings, such as assisted living programs.
* LeadingAge NY urges DOH to promulgate clear and timely guidance regarding all EVV requirements, including but not limited to: implementation deadlines; EVV vendor qualifications; how the new EVV requirement differs from those currently required of providers; cybersecurity protocols and protections; and the process by which DOH will be collecting EVV data (by DOH survey, audit or data submission.)
* Finally, we encourage the Department to convene a workgroup so that stakeholders have the opportunity to provide feedback on any EVV guidance and protocols proposed by the state.

As the Department considers this matter, LeadingAge New York respectfully requests provider and consumer flexibility in implementation of the requirement.

We look forward to providing input to the Department as this process moves forward. Thank you for your attention to this matter.

Sincerely,



Meg Carr Everett

Community Services Policy Analyst

LeadingAge New York