[Erin Kate] Hi everyone. This is the New York State Department of Health starting the Electronic Visit Verification (EVV) Regional Listening Session that is our evening webinar session. This is Erin Kate Calicchia. I'm the Deputy Director with the New York State Department of Health, Division of Long Term Care, and we thank you all for joining us tonight.

The way that we are going to do this webinar is the same that we do our in-person Listening Sessions, and that is that I have a short number of slides to get through, and I will run through them fairly quickly, and then we get to an open discussion question and answer type format where I will take comments from everyone who is on the phone. You can type your comments into the Q&A box of the webinar. That's the best way to do them. what we found with our first webinar is that a lot of comments come in the early parts so it takes us a little while to get to your comments, but please be advised that we are going to address all of the comments that come in. We will read them, we will address the comments that need to be addressed, and if we don't get to yours it's just because we haven't reached it yet, So there's no need usually to resubmit your comment.

Also, we will be making a transcript of the comments and the answers that are given here today, available following this listening session, and that will be posted on our website that is in the slide deck.

We'll start with the first slide.

[speaker] We have a question. Is there a PPT or documents for this session?

[Erin Kate] So yes, the question is: Is there a PowerPoint or documents for this session? There is a PowerPoint. Here it is. This PowerPoint will be available also on our website. This is the only document that is for this session.

Housekeeping items: This is the same PowerPoint that we use in our live sessions, so some of it of course will not be applicable here, but for this webinar all attendees will be on mute throughout this presentation. To participate you must join using the WebEx link that is in the invitation. This presentation will be available on the EVV website.

The goal of these state wide series of EVV Listening Sessions is to collaborate and receive feedback from stakeholders, and by stakeholders we mean consumers of services, Providers of services, Managed Care Plans, Local Departments of Social Services, on the implementation of the Electronic Visit Verification.

Just to review some of the things that we are going to run through in this slide deck and in today's listening session, we're going to talk about: What is the 21st Century Cures Act? What are the requirements for Electronic Visit Verification? What Medicaid services or programs are impacted by the EVV requirements? We will talk about some guiding principles for EVV implementation when we do reach the implementation phase,

how the implementation of EVV can improve services that are delivered to consumers, we'll talk about some examples of options for how EVV can be implemented, go through where EVV is in place today, and give a little information on some of the possible approaches for implementing EVV before we reach the open discussion portion of today's session.

On the first slide: What is the 21st Century Cures Act? The 21st Century Cures Act is a federal law that was signed into place in December of 2016, and while it's a comprehensive federal law there is one small section of it that 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 in the 21st Century Cures Act the opportunity for states to apply to the federal government, and by the federal government we would apply to the Centers for Medicare and Medicaid Services, or CMS, for a Good Faith Extension. That extension can be applied for in July, the month we're in now, this July, no sooner than this July and no later than November 30, 2019. In order to apply for that Good Faith Extension the State has to show that it has selected a model and is using Good Faith to implement that model or models but will be unable to do so by January 1, 2020. If the extension is granted, it is a one year extension, it is available only one time, and it would delay the Medicaid personal care services implementation to January 1, 2021. The State of New York does

intend to apply for a Good Faith Extension. We also intend to complete our Listening Sessions first, then choose a model before we actually apply for the Good Faith Extension.

On the next slide are the requirements for EVV that are set forth in the 21st Century Cures Act. It requires that EVV use a selected solution to electronically collect service delivery information to verify six things: first the 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 New York State has not selected any EVV solution or model. Our intent is to finish our Listening Sessions and at the end after our open discussion I will show some slides to give the next steps and rough timeline for them.

The 21st Century Cures Act also tells us what Medicaid services or programs are impacted by EVV requirements, and in New York State those programs are the Personal Care Services Program, the Consumer Directed Personal Assistance Program which we call CDPAP, services provided through a Certified Home Health Aide or CHHA, and also included are Community Habilitation Programs and it's also called Skills Acquisition Maintenance and Enhancement of ADLs and IADLs, which in the Department of Health we tend to shorten to SAME for Skills Acquisition Maintenance and Enhancement.

Some guiding principles that the State of New York intends to use as we move forward with EVV implementation: First and foremost, that we collaborate with stakeholders. We want to collaborate with stakeholders to identify and also to implement an EVV model, and that is one of the reasons for these Listening Sessions. We also will meet all federal requirements to avoid penalties and to ensure that our federal Medicaid funding is preserved, because that funding is what we put into services to consumers. We will meet HIPAA compliance standards and establish safeguards to protect any patient privacy. We will deploy our EVV implementation through a collaborative stakeholder engagement process throughout. And, to the extent that it is necessary, we will provide training for Providers and consumers on the implementation and use of whatever EVV solution is ultimately selected. As the open discussion goes on there may be some other guiding principles that you would like New York to consider and follow, and we would like to hear from you on those.

The next slide is how the implementation of EVV can improve the services that are delivered to consumers. EVV has the potential to ensure that Medicaid consumers are receiving the care and the services that are included in their person centered care plan. It can reduce the administrative burden of paper service verification documents, and that will help to increase payment accuracy and reduce any errors in billing, and finally it has

the potential to ensure the integrity of the personal care services programs in New York State. If there are other ways that EVV can improve we would also like to hear that from you. The next slide is just some examples. This is not an exhaustive list, it is just illustrative of some of the ways that EVV can be implemented, which of course would depend upon the model or models selected. Again, the State of New York has not yet selected any model. One way EVV could be implemented to meet the six requirements that we've gone through are via a telephone. Telephone calls can be used to capture the service period and to verify the location. Another way is through a mobile application. Applications can be downloaded and used to capture the service period and to verify the location. The final way that we have on this slide that EVV could be implemented is through a fixed object, or called a fob, which is an in-home device that can be used to capture the service period and verify the location. This is not an exhaustive list. They are just examples.

This slide is on where EVV is in place today. Today, the New York State Office of the Medicaid Inspector General, called OMIG, requires home health agencies and personal care Providers that exceed 15 million dollars in Medicaid Fee For Service or Medicaid Managed Care reimbursement to contract with a verification organization, which some of you will know as a VO. Verification organizations are required to perform pre-claim

reviews of the claims data that's collected in EVV systems. Also, home care vendor agencies that are contracted with New York City's Human Resources Administration, which many call HRA, are providing home attendant services, housekeeping services, and CDPAP services and have EVV systems in place today. In order for the Department of Health to determine the landscape of where EVV is in place today we've issued an EVV survey to Providers of personal care and home care services to assess their use and their readiness for EVV implementation. That EVV survey is available for anyone who would like to look at it on the DOH EVV website. There is a link to the website in this presentation, there is also a link in the Q&A, and for those who cannot see it I am going to read out loud the address.

https://health.ny.gov/health_care/medicaid/redesign/evv/index.htm

A summary of those survey results when they are finalized will be made available on our DOH EVV website.

The next slide is the possible approaches for implementing EVV, and these are set forth in the 21st Century Cures Act. The State of New York is not limited to choosing only one option, multiple options may be selected. The first option is Provider Choice. Under the Provider Choice option the Providers select the EVV vendor of their choice. The second way it can be implemented is through a State Selected Vendor. There the State

contracts with a single vendor that all Providers are required to use. The third way is a State Selected In-House System. In that option the State creates, runs, and manages its own EVV system. The fourth option is Managed Care Plan Choice. There the Managed Care Plans select their EVV vendor of choice and Providers must use that. The last one is an Open Vendor or Hybrid Option. There the State contracts with a single vendor or builds a system but also allows Providers to use their own vendor.

Now we've reached the open discussion part of the slide. If you have some questions, the best way to ask them is to type it into the Q&A box. If you cannot type it into the Q&A box, feel free to speak up. If there are too many people that are trying to speak up at once we will mute the lines and give instructions on how to electronically raise your hand, and then we'll unmute the lines one by one and allow for your question to take place. We'll pause for just a moment here to see what has come in through the Q&A box.

The first question has come in: Are we going to be required to use a DOH selected EVV company? The State of New York has not selected any of the models, if we can just flip back to the screen that has the five choices. On this slide we went through some possible approaches for implementing EVV. One of those choices would be to use a DOH selected vendor, that's the second one, state selected vendor, however the State of New

York has not selected any model at this point. What we are in the process of doing with these Listening Sessions is to hear from you whether you think one model would work better than another model, or your thoughts on what you would like us to consider as we move through the collaborative process of selecting potential approaches.

[speaker] We have a hand raise. Mark Patrick would like to ask a question.

[Mark] Hi. I would just like to register my opinion that an Open Model or a mixed model would probably make everyone the happiest. I have a feeling that there are a lot of Providers out there already using their own vendors, like my agency for example. We make use of \[vendor]\ which already accomplishes a lot of what seems to be covered in the EVV requirement. I was just going to ask if there are any thoughts being given to what's already out in the market while you guys make your selection on the model and a potential solution down the line.

[Erin Kate] Hi Mark, thank you for your comment. We are well aware that there are many EVV systems that are in place today that unlike some other states, because all states are subject to the 21st Century Cures Act, but unlike some other states, in New York we do have some EVV systems that are in place today, we're not starting from ground zero, so we are well aware of that fact and it is definitely going to be a significant factor in our consideration, but appreciate the

comment. Thank you.

We do have some comments that came in through the chat box. I'll take a few of those, and then we'll see if anybody else has their hand raised. There is a question very similar to what Mark just asked that says: Do any current vendors, such as \[vendor]\ or \[vendor]\ meet EVV requirements? Right now the State of New York does not require any EVV services. There are—I shouldn't say it that way. The New York State Department of Health does not today require any EVV models to be in place. The Office of the Medicaid Inspector General has some requirements, and the New York City HRA has some requirements, but because they're not Department of Health requirements we here at the Department of Health are not familiar with the actual vendors, so I'm not able to tell you whether the current vendors have products that meet EVV requirements or not because I'm not familiar with them.

Next question in our chat box is: Once New York State selects a model and comes out of the extension period timeframe, what are the major impacts that a client in CDPAP would experience? That's a great question. I will answer it to the best of my ability given the fact that we have not selected a model yet, and given the fact that we have not been granted an extension period although our fingers are crossed on that. The major impacts that a client in CDPAP will experience from this, it is our hope that there are no major impacts to the consumer

experience. One of the goals of the State of New York is to ensure that the client's experience here, the consumer's experience, is not affected significantly by this. One of the concerns that we have, and one of the strong considerations that we are taking into account, is administrative burden. It is our hope that a model is selected that will have a minimal administrative affect. Also, the New York State Department of Health is committed to continuing and preserving the Consumer Directed Program and this EVV requirement should have no impact on the nature of the Self-Direction Program and will not place limits on the Consumer Directed Program itself.

We will move on to the next question in the Q&A box: We are an FI for CDPAP. Does this mean we should wait to see what the State selects? Another really good question. There are some FIs today that have an EVV system already in place. There are some FIs I believe that are in the process of implementing an EVV system. If you haven't done that and you want to wait to see what the State selects, that might be a good idea. It's not mandatory that you wait just as it's not mandatory that you implement an EVV system today unless you meet one of the other requirements from HRA or the OMIG. It is our intent to be very open and transparent and collaborative about the process of selecting a model or models, so any FI should be kept in the loop and able to reach our decision and guidance pretty quickly. We also do on our website link to any guidance that is

put out by the federal government, so if you just want to put our EVV website on your favorites page and check back to it with some regularity that's the best place to get some information. Later on in the slide deck we'll also give some other ways that you can sign up to receive information on us as this progresses.

[speaker] It looks like maybe Anastasia Basset has a question.

[Anastasia] I was just wondering if there's going to be a cost that's passed down to the Provider to implement the systems or when the State chooses their model will that be provided to us?

[Erin Kate] I want to make sure I understood your question. You want to know if there's going to be a cost that is passed down to the Provider for implementation of an EVV system?

[Anastasia] Correct.

[Erin Kate] Okay. Thank you. I thought I misheard part of it. The answer to that question is we don't know, because we have not selected a model. Right now we are in the process of gathering feedback from all of the stakeholders, but I'm going to assume from your question that if you were to convert it into a comment it would be that we would like the State to choose a model that has a minimal or no cost to the Provider and/or the consumer. Is that accurate?

[Anastasia] That is accurate. Thank you.

[Erin Kate] Great. Thank you. The next question in our Q&A box says: Does Community Habilitation or SAME fall under personal care or home health care services?

[speaker] We're considering that SAME and Community Habilitation under the personal care services domain. I think your question is really getting at if it's going to be in the early implementation or Phase 2 where the home health comes in. we are looking at it. Again, our interpretation is it would be part of the first implementation of the EVV.

[Erin Kate] Our next question says: Has there been any clarification on the State understanding of the definition of location under federal regulation? The answer to that is no, that we do not have any further clarification on that, and the context I believe behind the question is that the federal government has told us that there will be some technical assistance opportunities available to states for questions like these. When the 21st Century Cures Act says that EVV must capture location, what exactly does location mean? We do not have any clarification from the federal government on that at this point. We do intend to avail ourselves of the technical assistance, and we will be putting out our own guidance as well as linking to the guidance put out by the federal government on our website to clarify questions like those.

The next question in the chat box says: I think the Open

Vendor/Hybrid Model will work best for all of us. Appreciate the comment. Thank you for sending that through.

Next comment says: Seeing that the 2020 deadline is near in relation to choosing an EVV model, designing an RFP/RFI, choosing a vendor, and implementing EVV successfully, does New York intend to file for a Good Faith Delay? Yes, the State of New York does intend to ask for a Good Faith Extension from the federal government. Again, that Good Faith Extension, the submission of it, has a timeframe attached to it. It could be done no earlier than July of 2019 and it can be done no later than November 30, 2019. Our plan is to finish up with our Listening Sessions and have some further discussions with the federal government as we work on a Good Faith Extension and submit it when we feel that it is ready, but we do think that we are meeting the requirements for the federal government to consider giving an extension, and we are hopeful that an extension will be granted.

The next question we actually dealt with on the phone by someone who raised their hand, and that was: Will there be a cost passed down to the Provider, or will the selected model be made available to Providers? Again, we don't know the answer to those because we have not yet selected a model.

Next comment says: Have you heard of the EVV company \[vendor]\? I can tell you that I as Erin Kate with the Department of Health have not, but I also have not had meetings

with EVV companies or done any research on EVV companies. If in fact we choose a solution that requires vendors we would want to go through some type of a procurement process and that would be the right time to do that kind of thing. Again, we have not selected a model and don't know what model will be selected at this point.

Next comment says: My personal aide workers already clock in when they begin to work with me. How will these programs differ? When the State of New York selects a model then we will be able to say how these programs differ from the way you are working it today with your personal aides, but if we go back to the slide that has the six requirements on it… Again, this slide has the six requirements that the 21st Century Cures Act requires an EVV system to collect, and those are the service types, the individual receiving the service, the date of the service, the location of the service delivery, the individual providing the service, and as you indicated you are already collecting the begin and the end times of service. No matter what model or models are selected they must meet all six of those requirements.

The next question says: Will this PowerPoint be shared? The answer is yes. It will be on our EVV website and available.

Next comment says: This is a good idea, but there is a huge hurdle. The hurdle is with the clients and their refusal to allow the personal care aide to use their phone. If we then

mandate the aide to use a smartphone, some do not have them and they also do not want to use them. what does New York State plan on doing to make sure clients are mandated to allow the personal care aide to use the phone? I appreciate the comment here. It is very helpful for us to hear from companies and aides about hurdles and things that aren't really working well today and what we might need to consider. We do not have a plan to ensure that phones are used only because we have not selected any model yet, and so we haven't selected a model that would include use of phones at this point.

Our next comment says: What's the website? Looking back to the slide that has a link to the site, and we'll take a moment even though it's a really long address, and just read off the address again for anybody who needs to jot it down or wasn't able to jot it down quickly enough the first time. It is: https://health.ny.gov/health_care/medicaid/redesign/evv/index.htm

Next comment says: Will DOH assist with barriers such as consumer refusal to keep minutes up on their cellphone or families stating that family phone is not available? It happens frequently. Will your training address family buy-in including funding to maintain phone? Those are excellent questions. I do appreciate it. Because we have not selected a model we really can't answer questions like that. We have not selected a model that includes the use of any type of phone. I am going to

assume from the question that the commenter would like the State of New York to consider when selecting a model that there are these barriers and that the model selected not include the use of phones if that's going to be problematic or costly.

The next comment says: We provide waiver services for NHTD and TBI programs. Are we required to utilize EVV? To the extent that the waiver services have personal care services in them and those personal care services are covered by Medicaid, then the answer is yes they will be captured under the 21st Century Cures Act. When we put out some guidance on this we can clarify that specifically for the waiver programs, assuming if you're asking that others have the same question, but yes the personal care services that are covered by Medicaid are captured even if they're in a waiver service.

Next comment is: I would be in favor of an Open Model as well as that would have the least amount of impact on all of the agencies throughout the State. This would avoid a mass rollout and adaptation of one system which would require a very detailed rollout plan. If we could just flip back to the slide just so we can show everyone. This commenter is in favor of the last choice on there which is Open Vendor/Hybrid where the State contracts with a single vendor or builds a system but also allows Providers to use their own vendor. Thank you for your comment.

Next comment is: How will the EVV system affect the MLTC or

long term support and services? The EVV system applies to personal care services or home health care services that are covered by Medicaid, both of which will be in the MLTC or long term supports and services. It will not have an impact on the level of services that are provided. It should not have any significant effect on the benefit package itself. It is merely a way that the information is required to be captured.

The next one says: Is there a closed captioning option for this event that I can access? Unfortunately the webinar software that we use for these webinars does not have a closed captioning function, however a transcript of the questions and answers is available on our website after the close of these webinars, and the webinars are recorded. Also, each and every live session that we have done around the State, and in total there will be eight of them, we've done several so far, are all recorded and when they are posted on our website those are closed captioned. In addition, there will be a summary of the sessions that will be posted after all of the Listening Sessions are completed.

Next question says: Comment/Opinion – We have used an EVV for five years and pay for it directly. We would prefer to keep paying for it so as not to interrupt procedures for clients and caregivers rather than switching even to a free, state run EVV. Appreciate the comment. Thank you.

Next says: Is IDD respite included in the EVV requirement?

[Tim] This is Tim Byers from OPWDD. Our current interpretation is that Community Habilitation is included in this first phase of the implementation. We've not seen clarification from CMS that respite is something that would be included, so at this point we don't have a confirmed answer on that, but we're moving forward with just Community Habilitation at this point.

[Erin Kate] Next question says: When do you expect to choose an EVV model? When we are finished with the open discussion, we have just a few slides on next steps and a rough timeline, but just to give kind of a sneak peek of it… Once we finish these Listening Sessions, and we will show a schedule of those when we get there, we will be working fairly quickly to choose an EVV model, because the length of time for implementation no matter what model we end up choosing, there is some implementation time involved and we want to be sure that we're giving everyone all the time that they need to do a smooth implementation of any model or models that are selected. Our last two Listening Sessions are next week, and after that we intend to fairly quickly move forward to announce how we are going to go about choosing an EVV model, but we are committed to that being a collaborative process all the way through. Next question is: Are you working with OMIG and HRA to implement a consistent approach for EVV? The answer is yes. We are working with all of our interested sister state agencies

and HRA on the EVV model that is selected. Whether the model selected is consistent to what they have in place today remains to be seen, but it is one of the considerations, strong considerations that we have today is that there are models that are in place.

Next question says: How has the cut in administrative reimbursement to FIs impacted discussions of the model New York State will choose? Will this be a factor in decisions to select a model? Thank you for your question. There is a change in how FIs are going to be reimbursed for the administrative services that FIs provide that will take effect in September, however there should be no impact on the selection of a model or EVV that is associated with that budget item.

Next question says: No GPS, no biometrics, no geo-sensing. Consumers must be at the table as equals in the design implementation and training of EVV for CDPAP and Self-Direction. Thank you for your comment. We have heard others say the same thing, that many consumers and particularly Consumer Directed consumers would prefer that there be no GPS, no biometrics, and no geo-fencing involved in any solution that is selected by the State of New York, and as stated a few times already we are committed as the State to working collaboratively with stakeholders through this entire process.

The next question is: In what way will EVV affect MLTC? Will it have to be implemented for the nurses who make UAS assessments

or visits? So, I think we have addressed the first part of the question already in a previous comment, in what way will EVV affect MLTC. It is a requirement on how personal care service information and information on home health care is collected. We will be, as we move closer to implementing EVV, we'll be putting out some guidance that clarifies exactly the scope of what it attaches to.

Next question is: With it being July, when will the Listening Sessions end to then start decision making for New York's model? I do have a slide in the closing slides, but it seems like probably a good time to kind of flash forward to it now, that will let you see the schedule. On this slide, this is the schedule of the Regional Listening Sessions that we had, they started at the end of May, we did a session in Albany. On June 5 we did a live session in Rochester, on June 17 we went to Long Island, on June 18 we did our first session in New York City, on June 24 we had an Online Webinar like this one but it was from 9 AM until noon, on June 27 we went up to the mountains in Lake Placid and did a session there, on July 9 we went back to New York City and did a second session there since the first session filled up fairly quickly, we are now on July 11 and we are doing this evening online webinar, and next week we have two more sessions, one in Buffalo on July 17 and one in Syracuse on July 18. That will wrap up our EVV Regional Listening Sessions, and we will then begin the process for

determining what the State model will be. That process will include as I mentioned collaboration from stakeholders in some fashion, so we'll have more information about that to come.
Next question says: There is a CDPAP FI that is currently using pictures and facial recognition as EVV. Please do not use this. Taking pictures of seriously or terminally ill patients is very disturbing. Thank you for your comment. We will take that under consideration, and I would like to note that we have heard during these sessions from some others that there is a CDPAP FI that is currently using pictures, and I'd like to point out that is not a requirement of the New York State Department of Health at this time at all.
Next question: If the State chooses the Provider Choice Model or an Open Model, will the Provider be responsible for ensuring that their chosen EVV system is compliant with federal regulations? That's a very good question. The answer is yes. If the State were to choose a Provider Choice Model or an Open Model, which was where the State would develop a system but would also allow Providers their choice, that Provider would be responsible for ensuring that the EVV system they are using is compliant with federal regulations, meaning that it is capturing those six things that were on the slide earlier.
Next comment is: Managed Care Organizations should not be allowed to mandate their vendors to use specific EVV as an agency could possibly have a different EVV for each Managed

Care Organization leading to confusion for the worker and burden cost to the agency. That's a very helpful comment, thank you for sending it. We did hear that from some other people in some other sessions, so you're not alone in sending that comment through. Thank you.

Next says: As a Provider that has tried it, I agree with the comment that cellphones, geo-fencing, and GPS solutions at this time are just not reliable enough to prove that a caregiver is in the home. We have gone strictly to using the client's phone. Thank you for the comment. It's helpful to know what you have tried and what you have found.

Next says: We have EVV implemented, and an issue we always have is rural areas and phone service. Thank you, excellent point, it is one of the considerations that we have heard in these sessions that there are many rural areas, but we have also heard pockets in more urban areas like New York City that have no cellular phone service meaning that would not be a good solution for those areas.

That is the end of the questions in our box. If no more questions come through we'll move on to our closing slides. We'll take a short break.

Okay, we did get a couple more questions in. Thank you for sending them. The next question is: If the staff is unable to get verification during their visit, will paper exceptions be allowable? Really good question. Oh, there's more, I'm sorry.

The same commenter said: In other words, if for some reason there is no service, a staff leaves their device, etcetera, what will be an alternative requirement to support billing for the service? Great question. We have not selected a model yet so we haven't gotten to this level of detail, however no matter what model is selected it is Electronic Visit Verification, so it's a great question, if the electronic device fails or if there's some other issue what will have to happen? Those details will become more available once a model is selected. I also want to point out that this question, by saying if a staff is unable to get verification during their visit, assumes that the Electronic Visit Verification in the 21st Century Cures Act requires that information be captured in real time. That is a point of clarification that we will get from the federal government, but as we read the 21st Century Cures Act today we do not believe that is a requirement of the federal government. Whether it is a requirement ultimately of the implementation of EVV we will have to wait and see and answer then.

The final question, I think it's the final question, that I have right now: When do you plan to submit for an extension? Again, really good question. I'm not sure I can give a very specific answer to it. We are now in the timeframe in which we are allowed to submit for an extension, but we do plan to finish our Listening Sessions first and make a decision on a model or models collaboratively with the stakeholders and

during that process we will continue to have discussions with our federal partners on what an extension should look like and what they're expecting to see before we submit. We don't want to rush that process, but we do plan to submit for an extension within the allowable timeframe.

That is the end of the questions that we have here. I'm going to move on to the closing slides to give a little bit of information on timelines and next steps. If there are other questions or comments that you want to send through, feel free to continue doing that, and I will kind of stop the slides and address them. Otherwise, if there are questions that as soon as we're done that you feel like you forgot to ask, there will be information in these closing slides that will allow you to send them to us, and we'll take care of them then.

On the next slide we have our major milestones for implementing EVV. We are currently in Milestone 1 which is planning out the processes and conducting the Listening Sessions, and taking stakeholder recommendations on EVV options. When we've completed that we'll move onto Milestone 2 in which we'll develop our strategy and begin executing that strategy. Finally, in Milestone 3 we will develop and implement the selected model, do any training that is necessary, and work with EVV vendors if a model is selected that requires EVV vendors.

Here's some steps to achieve the milestones. We are still in

this very top one which is completing our statewide tour of Listening Sessions. We will keep our EVV Website updated. We'll compile feedback from these Regional Listening Sessions from the EVV Survey that was sent out, and we will share the feedback on the EVV website.

The next steps to achieve the milestones are to determine the strategy and execute the strategy, to continue collaboration with stakeholders, to provide training, ensure smooth and well informed implementation of the EVV, and to monitor and evaluate that implementation even after it goes into effect.

We've gone over already the schedule of EVV Regional Listening Sessions, so I'll go right on by this slide, and it's available on the website.

Here is the information about how stakeholders can remain informed throughout the implementation of EVV. The first way is through our EVV Website that we have read the address off to. Here is a link to it again in this slide. We do keep that website updated with all of the information that we are pushing out there as well as information that the federal government puts out, we will link to it on our site so that it can be one stop to get all of the EVV information that you would need. We also do have an EVV Help Email that has dedicated staff attached to it that is monitoring it on a daily basis. If you have any questions, comments, concerns, something you didn't think of here or didn't want to put forth here, you can send it

to that mailbox. The email address there is:

evvhelp@health.ny.gov

Okay. No additional questions have come in during those closing slides and nobody is raising their hand with any additional questions, so we will thank you all for attending our webinar tonight, and feel free to reach out to us through the EVV Mailbox if you have any questions, concerns, or comments going forward. Thank you.