Draft Criteria for Agency Provider EVV Solutions

1) The Electronic Visit Verification (EVV) system must utilize one (1) or more of the following, and must provide EVV capability in all areas that the agency services:
   a. The participant’s personal landline or personal cellular phone utilizing an IVR (Interactive Voice Response or Telephony);
   b. Location technologies: Global Position System (GPS), Near Field Communication (NFC), and/or Bluetooth Low Energy (BLE);
   c. An affixed electronic device at the participant’s location;
   d. A biometric verification system which utilizes voice pattern identifications; or
   e. Alternative technology which meets the requirements in section 2 below.

2) At a minimum, the EVV solution must meet the following requirements:
   a. Document and verify the participant’s identity, either by the participant’s personal telephone, a unique number assigned to the participant, or through alternative technology;
   b. Document and verify the attendant by the assignment of a personal identification number unique to the attendant or through alternative technology;
   c. Document the exact date of services delivered;
   d. Document the exact time the services begin;
   e. Document the exact time the services end;
   f. Support changes in the care plan which are approved by DHHS;
   g. Allow for the addition of services approved by DHHS;
   h. Be capable of retrieving current and archived data to produce reports of services delivered, tasks performed, participant identity, beginning and ending times of service, and date of services in summary fashion that constitute adequate documentation of services delivered. Any report shall include an explanation of codes utilized by the provider/vendor (ie., xx – Personal Care) and include the vendor/provider’s identity by either name of vendor/provider and/or National Provider Identifier (NPI);
   i. Must use an active authorization and accept ongoing updated authorizations;
   j. Maintain reliable backup and recovery processes that ensure that all data is preserved in event of a system malfunction or disaster. Data must be backed up, at a minimum, weekly, and retained for 6 years.

3) Agency EVV solution must utilize a unique sign on for each user who access the system and retain audit log information about any changes to electronically captured visit information.

4) EVV solution must be HIPAA compliant and provide appropriate security and privacy controls to protect PII and PHI data.

5) EVV solution must support addition of potential future services to be added to EVV requirements.

6) EVV solution must use technology that is accessible to all participants and caregivers.

7) Provider / Vendors shall, either through EVV or other acceptable documentation:
   a. Accommodate more than one (1) participant and/or attendant in the same home at the same phone number.
   b. Document the services and tasks delivered to each participant;
c. Document the justification of any manual modifications, adjustments or exceptions after the attendant has entered or failed to enter the information as required in subsections (2) (a) through (e) of this rule.

8) Reports from the EVV solution are subject to review and audit by Nebraska DHHS (Department of Health and Human Services) or their designee.

9) Vendors’/providers’ EVV solution shall be capable of uploading all required visit data to the state EVV data aggregator solution based on capabilities provided in the EVV Aggregator’s solution [details to be determined after state Aggregator solution is procured, but are expected to include Excel or comma delimited file upload, web services transfer, etc.]