DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid and Medical Assistance

Alternate EVV System Attestation

Providers electing to use an Electronic Visit Verification (EVV) system that is different from the stateprovided solution are responsible for ensuring that their implemented EVV solution meets the intent of the 21st Century Cures Act and other state-specific requirements as described below. Providers using alternate EVV systems must use this form to attest that their system meets the requirements. Please use one form per NPI, MCDID, location.

Step 1: Please complete the following information regarding your agency and EVV system:

Agency Name	
Agency Medicaid ID (MCDID)	
Agency NPI	
Agency Contact Person Name	
Agency Contact Person Phone	
Agency Contact Person Email	
Agency Street Address	
Agency City	
Agency State	
Agency Zip Code	
Name of EVV Vendor/Company	
Name of EVV Solution	

Step 2: Review the alternate EVV system requirements below and determine whether your system meets each requirement. If you determine that your alternate EVV solution does not meet these requirements, then you **must** use HHAeXchange as your EVV solution.

To participate in the Delaware EVV program, providers using alternate EVV vendors must ensure that their systems meet the following minimum requirements:

1. Be compliant with the 21st Century Cures Act by electronically collecting and storing the following data elements:
    a. Individual receiving the service(s);
    b. Individual (Direct Service Worker (DSW) providing the service(s);
    c. Location of service(s) delivery, including latitude and longitude of check in and check out;
    d. Exact date of service(s) delivered;

e. Exact time the service(s) began;
f. Exact time the service(s) ended;
g. Service performed.

2. Source of visit data must be collected either through the member's home phone via an Interactive Voice Response (IVR) system, an alternate device, or a mobile application.
3. Must offer an alternative form for recording data in the event of system failure or natural disaster. This may include manual entry, although manual entry is only to be used as a last option for the recording of visit data. Manual entry of visits cannot exceed 10% of all EVV visits.

4. Alternate EVV Data Collection Systems are responsible for providing latitude and longitude on all client addresses provided. Latitude and longitude must be provided for both the visit start and visit end time.

5. Must upload visit data to HHAeXchange in the formats prescribed within seven (7) days from the date of service.
    a. Visit data that is not accepted as part of upload must be corrected within the provider's alternate EVV system and resubmitted to HHAeXchange.

6. Must be Health Insurance Portability and Accountability Act (HIPAA) compliant and provide appropriate security and privacy controls to protect personally identifiable information (PII) and protected health information (PHI) data. All Protected Health Information (PHI) is always encrypted in transit and at rest.

7. Must utilize unique sign in credentials for each user who accesses the system and retain information about any changes to electronically captured visit information:
    a. Only allow access to the system by properly credentialed users;
    b. Only provider agency administrators will be allowed to manually edit visit data system of record/electronic log; and
    c. Track all edits to data completed by administrators, recording username and date/time stamp in an audit log.

8. Must make system and its data available to any state or federal agency upon request for audit purposes. Additionally, the provider is required to submit reports upon request to the state or federal agency.

9. Must support expansion of the DMMA EVV Program by allowing:
    a. Addition of potential future services;
    b. Addition of participants; and
    c. Addition of any requirements based on any applicable state or federal laws.

10. Additionally, providers using alternate systems must agree to:
    a. Follow DMMA EVV requirements unless specifically indicated otherwise; and
    b. Notify DMMA, HHAeXchange and DMMA MCOs, as appropriate, of a change in alternate EVV vendors at least 45 days in advance of the change via the DMMA Alternate EVV Vendor Change Form available at https://dhss.delaware.gov/dhss/dmma/info_stats.html. (This includes providers seeking to change from an alternate system to HHAeXchange.) Alternate Vendor Technical Specifications are also available on the website.

Step 3: If your alternate EVV system meets all the requirements, sign the attestation below.

By signing this attestation, the provider attests that they understand and will comply with the requirements outlined above. In the event of an investigation or audit, this attestation binds the provider and their EVV vendor to follow any applicable state or federal regulations.

Printed Name of Provider Agency Owner/Executive Director _____

Provider Agency Signature _____

Provider Agency Signature Date _____

EVV Vendor/Company Name _____

EVV Vendor Representative Printed Name/Title _____

EVV Vendor Representative Signature /Date _____

Step 4: Submit the signed and dated form to: DHSS_DMMA_EVV@delaware.gov

Step 5: The DMMA EVV administrator will notify the provider of attestation approval or denial via email within 10 business days of receipt.