

### Electronic Visit Verification Feedback Summary

*Please note, this matrix highlights common feedback themes from stakeholders during in-person forums, through email, webinars and the provider Request for Information survey.*

Member Direction						
	Members	Families/ Guardians	Providers	MCOs	Advocates	Vendors
Do not want members to be restricted to their home by the EVV system	●	●			●	
Concern that EVV presumes People with Disabilities are not capable of managing their own care	●				●	
Want to choose the modality of verification and/or device (i.e. telephony, smartphone, tablet, etc.) <sup>1</sup>	●			●		
Would like to ensure that scheduling flexibility will continue with EVV	●	●	●			
Want to be able to confirm verification of service delivery through the system	●					

<sup>1</sup> Provider RFI feedback: Cell phones (with GPS) were identified as the most important means of data collection followed by cell phones and Wi-Fi/cellular data enabled tablets. Landlines, fixed in-home devices and computers were ranked as least important modes of data collection.

## EVV System Performance

	Members	Families/ Guardians	Providers	MCOs	Advocates	Vendors
Concerns with privacy due to use of GPS or Geo-Fencing location verification <sup>2</sup>	●	●			●	
Concerns with limitations of nonexistent or intermittent technological connectivity		●	●			
Concern with liability and costs for initial and replacement (lost or broken) devices		●	●			
Concerns with process for multiple services delivered within same visit and multiple sign-in/sign out		●	●			
Would like to see the EVV system include a member portal that tracks service authorizations and the number of hours used/available	●	●				
Concerns with the cost and management of the EVV system <sup>3</sup>			●	●		
Requesting that EVV authorization module should interact with MCOs legacy systems			●	●		●
Requesting that providers have the option to use the state system or their own EVV system <sup>4</sup>			●	●		
Could be burdensome with intermittent services such as home health and respite care versus services received on an ongoing basis				●		

<sup>2</sup> Provider Request for Information (RFI) feedback: Important to have the ability to encrypt data when the device is at rest; cloud-based information storage with data encryption

<sup>3</sup> Provider RFI feedback: Similar to initial cost, ongoing cost varies significantly.

<sup>4</sup> Provider RFI feedback: EVV Implementations reported: – 2005 to 2010 – 10 providers, 2011 to 2015 – 15 providers, 2016 to 2018 – 27 providers, Total number of systems reported – 52

## EVV Usage

	Members	Families/ Guardians	Providers	MCOs	Advocates	Vendors
Concerns with EVV creating undue burden for services <sup>5</sup>		●		●		
Concerns about verification by the responsible party at the end of each visit when the responsible party is the paid caregiver or the responsible party is not available		●	●			
Include training for the member, family and provider <sup>6</sup>		●	●			
Like the idea of the authorization submitted from the MCO to the provider through the system			●			
Requesting clear direction on circumstances in which paper timesheets may be utilized and back-up plan for downtime and maintenance			●	●		
Requesting a backup plan for system downtime and maintenance			●			
Concern about creating more barriers or challenges to already existing direct care worker workforce shortages		●				
Concern that system will take too much time away from the provision of care		●				

<sup>5</sup> Provider RFI feedback: Responses indicate that adoption of system by members and direct service workers/staff was among the most challenging aspects of implementation.

<sup>6</sup> Provider RFI feedback: Consistent with the recommendations of providers with systems, respondents reported that the most important mode of training across all groups was 1:1 in-person training. The next most important modes of training were webinar based and online training. Train the trainer recommendations were made in the “Other” response section.