Request for Information (RFI)
For
Electronic Visit Verification (EVV) Solutions
RFI # 20042

Issued: October 17, 2019

Designated Contact:

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1.0 Calendar of Events

RFI # 20042 – ELECTRONIC VISIT VERIFICATION (EVV) SOLUTIONS	
EVENT	**DATE**
Issuance of Request for Information	October 17, 2019
Deadline for Submission of Responses	Responses Due On Or Before November 7, 2019 **12:00 p.m. ET**
Anticipated Demonstration Dates	November 18 – November 22, 2019

2.0 Purpose of the RFI

New York State has recently concluded statewide Electronic Visits Verification (EVV) Listening Sessions. The purpose of the Listening Sessions was to receive input from stakeholders on the implementation of EVV requirements as required by the 21st Century Cures Act as described in Section 3.0 of this RFI. The State recommends that all vendors responding to this RFI read the Stakeholder Convening Report located on the NY Medicaid EVV Program webpage prior to submitting their response.

The purpose of this RFI is to solicit information from vendors regarding Electronic Visit Verification (EVV) solutions to assist the State in beginning to identify EVV solutions that address and reflect, to the maximum extent possible, input received from stakeholders and meet the EVV requirements.

Specifically, the New York State (State) Department of Health (DOH) is releasing this Request for Information (RFI) to:

- Identify the options or different types of EVV solutions available in the market;
- Distinguish what EVV solutions are available that accommodate the newly released CMS guidance;
- Understand how the available EVV solutions can address the needs and concerns of New York's diverse stakeholders; and
- Identify challenges and timelines related to those different types of EVV solutions.

Input from all interested parties is welcome, but the State is especially interested in receiving feedback from those who have an EVV solution that meets all requirements in the 21st Century Cures Act.

Common themes that emerged from the stakeholder Listening Sessions regarding EVV solution capabilities are that EVV solutions should:

- Be flexible in regard to where consumers receive services, how data is collected, and the technology options available to them
- Minimize implementation costs
- Address the unique needs of the consumer directed population
- Ensure privacy and security with respect to data collection

3.0 Introductory Background

The 21st Century Cures Act and EVV Requirements

The 21st Century Cures Act ("Cures Act") is federal legislation that, in part, requires all states to use an EVV solution for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS). States must require EVV use for all Medicaid-funded PCS by January 1, 2020 and HHCS by January 1, 2023. The law defines an EVV solution as:

A system under which visits conducted as part of PCS and HHCS are electronically verified with respect to:

(i) the type of service performed;
(ii) the individual receiving the service;
(iii) the date of the service;
(iv) the location of service delivery;
(v) the individual providing the service; and
(vi) the time the service begins and ends.

The State plans to request the Centers of Medicare and Medicaid (CMS) grant New York State a Good Faith Effort (GFE) to extend the deadline for implementing EVV to January 1, 2021 for personal care services and January 1, 2024 for home health care services.

Programs Impacted in New York State

Personal Care Services Program (PCSP)

NYS defines PCS as “some or total assistance with personal hygiene, dressing and feeding, and nutritional and environmental support functions. Such services must be essential to the maintenance of the patient’s health and safety in his or her own home, as determined by the social services district, or its designee, in accordance with the regulations of the Department of Health (DOH).” Personal care services may include, but are not limited to:

- assistance with nutrition and diet activities such as shopping and meal preparation;
- performance of household services such as changing and making beds, washing dishes, cleaning the kitchen, dusting and vacuuming, shopping for essential supplies;
- assistance with basic personal care such as bathing, grooming, bathroom and/or bedpan routines, walking, transferring from bed to chair or wheelchair; and
- assistance with self-administration of medications.

Consumer Directed Personal Assistance Program (CDPAP)

Consumer Directed Personal Assistance Program (CDPAP) is a Medicaid program that provides services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services. The services provided can include any of the services provided by a personal care aide, home health aide, or nurse. Consumers in the CDPAP have flexibility and freedom in choosing their caregivers and are responsible for hiring, training, supervising, and terminating the employment of persons providing the services.

Certified Home Health Aide (CHHA)

Certified Home Health Aides (CHHAs) provide part-time, intermittent, skilled services which are of a preventative, therapeutic, rehabilitative, health guidance and/or supportive nature to persons at home. Services provided also include home health services; home health aide services; medical supplies, equipment and appliances suitable for use in the home; and at least one additional service that may include physical therapy; occupational therapy; speech pathology; nutritional services; and medical social services.

Community Habilitation Program and Skills Acquisition Maintenance and Enhancement (SAME)

Community Habilitation/SAME covers services and supports related to a person's acquisition, maintenance, and enhancement of skills necessary to maximize independence and perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), and/or health-related tasks, as identified in the person-centered plan of care/Life Plan with skills related to: self-care, life safety, medication and health management, communication skills, mobility, community transportation skills, community integration, appropriate social behaviors, problem solving, and money management.

4.0 Current Environment

The current environment includes providers who have already implemented EVV solutions, are in the process of implementing an EVV solution or who have not yet implemented an EVV solution.

As discussed in Section 2 of this RFI, New York State conducted EVV Listening Sessions collecting feedback from stakeholders on the implementation of a compliant EVV solution, including feedback on existing EVV solutions, best practices, future model preference and specific requirements. The responses to this RFI will assist New York with identifying potential solution options to assist the State in beginning to identify EVV solutions that address, to the maximum extent possible, input received from stakeholders and meet the EVV requirements.

5.0 Desired Environment

New York State wants to explore a variety of EVV solutions to best determine which solution will be the most effective, efficient and economical for all stakeholders while meeting the needs and objectives of stakeholders and the requirements of the Cures Act. As such, the State is considering all CMS approved models.

New York State envisions that the EVV solution under any model choice will be implemented in accordance with the following guiding principles:

- Meets the requirements of the Cures Act, and maintains to the maximum extent possible the integrity of the delivery of services
- Adheres to the self-directed principles of CDPAP
- Accessible to individuals with disabilities
- Available in multiple languages to accommodate New York State's diverse population
- Maximize the use of cost-effective, industry-related, and application-ready Commercial Off-the-Self (COTS) technologies wherever feasible
- Provide flexible rules-based technology to adapt to a dynamic health care industry and evolving state and federal standards, regulations, and processes

- Must have comprehensive and adaptable reporting capabilities to support New York State program needs
- Provide functionality to support provider and consumer centric business models
- Must comply with HIPAA, federal and state statutes and regulations
- Capable of interfacing with existing New York State systems

6.0 Questions for Vendors

As stated in Section 2.0 of the RFI, the State is interested in obtaining information from Respondents who have an EVV solution for any CMS-permitted model that meets all requirements in the 21st Century Cures Act and could accommodate the newly released CMS guidance. The State may also request demonstrations from qualified Respondents based on the quality of their written responses.

1. Describe your solution's available options for capturing EVV data and methods of data collection.
2. Describe in detail the accessibility features, including but not limited to accommodations for hearing-impaired/deaf, visually-impaired/blind, physical impairment, and developmental disabilities.
3. Describe how your solution differentiates between services beginning or ending in the home that require EVV and those that do not require EVV.
4. Does your solution have the ability to aggregate data from multiple EVV vendors? If so, please describe.
5. Describe your solution's reporting and analytics capabilities.
6. Describe your solution's approach to interfacing with existing New York State systems and with other EVV solutions.
7. Describe your solution's flexibility, including but not limited to contingency plans for system outages, capabilities to manually edit, modify or override visit data, and how EVV data is collected in rural areas where technology infrastructure may be limited or unavailable.
8. Describe your solution's methods for the transmission of confidential HIPAA data.
9. List entities that have access to the data your solution captures and on what terms they have access.
10. Describe how/where your solution's data is stored and protected ensuring the privacy of consumers.
11. Describe your solution's training processes and materials.
12. Describe the key milestones and timeframes for implementing your solution.

7.0 Response Content

The following includes the requested format and information to be provided by each Vendor. The RFI responses should be returned in electronic format, but paper submissions will also be accepted. NYSODH will accept a variety of electronic formats including MS-Word, MS-Excel, MS-PowerPoint, or PDF files.

7.1 Cover Letter

Vendors should provide a cover letter that includes the following corporate information:

- Company Name
- Contact Name
- Contact Title
- Contact Phone #
- Contact E-mail address
- Mailing address

7.2 Company Information

Responses to all questions in **Section 6.0: Questions** should include the question identifier, the question and the vendor response. Each question should be answered on a new page in the document/response.

DOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI.

7.3 RFI Responses/Electronic Submissions

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State. All responses should be limited to the information requested and submitted in the same order in which it is requested. The Department discourages overly lengthy responses. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective response, are not desired. Elaborate artwork or expensive paper is not necessary or desired. Your response should contain sufficient information to assure DOH of its accuracy. While additional data may be presented, extraneous materials will not be reviewed by the DOH

This RFI will have two components: 1) formal written Responses from Respondents, and 2) scheduled demonstrations of the technologies described in the Respondent's written response. Demonstrations will be scheduled in two-hour time slots. One hour will be dedicated to demonstration of technology and one hour will be dedicated to questions from the Department.

NYS reserves the right in our sole judgement to determine which, if any, qualified Respondent firms will be scheduled for a demonstration of its EVV solution(s). The determination will be based on the quality of the written Response, and an assessment of the viability and value of the EVV solution(s) described in the Response.

Responses must be received by the NYSDOH, no later than the Deadline for Submission of Information specified in Section 1.0, (Calendar of Events).

Mark the outside envelope of the response as “RFI# 20042 (Electronic Visit Verification (EVV) Solutions) – submitted by (Responder’s name)”.

Responses may be submitted by email to OHIPcontracts@health.ny.gov
or by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health RFI # 20042
Attention: Michael Lewandowski - OHIP
One Commerce Plaza
99 Washington Avenue Room 1450
Albany, NY 12237

8.0 General Terms

8.1 Reimbursement

DOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI, including, but not limited to, attendance at potential meetings.

8.2 Freedom of Information Law (“FOIL”)

All responses may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a response to any person for the purpose of assisting in evaluating the response or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law.

Any portion of the response that a Vendor believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the response.

If DOH agrees with the proprietary claim, the designated portion of the response will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

8.3 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all responses received in response to the RFI;
2. Withdraw the RFI at any time, at the agency's sole discretion;
3. Seek clarifications of responses; and,
4. Utilize any and all ideas submitted in the responses received.

8.4 Conference

For all responses, the Department reserves the right to meet with vendors at an agreed upon location in Albany, NY. The Department reserves the right to invite vendors to provide a demonstration of their EVV technology. The Department anticipates demonstrations will be held between November 18 – November 22, 2019. If the Respondent firm is unable to travel to Albany, NY to provide a demonstration, a video conference will be made available.