[Erin Kate] The other webinar will be held in the evening hours, and we will have a calendar later in this slide deck with all of the dates and places and times.

The goal of the statewide series of these EVV listening sessions is to collaborate and receive feedback from all stakeholders including consumers, providers of services, managed care plans, and local departments of social services on the implementation of the federally required Electronic Visit Verification requirement.

On this slide we'll just review a couple of the key questions and topics that we will cover that will help us to inform and facilitate today's listening session. First we will talk about what is the 21st Century Cures Act as the federal requirement for the EVV. Next we'll talk about what are the requirements for EVV, what Medicaid services or programs are impacted by EVV requirements, some guiding principles for the implementation of EVV, how the implementation of EVV can improve services delivered to consumers of services, what are some examples of options for how EVV can be implemented, we'll talk about where EVV is in place today, and some of the possible approaches for implementing EVV. Finally, the bulk of our time today will be in an open discussion where we will put up a slide that is blank, just \ask\ questions, and start taking questions from the callers on today's webinar.

What is the 21st Century Cures Act? The 21st Century Cures Act is

a federal piece of legislation that was signed into federal law in December of 2016. A portion of the 21st Century Cures Act requires states to use Electronic Visit Verification for Medicaid personal care services by January 1, 2020, and for home health care services by January 1, 2023. There is the opportunity for a state to apply for a good faith extension of time to implement the Electronic Visit Verification requirement, and that application can be submitted no sooner than July of 2019 and no later than November 30 of 2019. New York State is in the process of putting together an application for a good faith extension to the federal government and plans to do that.

Requirements for Electronic Visit Verification: The 21st Century Cures Act requires that EVV use a selected solution or solutions to electronically collect service delivery information and it must verify six points: first, service type; second, the individual receiving the service; third, the date of the service; fourth, the location of the service delivery; fifth, the individual providing the service; and sixth, begin and end times of the service. At this point, the state of New York has not selected any EVV solution or model. The point of the listening session is to gather concerns or wish lists from consumers and stakeholders in order to help the state of New York in that decision-making process.

The next slide is entitled What Medicaid services or programs

are impacted by EVV requirements? The list here is personal care services programs, the consumer directed personal assistance program called CDPAP, certified home health aide services, community habilitation which is also called Skilled Acquisition Maintenance and Enhancement, all are impacted by EVV requirements.

Next slide, we have some guiding principles for the implementation of EVV. First, the state of New York is in the process of collaborating with stakeholders to identify and then following identification implement an EVV model. We would like to make sure that it meets all federal requirements to avoid penalties and ensure that all of the federal Medicaid funding that we get is preserved for services. The state of New York does receive, most of the time, 50 cents on every dollar from the federal government, so for every 50 cents that we spend another 50 cents comes from the federal government and all of it gets put into the Medicaid program, so it is a guiding principle to ensure that we are preserving that federal Medicaid funding.

We need to ensure that it meets HIPAA compliance standards, another federal regulation, and we will establish safeguards to protect patient privacy. A guiding principle is that the EVV process be deployed through a collaborative stakeholder engagement process. These EVV listening sessions that we are holding around the state and through webinars is one part of

that collaborative stakeholder engagement process. We will provide training for providers and consumers on the implementation and use of the EVV solution as necessary as a guiding principle. We need to ensure that any solution that is chosen and implemented does provide training for providers and consumers. The last bullet point here says Other because we would like it to be part of the discussion here today to see if there are other guiding principles that stakeholders would like to see in addition to these.

The next slide is: How can the implementation of EVV improve the services that are delivered to consumers? EVV has the potential to ensure that Medicaid consumers are receiving the care and services that are included in each person's person centered care plan. It has the potential to reduce the administrative burden of paper services verification documents that are often used today for these services. It can increase payment accuracy and it can reduce errors in the billing process, and it can ensure the integrity of the Medicaid programs that are subject to Electronic Visit Verification. Again, we have an Other bullet point here if there are points that stakeholders would like to raise today on how EVV can improve services delivered to consumers.

Next, there's some examples of options for how EVV can be implemented. These are not examples of anything that the state of New York has already selected. The state of New York has not

selected any particular way to implement EVV yet, these are some examples however of how EVV may be implemented once a selection is made. The first is by telephone. Telephone calls can be used to capture the service period and to verify the location of the service. Another method is through mobile applications. Mobile applications can be downloaded and used to capture the service period and to verify the location. A third example of an option for how EVV could be implemented is using a fixed object or fob. These are in-home devices that can be used to capture the service period and to verify the location of the service.

EVV is in place today in some areas, and the next slide is: Where is EVV in place today? The Office of the Medicaid Inspector General, who we call OMIG, requires home health agencies and personal care providers exceeding 15 million dollars in Medicaid Fee for Service or managed care reimbursements to contract with a verification organization, often called a VO. Verification organizations are required to perform pre-claim reviews of claim data that's collected in the EVV systems. Also, home care vender agencies that are contracted with New York City's Human Resources Administration which many of you know as HRA and are providing home attendant services, housekeeping services, and CDPAP services, may have EVV in place today. The Department of Health has issued an EVV survey to providers of personal care and home care services to

assess their use and their readiness for implementation. This EVV survey is available for viewing on the DOH EVV website, and the website is listed here on the slide. For those who may not be able to see these slides we will read it. It's rather long, but here it is. The website address is https://health.ny.gov/health care/medicaid/redesign/evv/index.htm

The time to complete the survey has come and gone, however we did not get all of the results that we were hoping for on the survey. The Department of Health has a team of people right now that is calling some of the providers and plans that the survey was sent to who did not send back survey results and we are getting good results from that from making follow-up calls, and so we've given an extension of time for those survey results to come in. a summary of the survey results will be publically available on the same DOH EVV website that I just read.

The next slide has some possible approaches for implementing EVV, and these possible approaches come from the 21st Century Cures Act. There are five of them. the first possible approach is called Provider Choice. In Provider Choice the providers select the EVV vender that they each and every provider chooses. The second option is the State Selected vender. In this option the state contracts with a single vender that all providers are required to use. The third option is State Selected In-House System. Under this option the state would

create, run, and manage its own EVV system without contracting with a vender. The fourth option is managed Care Plan Choice. In the fourth option the managed care plans would select their EVV vender of choice. The fifth option is called Open Vender/Hybrid. In this option the state contracts with a single vender or builds a system but also allows providers to use their own vender. These five options come from the federal law, however the state is not required to use any one of them or any one of them exclusively. The state is given the leeway to choose multiple options.

Now we are at the portion of this webinar that is the open discussion, so we will be pausing and taking some questions from the chat box and we'll come back with answers in a few minutes. We have some comments already, so we're going to take a moment and review those, and we'll be back. Feel free to please keep typing your comments in or electronically raising your hand.

[speaker] Okay. I'm going to read out a few of the comments that we have had so far. If there are any follow-up questions please type them into the Q&A box. The first comment that came through is: Community Habilitation program and Skills Acquisition maintenance and Enhancement is a New York State OPWDD service? Yes. I don't know if there's a follow-up question to that, but that was a comment.

After that there was a comment about Slide 9: There is a clear

danger in some venders using service plan tracking and staff scheduling functions to take away control from individuals and even from providers. Please discuss this.

[Erin Kate] We do appreciate the comment. I'm not clear on what the discussion is. I do appreciate getting the comment and that kind of feedback is what we are looking for here. I think we can move on to the next comment, and if there is any clarification that you think is needed on that or follow-up that I'm not giving you just put that into the chat box.

[speaker] The next comment that we have is: How will you use the EVV survey to decide which of the five approaches or models is best? This survey assesses provider and plan capacity. When and how, full report, will we see results?

[Erin Kate] The EVV survey is being used as you correctly stated to assess provider and plan capacity for an EVV system. One of the considerations that the state of New York needs to take into account is the fact that there are EVV systems that are already in place in the state of New York. So, the survey really is two-fold for us. it's giving us kind of a landscape of what is in place and how it's being used today and it is also giving us some information on plan and provider readiness for EVV generally. When the full report will be ready is still a little bit of an unknown question. As I mentioned, we did not get the response that we were hoping for from the initial survey. Part of that is because sometimes providers have not

updated their appropriate addresses or email addresses on EMEDNY which are the addresses that we needed to use to send the survey out. We are in the process of making those phone calls and allowing those plans and providers to complete the survey and send it to us now, so we are giving a little bit of an extension of time, so we'll see how long it takes to get many of these surveys back in. when we feel that we have reached a critical mass we will compile a report on the survey's results and we'll make it available on the EVV website.

[speaker] The next question that we have is: Does the Open Vender/Hybrid model, in your view, enable an aggregation only option? I believe that the question that's being asked here is that if we… I don't know that the Open Vender/Hybrid model would enable aggregation only as the Open Vender/Hybrid model makes an assumption that there are some people doing Provider Choice and some people using a state selected option which would not enable aggregation only as it would include a state option. I think that in a Provider Choice model from my understanding that potentially could enable an aggregation only option, although we have not made any decision about which model we're going to use.

[Erin Kate] The next question is: How does EVV affect shared aide sites? This is a very good question and a question that was raised in one or two of our earlier listening

sessions. Unfortunately we do not have an answer for that right now. The first step that we have to do is take stakeholder comments and feedback, and that is the stage we're in now, before we make any kind of selection of a model and understand in that selection how a shared aide site would be affected. We encourage the participants today rather than just asking questions like this to give us the feedback on what you think might be an effect that you would either want to see or not to see on the shared aide site. That would be helpful.

[speaker] The next question is: Will the Open Vender/Hybrid model obtain approximately the same federal match as the Single Vender model? My understanding is that the match is based on the type of work that is being done not necessarily which model is chosen, so that would remain to be seen once we choose a model and we figure out how we're going to be implementing.

The next question is: Of the possible EVV approaches, is there a direction the state is considering? Is there any other state precedent that is showing an ROI on any of the approaches that were listed?

[Erin Kate] Of the possible EVV approaches that were listed on a previous site and that are set forth in the 21st Century Cures Act, the state has not made any decision on what approach or approaches it will choose. What we are doing right now is taking feedback and engaging collaboratively with

stakeholders to determine what the consideration should be for when we do make a selection. We will not be making any selection until after all of the statewide listening sessions have been completed. There was a second part to that question… Is there any other state precedent that is showing an ROI on any of the approaches that were listed? Not sure about the ROI, because that's not one of the state's primary concerns here, however we do have a team of people that are looking at other state approaches and talking to some of the other states about their approaches as well as entering into discussions with CMS on what other states have done and lessons that were learned from it.

[speaker] The next comment question is: The final state budget included ten million for EVV implementation. Please confirm that this money will be available for providers to use for their EVV expenses.

[Erin Kate] The final state budget did include ten million dollars for EVV implementation. That was in anticipation of the state selecting a model and needing to implement it. The state cannot confirm how that money will be used unless and until a selection has been made.

[speaker] We have a comment. EVV can also \negate\ risk with duplication of services such as HHA, clocking in at more than one patient at the same time. Thank you for that comment. The next question is: As a vender that supplies EHR software to

New York agencies, will we be given ample time to integrate the state required EVV solution?

[Erin Kate] Thank you for making that comment. I think the way I'm going to read it is not really as a question for us because the state has not selected any model so the state does not know what kind of implementation time would be needed, but I'm going to interpret this question as a comment that all appropriate entities, providers, plans, software agencies, and direct care workers, personal care aides, will need ample time to integrate the state's required EVV solution when it is selected.

[speaker] We also have a comment that says: It's also part of CFCO. Thank you for that comment.

The next question is: Will surveys be sent out to home care consumers and home aides/personal assistants regarding their preferences/concerns about EVV?

[Erin Kate] There is no plan at this time to send out that survey, however this series of listening sessions including these webinars are intended to get that same type of feedback. We do have an email address that at any time you can send your questions and comments and concerns to. It is later in these slides, in the closing slide, but the address is evvhelp@health.ny.gov. that is an actively monitored email address that will go directly to the state EVV team, and you can send your concerns, comments, or feedback there at any

time.

[speaker] Our next comment is: I work with families that have multiple care providers through CDPAP and OPWDD Self-Direction. Presently using paper copies is the only way to make sure that times are not crossed. If it is electronic, the person responsible to sign off on paperwork would not be able to check this because the notes would already be submitted. What are options in this case?

[Tim] Hi, this is Tim Byers from OPWDD. As Erin Kate mentioned, we are kind of gathering information from so many sources at this point we don't have a finalized, formulated model. There are so many nuts and bolts that will come into play once we've decided on a path and obtained all the information and the feedback, then we'll be able to start answering questions about electronic versus paper and the application for self-direction. All of these things are excellent questions, and it's too early for us to give you answers on them. we just don't have the path set yet. Thank you for your comment.

[Erin Kate] The next question is: What about religious restrictions on those who cannot use the phone or tracking devices on the Sabbath or Jewish holidays? Will exceptions be made? Thank you for submitting this question. Because we have not selected a program yet we have not come to these kinds of details, but I am going to interpret the question as a comment

that when the state of New York does implement a program you would like some religious exceptions made for these or other religious reasons. Thank you.

[speaker] The next question we have: Would the state consider a consumer electronic timesheet entry instead of GPS or phone line that verifies all the required data points for the Cares Act?

[Erin Kate] This question I think assumes that the state has already made a decision that would include GPS. The state has not made any decision on what type of program will be selected, so everything that is possible and meets the six data elements that require verification are within the realm of consideration by the state at this time.

[speaker] The next question is: Can you clarify which of the services fall into which service category for implementation date purposes? Do Medicaid personal care services by 1/1/20 include Community Habilitation SAME?

[Erin Kate] Yes. The Community Habilitation and SAME services do fall within the 21st Century Cures Act definition of personal care services. The services that are going to be subject to EVV on January 1, 2020 or January 1, 2021 if the state is granted a good faith extension are Personal Care services, and that would include Community Habilitation or SAME services.

[speaker] The next question sounds like a more technical

question: What does a call-in method look like? Is it must a messaging system, or do you have someone vetting the calls?

[Erin Kate] This is a question that is about a program that the state has not yet selected so we're unable to answer it. I would like to hear from the person that submitted this question whether there are viewpoints or things that they would like us to consider when we do make our choices, I can't tell from the question whether there's a point of view for things to consider or not to consider here.

[speaker] The next question is: Will EVV be required for traditional and provider Comhab services as well as the self-direction ComHab services?

[Tim] I hate to keep pulling back to the refrain that we haven't finalized the program yet, but we truly haven't finalized the program yet. Right now, we are looking at all Comhab as being included. We have to sort the tables and finalize program direction, so a lot of this is still again in the definition process and we really are looking to your comments to help guide us as to the path we take.

[speaker] The next comment we have is wondering why the providers cannot just make sure to gather the basic needs that needs to happen with EVV, the six components in Slide 6, and build their own program.

[Erin Kate] That is one of the models that is available under the 21st Century Cures Act and that would be one model

under consideration by the state.

[speaker] Next we have a comment: I am concerned with the number of points. I receive services under CDPAP and the primary reason for that is that I am frequently out and about and my PCA and I are not home.

[Erin Kate] Okay. So, just to reiterate the comment here, the commenter says I receive services under CDPAP, and the primary reason for that is that I am frequently out and about and my PCA and I are not home. So, the EVV system is not intended to change the nature of the self-direction program or to limit the flexibility and independence of any person using personal care services or CDPAP. There is a requirement in the 21st Century Cures Act that says that EVV attaches to personal care services that either begin or end in the home. We are in discussion with CMS, the Centers for Medicare and Medicaid Services, that are our partners in delivering Medicaid services, and we're hopeful that there will be some clarification on exactly what that means, however there is no indication that the EVV system will be limiting where a person receives services or the level of independence.

[speaker] The next question: Could you please clarify the state's understanding of the definition of location under the federal regulations?

[Erin Kate] We do not have any clarification of the definition of location under the federal statute that is the

21st Century Cures Act, however the federal government, CMS, has indicated that they will be giving some technical assistance to states who ask for it. It is the intention of the state of New York to ask for that kind of technical assistance, and these are the types of clarification that we will be seeking from the federal government, so thank you for the question.

[speaker] Next question: If you do not use an aggregation model for provider choice, is it possible you will use 837 claims for EVV submission directly to the state?

[Erin Kate] That's a pretty technical question, and I don't think that today's webinar is intended to answer that kind of technical question. I would reiterate that we have no selected a model, so we would not be able to provide that kind of clarification. Once a model is selected we will be looking at all of these kinds of implementation issues, but that will not be until after all of the listening sessions are completed including the webinars.

[speaker] The next question: For smaller agencies with limited Medicaid clients, as MLTC has eliminated many of us due to size, would you suggest the agencies with fewer than 20 cases revisit their acceptance of Medicaid cases? The cost of implementation of this system for few is… it gets cut off here. I think it says is questionable. We're looking for the rest of the question here.

[Erin Kate] It looks like the question got cut off, but I

think that it is probably more of a… I don't really know how to take the question, because again the state has not selected any models so we can't really answer questions about how it would be implemented today. When I get those questions though, as you probably noticed, I try to gleam from them what the comment is. I'm not sure I can from this comment, so if you were the person that made this comment and you have a clarification, please feel free to put it into the chat box so that we can capture it here for our consideration purposes moving forward. Thank you.

[Speaker] Next question: If we are already using an EVV platform will we be required to switch if a model other than Provider Choice is used?

[Erin Kate] The answer to this of course is that we do not know because we haven't selected a model. It is not necessarily true that whether Provider Choice is selected or whether another choice is selected that it would mean that the use of an EVV platform would have to be terminated. I am going to assume from this question that the comment for consideration would be that the state consider selecting a model or models that allows providers who are already using an EVV platform to continue using that EVV platform.

[Speaker] The next question: In a Provider Choice model, what is the role of the state in obtaining any data, and if so what would it do with the data?

[Erin Kate] I'm going to ask the requester of this to

please format your question in a comment, because we have no selected a model, we have not considered what kind of data would be obtained or where it would go or how it would be used, and I cannot gleam from the question what the considerations that you want from us would be there. So, if you could please resubmit in a way that lets us know what your viewpoint on use/not use would be, that would be helpful. Thank you.

[Speaker] The next question: In regard to CDPAP, given a large amount of these types of services occur in the community, wouldn't EVV result in a breach of privacy when the system geolocates on the location of the phone registering the shift if it is out in the community?

[Erin Kate] We do recognize that consumer directed services do occur in the community and it is not the intention of the state of New York to change where services occur or the types of services that occur or to limit the CDPAP program in any way. The question stated wouldn't EVV result in a breach of privacy when the system geolocates… I think this assumes that the state of New York has made a decision and that is not the case. We have not made any decision yet whether we would or would not use any kind of geolocation services. I'm going to assume however that the writer of this question is giving us the comment that they would feel that if the state chose geolocation, which would be a permissible choice under the federal law, that it would be considered to be a breach of

privacy of consumer directed services. If that is not the way you intended this question to be taken, please follow up, otherwise we're going to notate your comment in that way. Thank you.

[Speaker] The next question: Considering the current limited amount of qualified home aides, will the likelihood of aides refusing to work with GPS tracking be taken into account?

[Erin Kate] I'm again going to say thank you for the comment assuming that what you are saying is that based on some experience you have had that you think aides will refuse to work if the state of New York were to choose any kind of GPS tracking. We have heard some similar comments in other sessions, and we will note this comment along the same vein, and thank you for making the comment.

[Speaker] Next we have a question: Can a person edit the information that was submitted in case there was an error?

[Erin Kate] I cannot answer that question for the same reason, because we have not selected a program. I'm going to interpret it as a desire for whatever is implemented to have the capability to edit information in case there was an error. I think that there is one question that was missed because it was not sent to all panelists, so please I'll remind you to send your question to all panelists so that all of our panelists are able to see them so we don't miss any questions. The other question is: Is it possible you will ask for an

extension from the federal government on July 1? I suppose it is possible, that is a week from today, and I don't know that we will be ready to go on July 1 with our extension question, but we may decide that on July 1 that we have enough information. Our listening sessions however go on a few weeks beyond that, so we will likely decide that we would like to finish up our listening sessions or at least get a lot closer to our listening sessions before we ask for an extension, however it is our plan today to ask for an extension from the federal government.

[Speaker] Our next question: What if the person's electronic device loses power and cannot be used at that time?

[Erin Kate] Thank you for the comment. I'm going to interpret it instead of a question that we cannot answer at this time that whatever selection is made should consider the loss of power at the time if that is something that is required and have a backup system in place for such issues as that.

[Speaker] Next question: Has the federal government addressed the risk of geo-spoofing whereby the device used to register the location sends out a false location? This is a big issue as teenagers use this to circumvent parental geofencing location apps on their respective devices.

[Erin Kate] Appreciate the comment. I have not seen the federal government address this at this point, but we do appreciate it as a comment, and we received some similar

comments to this from different people in some of the other sessions, although as the parent of some teenagers I do appreciate that it's been brought around here to teenagers, but we have heard this as a concern so duly noted for our consideration. Thank you.

[Speaker] Next comment: I remain concerned that the state could become a joint employer with consumers using CDPAP if they do not allow providers \FIs\ to select an EVV option but select a model for all to use. As a consumer I do not want to be a joint employer with New York State.

[Erin Kate] Thank you for the comment. Very helpful. I'll note that there is one other comment that is asking when will the report of the Department of Health looking at whether other states are doing an ROI be available. As mentioned, we are not necessarily doing an ROI analysis at this point. We are looking at what other states are doing, but we are primarily doing that by looking at other states' websites, so we are not preparing any sort of report at this time, rather it's an internal consideration for the department. If there is however a report that we do put together, everything that we are putting together we will be posting on our EVV website, so if you just keep in touch with the EVV website you will be up to date on everything that we are putting out.

[Speaker] Next question: How can a Comhab worker be sure that the EVV is not tracking them or using cookies, etcetera,

at a time other than when they log in?

[Tim] As we talked about before, we don't have a selection of software or programs or models, so we really are going to take that comment as something that we need to look at down the road and how we piece this together. From OPWDD and here with our other state agency partners, we are keeping the integrity of the individual's privacy, the privacy of the individuals, the workers, all of that is at the forefront of this. so, we appreciate your comments. We're really going to keep this in the front of our thought process with this, but again a lot of particulars we can't really answer, but they are good comments to have us kind of formulate \and attack\ \inaudible\.

[Speaker] I have a comment here: I have heard and read about systems in other states that are very invasive even including video of what is happening in the home. This is unacceptable. How would my privacy and that of my PCA be protected?

[Erin Kate] So, appreciate the comment that you have heard and read about systems in other states that are invasive or include video. What the state is doing at this time is gathering comments and concerns, so this is appreciated. We have not selected any system at this point. We also have not heard of the videos in the homes being happening, so if you have information or if you feel like the concern is not adequately covered here, please feel free to send it to our

evvhelp@health.ny.gov.

[Speaker] Comment: It was stated that organizations exceeding 15 million in Medicaid or MCO reimbursement will be required to go into contract with an EVV provider. Please expand. What if the organization is under 15 million? Does that figure include all medical or MCO reimbursed services or just those impacted? So, just to clarify, this is related to the OMIG verification organizations not EVV.

[Erin Kate] Correct. Want to clarify that when we had a slide on this it was the slide that talked about how is EVV being used today, EVV meaning just Electronic Visit Verification, and there was some information on the OMIG system requirement for organizations that do exceed 15 million dollars in Medicaid or managed care reimbursement. That is a current requirement that goes on today which was the point of that slide. So, I think questions about that we would have to refer to our counterparts at OMIG, but our understanding is that organizations that are under 15 million dollars today through OMIG's verification organization, VO, requirements are not subject to VO. Those organizations however, when EVV is implemented, it is not tied to any particular amount of money, instead it's tied to the type of services that are being rendered, so just want to be clear, the VO requirement is in place today and is tied to a certain amount of reimbursement, going forward the EVV will be linked to the type of services

that are rendered.

[Speaker] Next question: In many upstate rural counties there are no cell services. What is the state's plan to address this?

[Erin Kate] A really good question. I think that it's one of the consideration that the state has to take into account that in many upstate rural counties there is no cell services in all or part of the county. We are also informed that can also be the situation downstate, that there are certain pockets downstate without cell service, so it is definitely one of the considerations that we have to take into account when choosing an option or options.

[Speaker] Next we have a comment and a question: We currently use EVV. When we get conflict reports it appears from our vender. Under 21st Century, will conflict reports be available system-wide for users to use? I think that if I convert this to a comment this goes back to an earlier comment about knowing if an aide is working in one place and also working in another location and that would generate a conflict report and that those would be useful from your vender, and if we are doing a cross EVV system evaluation of conflict reports we would need those to potentially be available system-wide, so that's something that we will take note of.

The next question: Will the state provide compensation to consumers and personal assistants who are required to pay for

devices in order to use EVV such as telephone lines, internet access, mobile phone plans, electricity costs, etcetera?

[Erin Kate] Appreciate the comment, and for raising the comment in other sessions. Again, the state has not selected any model, so I think as a question this sort of assumes that the state is going to adopt a model that would have such kinds of devices or costs. We're not at that point yet. We're still gathering stakeholder feedback, so we're going to interpret this question as a comment that the state should consider implementation of a model that does not require extra costs on consumers or personal assistants.

[Speaker] Next we have a comment: I want to reiterate that any EVV solution must include a tester mode so that peers can provide support to consumers under the fiscal intermediary requirement to provide support.

Next we have another question: Will a ComHab worker's Google searches or emails, or other website access be available or viewed by anyone while they are working with a client and if they are logged in?

[Erin Kate] I appreciate the question. We're going to interpret this as a desire for a system to be implemented that would not have this capability such that the privacy of the workers while working with a client is protected.

[Speaker] Next we have a comment: Self-directed services are moving towards an EHR, \Main-C or Ebero\, so paper

documentation will begin to lean out.

Another comment: EVV solutions must be accessible not only to people with disabilities who are providing personal care services as well as accessible to individuals who are proficient in languages other than English. Thank you for that comment.

[Erin Kate] There's a question: Is there any active collaboration with cellular companies to improve cellphone networks for GPS tracking and visit confirmation? The answer is no.

Next question is: Will you provide us with a full copy of all questions asked in this webinar? The answer is yes. We will put together the questions and post it on our EVV website.

Next comment says: There is a CDPAP IS currently taking photos of aides and patients using facial recognition for EVV. Appreciate the comment, we did hear that at our session in New York City I believe it came up. It is not something that is required at this time by the Department of Health and I'm not aware of any other requirement, that appears to the extent that it happens, and I do believe since I've heard it a few times now that it is happening, that it is not a requirement of the Department of Health.

Next comment says: It seems from the comments I'm seeing that most of the questions thus far are being made by providers or organizations. The people most affected by this are the

consumers. I would like to hear questions posed by consumers. So, there is a comment from someone on the line. Thank you. Next comment is: I sincerely hope the Department of Health will not allow photos of the terminally ill or dying as a matter of respect and privacy. Thank you for your comment.

Next question says: I asked earlier and was told by chat that this EVV requirement will include health home care management face-to-face visits. Not all face-to-face visits take place in the client's home. How would our care managers log the visit outside of the home? Appreciate the question. That is something that has not been determined and will not be determined until all listening sessions have been completed and a particular model or models has been selected by the state.

Next question is: Can you tell us when a decision will be made on the EVV system? If the state extension is granted, how long will the extension be? The first part of that question is can we tell you when a decision will be made on the EVV system, not with particularity, however we do have these listening sessions going on until about the middle of July and we will be making decisions very expeditiously after that. If the state extension is granted, how long will the extension be? The answer to that is one year. There is the good faith exception, an extension is a one-year extension that would give the state until January 1, 2021. It is a one-time extension in the law. there is no provision in the law that would allow for a longer extension or

another extension.

Next question is: Will EVV be required for OPWDD respite services?

[Tim] At this time, no, that's not part of the proposal we have submitted. The only OPWDD service that is in consideration is Comhab. Respite is not part of that deal.

[Speaker] We have a comment that says: This FI has already received complaints via Better Business Bureau for this EVV method. I believe that's referring back to the earlier comment about photographs and facial recognition.

We have another comment after that: ComHab is scheduled to kick in 2023. I'm not sure what that refers to, as we stated earlier Comhab services are covered as part of personal care which will be due along with other personal care services in 2020 or with the extension potentially in 2021.

Next comment: Data entry seems like a great option. It solves the problem of overlapping shifts that happen with call-in/call-out, GPS, etcetera. It also allows both the agency and consumer/caregivers to see the record of time worked. Thank you for that comment.

[Erin Kate] We have another comment that didn't' go to everyone, so I can see it but I'll remind everyone so we don't miss your comments please send them to the entire panel. The question is: What is the appropriate way, or who by letter, to send us technical objections on the CMS requirement? The

commenter thinks that there are two or three factual errors so far. We do appreciate getting all of your feedback including this type of technical objection, and the best way to ensure that it gets to the right place is to send your letter through the mail address that we have given and that is in the slide. It is evvhelp@health.ny.gov.

[Speaker] The next is a follow-up comment to an earlier question: For the call-in option, I was just looking for more detail as it would allow us to consider options for practical implementation. Without these details I am unsure if making this decision would be an informed decision. This is referring back to would the calls be a messaging service or would it be a monitored call. Thank you.

We also have a comment: These monthly face-to-face visits are required for billing. That refers back to the monthly home health visits, which we addressed that question.

The state has a preapproved handful of EVV venders. Our CDPAP program has been utilizing one of them, \SanData\, for years. What is the state's opinion on the ones that have been recommended?

[Erin Kate] I appreciate the comment. I believe what is being referred to here is a handful of venders that the Office of the Medicaid Inspector General utilizes for the verification organization venders, although it could be that what is being referred to here are the New York City HRA venders. It's not

clear to me. In any event, the Department of Health does not have an opinion on the ones that have been recommended. We are in contact with our state sisters here, the Office of Medicaid Inspector General, although we have not had any kind of discussions with them on the venders that they use for the VO requirements. I'm not aware of any conversations that have gone on with HRA on their venders either. If there are viewpoints however on these feel free to either put them here in the comments or send them to us through the email address.

[Speaker] Next question: Will there be a mandate to ensure that EVV data is used as a validation by the provider before the claims are submitted to the health plans?

[Erin Kate] I appreciate the question. It is of course not the right time for us to answer questions like that. I would like to infer from this question what a comment is, but I'm not sure that I can here. so, if you think that we should consider a mandate like that or should not consider a mandate like that, please feel free to clarify.

[Speaker] Next question: In what ways is the state protecting itself and providers from becoming a joint employer via controlling scheduling the plan of care hours and supervising when work occurs?

[Erin Kate] Appreciate the question, again, however having not selected any program or programs it is impossible for us to answer this type of question. I'm going to interpret this

question as a comment similar to the comment that was made earlier that consumer directed consumers probably do not want that kind of control taken away from them and that the state should consider that when implementing a model or models. If that is not the way that you think that this question should be interpreted as a comment please feel free to clarify.

The next question is, again, a question that can't be answered at this point. The question is: How will the state and providers pay CDPAP personal assistants when the services happen 100% outside of the home? Again, have not selected a model, and because of that we have not had any implementation discussions, but the EVV requirement that \it attach\ at a minimum to personal care services that either begin or end in the home is not directly related to billing or payment, so the model that the state chooses will have to make that determination whether or not there is also a billing and payment implication, and that has not happened yet.

[Speaker] Next we have a comment: What we think would be helpful is if we could have verbal authorizations after we review the EVV clock-in/out daily instead of requiring the physical signature. Sometimes we find it difficult to get an electronic signature every time. Thank you, that's a helpful comment.

We have a question: Will this Q&A discussion be posted on the DOH EVV website? Yes it will.

A follow-up to the electronic signature comment: This would be due to clients \sleeping\ or self-directed other not being there for every shift. Thank you.

Again, another question: Will you be offering a copy of the Q&As? Yes, this will be posted on the DOH website.

Question: Which of the aggregation models fit aggregation? Clearly provider model does not make that happen. it would have to be Single Vender or the Hybrid. I think that this question is asking under which model is aggregation required. I'm not sure if that's what's being asked, but I think that we need to explore what our options are around the models and when we choose one we will make it clear whether or not aggregation is required.

I got a comment about answering questions that are being skipped over. I'm not sure, I think we're trying to hit them all.

When thinking about tracking individuals' locations please consider that disabled people using ParaTransit to get around the community will not be traveling in the most direct path from Point A to Point B as ParaTransit is a shared ride service. Thank you. Thank you for that comment.

In the provider model it seems in CMS webinar that aggregation is not done by state, so state will not get full federal funding. Please address this now.

[Erin Kate] This is something that was brought up in

previous sessions, I think by the same commenter. We will look into what it is that the point that you are making is, but we're not familiar with the point that you're making right now. We can address it, but not right now. We have to look into it and see what it is specifically that you're referring to and why you have this belief.

[Speaker] Getting rid of the shared aide sites would eliminate the issues with EVV increasing the authorizations to allow the aides more time to get groceries and laundry done for each person individually instead of as a group. Thank you for your comment.

The state must oversee providers selecting EVV systems to ensure providers offer a stakeholder engagement process during selection, design, development, implementation and training. I think the concern being raised here is that if providers are choosing their EVV systems that there would be some oversight from the state to ensure that stakeholders have input to that. Thank you for that comment.

We would also like to have the ability to create our own exceptions to the service. Maybe it would be helpful to have a certain percentage of our hours that we would be allowed to make our own exceptions. Thank you.

As a consumer I urge DOH to select a system which allows for non-contemporaneous entries. Okay. Thank you, understood. We'll note that.

At the Long Island forum, another speaker than myself said that photos are not permitted in this technology. Do venders who use photo requirements violate HCBS settings requirements for community settings including our homes?

[Erin Kate] Thank you for the question. We are not aware of the photo requirements, and so it's not something that we have looked at, but your question is noted and we will take a look at that.

At this point it is 10:35 and we will take a short break to allow everyone a chance to do whatever needs to be done, so we will take just ten minutes I think, so if everybody could hang on and we will be back at 10:45. Thank you.

Okay everyone. It is 10:45. We are going to jump back on. Just to give everyone a little bit of a level set where we are, we are receiving a few comments that we're not getting to your questions. We just want you to know that we're going through these questions and comments in the order that they are received in our chat box. So, right now the question we are on that we're just about to start on was submitted at 10:09, so lots in the chat box to get through, but we are hitting them all. If you are not hearing your question please don't send it two, three, four times because that just makes it a little harder for us to get through, but that's where we are.

We're going to jump back in. our next comment says: New York State is already trying to change and limit the CDPAP program

by severely reducing administrative reimbursement to the Sis, so consumer directed users have no reason to believe that DOH is acting in good faith with respect to EVV implementation. Thank you for this comment. There is in the New York State budget, the legislature did pass this year a change in how fiscal intermediaries in the consumer directed program are reimbursed, so not really sure how that ties into this federal EVV requirement which would apply to all personal care services including consumer directed services.

Next comment says: In your decision-making please consider the implementation complexity for providers that provide services that fall under EVV requirements and services that do not, for example OPWDD services like WR or SEMP and Community Habilitation or SAME.

[Tim] Thank you for those comments. Again, we're looking at essentially from the OPWDD side, it's Community Habilitation which when you go to the CFCO side of the street we're looking at the same product. Again, we talked about this a little bit before that we really have to look at each service, and again it's the ComHab is the service we're looking at now from OPWDD, the privacy, integrity, very big hallmarks for us on this. we want to have protections in place, we want to meet the federal guidelines of course, but a lot of this as we keep saying is still in the formulation stage, so once we do decide on a path we're going to take that's when we're going to start to again

look at all the feedback we have from you folks and take this to the level \up\ so we need to flesh out how this plays out, how we can do this, how we can protect people, how we can ensure the best services and privacy. So, it sounds like a complex, long process, it kind of is. Thank you.

[Erin Kate] Next comment is a follow-up on the \allocation\ of photographs happening with a particular physical intermediary, I think. It says: We will document to DOH respectfully to CMS and state legislators the privacy photo/video happening in other states' EVV systems. Thank you for that information.

Next comment is: Consumer directed personal assistance is based on consumer choice, control, and flexibility. Any EVV system which requires a fixed schedule would diminish the consumer's ability to have flexibility and control. The EVV system selected should not really on a pre-determined schedule. Thank you for that comment. I think we've heard that in some other sessions too. It's appreciated.

Next question is: Is there more to the training, or will the remainder of the meeting be Q&A? Apologies if anyone thought that this was going to be an EVV training session. This is one of the EVV stakeholder listening sessions where the state can become informed in a collaborative way with the thoughts of all stakeholders before a system is selected for Electronic Visit Verification.

Next comment appears to be cut off, but let me see what I can do. I can't find the end of it, but let me see, just scroll down and see if the end is somewhere. I don't think we have the end, but let's see what we can do with the beginning. It says: Has CMS or the New York State DOH EVV team considered the impact of client's choice to no longer maintain a landline phone and only maintain cellphones? Has this been considered on how to determine location of service? The next part of it is cut off, so I can't tell what it was going to say. I think we get the gist of the question. Yes, we are prepared to consider the geographic disparities in the state of New York when selecting a system. As mentioned earlier we are well aware that there is no cell service in certain parts of the state, both upstate and downstate, and also the availability of cell service in other parts of the state has led to a decision by many people to only maintain cellphones an not to have a landline, so we are prepared to have that as a factor in the consideration going forward in how to meet a determination of the location of service.

Next comment says: Any web-based platform selected must also be accessible for screen readers and other technology for blind and visually impaired users. Thank you, these are extremely helpful comments.

Next says: I would like to urge that while deciding upon a system that simplicity, ease of use, and protection of privacy

be paramount concerns. Thank you.

The next question says: Note that I gave Colorado \example\ of a testimony session. We want publication of exact questions and not your restatements. Sorry, but OPWDD does this to us all the time and omits questions asked on webinars. We need a transcript. So, I do believe that we are prepared to get a transcript here, and my restatement, I'm at least attempting to read these questions exactly as they come in, and when I restate it is intended to be a helpful restatement of what the concerns of the stakeholders are so that there is a chance for clarification in case I am understanding your comment incorrectly. We are prepared to get a transcript available and up on the EVV website of everything that takes place on this webinar.

Next question: Are all providers who provide these services required to participate in EVV, or is there minimum Medicaid dollar revenue as a threshold for participating? The federal EVV law does state that EVV applies to services that are rendered, so it will be all providers who provide personal care services for the first wave of it, which is January 1, 2020 with the possibility to extend that to 2021, and it will be the home health care services for January 1, 2023. There is no minimum Medicaid dollar revenue as a threshold for participation in the federal requirement, and therefore the state of New York cannot implement a minimum Medicaid dollar

revenue as a threshold.

Next question says: Can you please clarify that health home care management is an included service that needs EVV? Does this fall under January 2020 or 2023 timeframe? So, we will have to take a look at whether or not health home care management falls within this definition of the services that are subject to EVV, and we'll have to put out some more guidance on that. I don't think we're prepared to do that right now. It would seem like that would be personal care service, but we'll take a close look at it and give you some kind of definitive answer on that.

Next says: If an individual was out in the community and DSP met them to do Comhab, and individual returned home alone, how is billing done when it doesn't start or end at home?

Appreciate the question. What we do know for today, which is before the technical assistance from CMS has begun, but what we do know today is that the CMS requirement is that EVV attach to personal care services that either begin or end in the home. We do recognize there are a lot of these scenarios and questions that need to be worked out because that's a very general requirement. We don't have those answers today, but we have been told by CMS that they are looking at clarifying some of these and that there should be some federal guidance put out at some point on that, which we will as we have in the past put up on our DOH website, EVV website, as a link. We'll get that

information out as best we can when it happens, so more to come on all of that.

Next is: Since consumer directed consumers are responsible for training our employees, we must be able to train our employees on the use of whatever EVV system we are required to use. Please note that training on EVV will also contribute to the amount of training… and it cuts off, but I think it probably goes on to say, will be a contributing factor to the amount of training that they already have to give to personal assistant aides. That is duly noted, we thank you for the comment. We do think that training will be an important component of whatever is selected, and that is not unique to the consumer directed world but also in the licensed home care agency space as well.

Next comment says: OMIG VOs should not be eligible as EVV venders. This is a conflict of interest. Thank you for the point. We will take a look at that and see what the intersection is, and if there is a conflict of interest we'll be taking a careful look at that.

Next comment says: I think it is important for the state to track and compare enrollment in consumer directed personal assistance versus traditional agency home care post-EVV implementation. Very interesting comment, that's a great point. Appreciate that.

Next question: Will there be presentation of additional information, or is the remainder of the time allocated to

questions and comments? The remainder of this time, the bulk of it, is allocated to questions and comments and stakeholder input for the state to consider. We do have a couple of closing slides at the end that just give the next steps, most of which we've really already discussed, but the slides are also available on our website so if anyone needs to jump off early you can just take a look at the slides on the website to see those, and you can also if you need any kind of clarification submit an email question to evvhelp@health.ny.gov.

Next question: From consumer, sometimes consumer is picked up by different CDPAP or Comhab person outside of the home at change of shift. The pickup outside of home personal aide needs to be able to sign in outside of home. Again, I think this is asking for consideration of services that don't begin or end in the home, and we are looking for some clarification and CMS has indicated that they will be putting out some clarification on how that requirement will work in certain scenarios, so we'll be looking for that.

Next comment says: EVV is not, and no federal requirement \exists\, that EVV be used in real-time. The state should allow EVV use and submission at the end of each pay period. Very helpful comment. I think sometimes there is a misinterpretation that EVV is required to be used in real-time. We have not seen that as a federal requirement. We will be engaging in discussions when the federal government begins its technical

assistance around the use of EVV in ways other than in real-time.

Next comment says; As a consumer, I do not want my location tracked, and see that as intrusive and invasive. It is my understanding that CMS has advised states that GPS is not a required feature of EVV. Please do not require it at the state level. Very much appreciate that comment. I think there are many consumers who have shared that view. I would reiterate that we also do not see any type of federal requirement for GPS. It is an option not a requirement. Appreciate that as a comment.

Next says: We do not think it would be helpful to have a regulation for determining when appropriate to build the EVV. We take pride in making sure our billing is correct and do not need another mandate to regulate us. I am going to assume that this is a reference to the consumer directed program and will take it as a comment in that context. If that is incorrect, please feel free to submit a comment to clarify. Thank you.

Next says: Some personal assistants provide services to more than one consumer during the same timeslot. It should not be required that personal assistants clock in and out for each shift. I think this is a reference again to the shared services, and as mentioned previously we will be considering shared services, how it works, and engaging in some discussion with the federal government around this.

The next comment says: Regardless of the methodology chosen, there needs to be a defined policy of how to handle situations when the EVV system fails. Thank you for the comment. I think we would agree that there definitely needs to be a defined policy if a system is selected that has the potential for failure that there needs to be some defined policy of how to handle situations when it does fail.

Next question says: We think it would be helpful for the fiscal intermediaries to choose the EVV vender and not the managed care organization. It would not be helpful to be forced to work in several EVVs. Excellent comment. Thank you for that input. I believe what you're saying is that you would like to see a provider choice versus one of the other options that the 21st Century Cures Act allows, which would be managed care organization choice, and the reason behind that is because a fiscal intermediary that contracts for services with several managed care organizations would not want to have to work in several different EVV systems.

Next comment says: Personal aide needs to be able to sign in situations where they pick up the consumer outside of the home. Thank you.

Next says: EVV solutions should not hinder consumers' ability to travel out of state, as is their right. Thank you for the comment. Again, I think that the state would agree with you that an EVV solution should not hinder the consumer's ability

to travel out of the state.

Next comment says: Consumer directed personal assistance \FI\ funding levels are uncertain, since DOH has not announced per member per month reimbursement levels. If \FI\ funding levels are slashed, and it appears they will be, many \FIs\ will have significant difficulties implementing EVV by January 1. Appreciate the concern, and we are aware of the timing.

Next comment says: I'm concerned about the lack of dissemination of information about these listening sessions. My family member did not receive notice of these listening sessions from either her consumer directed personal assistance \FI\ or her OPWDD self-direction \FI\. So, appreciate the comment. Again, the state is doing what we can to get these listening sessions, information about them disseminated. Feel free to please disseminate information also, and let us know through the EVV mailbox if you have ideas about how we can better reach more consumers.

The next comment appears to be the end of a comment, but I don't know where the beginning is, so I'm going to do my best to understand it. The end of it says: -as plans work with multiple providers, and one provider may work with multiple health plans, the plans should not be the ones choosing a system as providers will have to use multiple systems which will cause additional burden at their end. Again, I think that's echoing a comment that was made earlier. Thank you for

the input.

Next says: Comment upon the EVV requirement as a whole. The requirement as part of Cures was tacked on and not really part of the original act and not subject to debate. Is there any chance that there will be a modification of the law? Are there implications? The 21st Century Cures Act is a federal law. it is not a New York State law, so it did not go through our New York State legislative and budget process. How EVV became a requirement as part of the Cures Act I am not \truthfully\ certain of, however- Is there any chance that there will be a modification of the law? I think that is a question that would need to be posed to your federal legislators and efforts there need to be addressed at the federal level. The state of New York is subject to the 21st Century Cures Act and its deadlines, and so we are moving forward with meeting the requirements as we are required to do.

Next says: I would prefer that fiscal intermediaries know the clear direction with sign-in and sign-out for DSP. Whatever direction comes from CMS, participants need to have the rules with the same \FIs\. DIS is direct service provider. I think that comment is well-taken. Whatever system is selected it will be incumbent on the state to make sure that there is clear direction that comes from either the state or CMS, or both, and our method of disseminating that type of information whether it comes from us or from the federal government is on our DOH

website. When CMS puts out guidance we link it there. When we put out information we post it there. So, it can be kind of one-stop shopping for everything that has to do with EVV.
Next comment says: You can better reach consumers by sending out a snail mail notice to every Medicaid recipient in the state regardless of their PCA service use. Appreciate the comment, thank you.
The next and the last comment that we have so far says: EVV became a requirement because \SanData\ and others lobbied for it based on false information about \fraud\. \CBO\ threw out their testimony months after the Cures Act was passed because it was unfounded. Appreciate the comment. The state doesn't really have any information on that, but thank you for sharing.
Here we'll pause for a few minutes and see if there are any more questions or comments that come in, and if not after a few minutes we will move on to our closing slides and next steps.
We received one more question. It says: How can I get future notices of these events from the Department of Health? The answer is that you can send your contact information to us at evvhelp@health.ny.gov. that will add you to a listserv of people who are interested in getting notifications of EVV updates from the Department of Health, and we will put you on that listserv.
Having no other comments right now we'll move on to our couple of closing slides. If you do have questions or comments feel

free to continue to send them through the Q&A box for the duration of this webinar. If you have something that you want to send along after we've closed this webinar, feel free to send it to the evvhelp website.

So, to close, our major milestones for implementing EVV are in three rough milestones. Milestone one which we're doing now is planning and listening sessions. We will have next a slide of when the remaining listening sessions are. To finish out milestone one we will be taking EVV option recommendation. In milestone two we'll develop our strategy for implementation of EVV and we'll start executing that strategy. In milestone three will be the actual development and implementation of EVV, any training as required, and if a selection that works with an EVV vender is chosen we will begin working with the EVV vender.

The next slide is steps to achieve the milestones. First we'll complete our statewide tour of listening sessions, we'll keep the EVV website updated, we'll compile feedback from these regional listening sessions, from the survey, and we'll prepare EVV solutions, and we'll share all the feedback that we have on our EVV website.

Steps to achieve the milestones include determining our strategy and executing that strategy, continuing our collaboration with stakeholders and we'll have some information to share on that, we'll provide training, ensure smooth and well-informed implementation, and we will monitor and evaluate

the implementation.

Before we go to the next slide there are a few questions that have popped up in our box, so I want to make sure we get to those.

The first question is: What was the name of the facilitator at the Albany listening session? It was a man. So, we did use a facilitator at a couple of our early listening sessions, and we will be probably using a facilitator again for the later listening sessions. We're happy to give out the name of the facilitators, however what we have found is people were sending questions directly to the facilitator, and that creates the danger that they're not going to get to the right team of the Department of Health EVV experts in order to get a direct and considered as is appropriate. So, the name of the facilitator at the Albany listening session was Arlin Surgess. He is not an employee of the New York State Department of Health. He is someone who was helping to facilitate the session, make sure that everybody who needs to be heard gets a chance to be heard while the experts are a little bit busier answering questions, so please do not send your questions or comments to the facilitator. Please send them directly to the Department of Health.

Also in the comments, somebody has send an EVV listserv email address… Oh, sorry, that was us. We will be putting in our \transcript here\ the actual address to sign up for the

listserv or you can send it to our evvhelp and we will put your information for you.

Next question is: What is the timeframe for these milestones that are on the slides that we have been discussing? We don't have direct timeframes laid out at this point, however in the next slide I think that we're going to get to will have the listening sessions, so once the listening sessions are finished we'll be moving on to our next steps with the goal of getting us fully implemented by either January 1, 2020, or if the extension is received, January 1, 2021.

The next question is: Will you have an open comment period after you make your initial decision on a strategy or solution selection? We have not made any decisions there. We are committed, however, to having a continued collaboration with stakeholders. I'm going to assume that the question is a comment asking for some kind of open comment period or continued stakeholder collaboration.

The last question on our box before we move on to the next slide is: Fiscal intermediaries and providers are critical stakeholders. The provider choice option is the most sensible and responsible choice. Thank you for the comment.

Here on our next slide we have a schedule of the EVV regional listening sessions. We have starting on May 30 and up to the present we have done listening sessions in Albany, in Rochester, in Long Island, and in New York City. This morning

we are doing this online webinar. This Thursday, June 27, we will be in Lake Placid at the High Peaks Resort from 1:00 to 4:00 in the afternoon. On July 9 we have added a second New York City in-person listening session, that is because when we did the first New York City listening session on June e18 it filled up to capacity and we have only so many people being an in-person session that the place could accommodate. We have moved the location, however.

[speaker] Right. Due to some of the concerns around accessibility, we deemed that the Academy of Medicine was not working for folks. we looked at the New York Marriott downtown. We also think that may potentially not be sufficient, and we are currently looking at the New York Marriott East Side, so please stay tuned to the website for the location information as we're in the process of confirming that we can use the Marriott East Side which has a far better accessible entry way as well as restrooms.

[Erin Kate] On July 11 we will be doing another online webinar, however this one will be from 6 PM until 9 PM, that is primarily to accommodate people who want to participate on an online webinar but were unable to do so during regular working hours. That will be July 11 from 6 PM to 9 PM. On July 17 we will be in Buffalo at the Buffalo Marriott \inaudible\ afternoon, and on July 18 we will be in Syracuse at the Marriott Syracuse Downtown. That will also be an afternoon

session at 1:00 running until 4:00.

This schedule of the regional listening sessions is available on our DOH website. The website address is available in this slide deck. It is the same address that I read earlier, and it will be in the transcript of this EVV session when that is available on our website.

We have two more questions that have come in, so before I get to the last slide—I think it's the last slide—we will address these questions. One says: CMS released information and an application on the good faith extension. Under which requirements does DOH believe New York State qualifies for a good faith extension? Appreciate the comment and the question. We have already started some discussions with CMS and we do believe that New York State is going to qualify for a good faith extension because we are in good faith doing our listening sessions and attempting to implement, but we may not be able to be fully implemented by January 1, 2020.

Last question is: How does DOH determine the order of those who register and want to provide testimony at listening sessions? So, we use \EventBright\ as our registration, and when people go to sign up I believe it just takes them in the order that they come and sign up until it is filled. After that we maintain a waiting list. The second part of the question is: How do we determine the order of those who want to provide testimony at listening sessions? By raising your hand, is what

we have done. We have not had a listening session yet including the New York session which had the largest attendance where we haven't had enough time to get to everyone's questions, so if we did run into that and we could not go later over our time we would have you submit questions through our BML and handle it that way, but that has not happened yet. So, at the listening sessions in person, if you want to say something you raise your hand and we do make every effort to give everyone a chance to speak before we move onto people who have multiple comments. On our last slide, it is how can stakeholders remained informed throughout the implementation of EVV. So, as mentioned, there are two ways that you can remain informed. The first is to sign up directly for our EVV listserv. This is optional, but if you sign up for it you will get emailed the information that we are pushing out to stakeholders to keep up to date. The EVV website also has everything that you need to keep up to date, and I will read that website again. It is the same website address that I read earlier, but in case somebody joined late that didn't get it, it is:
https://health.ny.gov/health care/medicaid/redesign/evv/index.htm
The other way you can remain informed as we implement is to send questions, concerns, or just a request to be added to the listserv to our email address, which is evvhelp@health.ny.gov. Having no more questions in our box and having reached the end

of our slide deck, we will say thank you for joining. If there's anything else feel free to email us or reach out. Thank you.