



New Hampshire Department of Health and Human Services Electronic Visit Verification (EVV) Advisory Council Meeting

Date: August 18, 2020
Time: 1:00pm-3:00pm
Location: Zoom Meeting <https://hipaa-unh.zoom.us/j/96796933647>
Call in option — Dial: +1 646 558 8656 US
Meeting ID: 967 9693 3647

EVV Advisory Council Member Attendees (via Zoom): Deb Sheetz, Kerri King, Elizabeth Shields, Jane Hybsch, Karen Carleton, Laura Ringelberg, Cris Philipson, Michelle Donovan, Jennifer Pineo, Pam Locke, David Towne, Deborah Ritchey, Denise Germano, Colleen Cass, Deb Mullen, Kim Donica, Mary St. Jacques, Linda Bimbo.

Members of the Public Attendees (via Zoom): Catherine Flaherty, Amy Foye, Andrew Portbriand, Tina Holmes, Cheryl Nicum, Julie Trottier, Alison Deptula, Bill Doughty, Holly Dolgaard (Mercer).

Agenda

- Welcome and Introductions (UNH-IOD)
 - Attendees introduced themselves and their role.
- Family friendly list of services – review and discussion (UNH-IOD)
 - List has not been finalized. Tabled until September meeting.
- System design update (Mercer)
 - Discussion occurred with DHHS – expect validation at the end of visit. Does this sound like a reasonable expectation?
 - GSIL-feedback and clarification – with the use of EVV for their organization it is expected that the consumer or responsible party will validate services at the end of visit. New GSIL system: consumer can verify by signing via app or telephonically. Stamp used by some consumers. Is the state mandating the individual verify the visit through EVV or will there be flexibility? GSIL has controls in place. It is an issue when the guardian/representative is not always there when services provided need to be verified.
 - GSIL has lessons learned and happy to share recommendations.
 - Current expectation: only validated at the end of service. Person (rep) may validate from other location.
 - Use of voice recognition to validate may be helpful.
 - If using GPS and phone number to verify service location. Q. Why the need for additional validation?

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- A. It is a program integrity issue, it is possible a DSP could log in from their car without entering individual's home and then log out from car and actually render no service.
- Q: Would families have access to App? How would that work?
 - A: some vendors have capability to alert you (if you're not home) when leaving and allow you to validate services.
- Q: When would we need signature instead of online verification?
 - A: Good point. We need to clarify. If technology doesn't work, then allow via signature. A: GSIL – when someone changes program/services it allows flexibility as needed.
- Examples shared
- Q: will any satisfaction data be required from consumers?
 - A: Haven't discussed specific quality of services. May do general survey.
- Q: claims generation HHCS – if provider can't generate a claim, will EVV system do this?
 - A: Looking at including related requirements in RFP.
- Q: Tasks listed for service verification? Highly recommended!
 - A: Discussed early on, universal support for including task list. Could this be a topic for next month's agenda?
- Consider including quality questions into existing data collection rather than adding separate questionnaire.

- MCO/Provider meeting regarding live-in caregivers update (Mercer)
 - Met 8/11/20 – approximately 100 participants
 - Clarified that not for 24/7 support but live-in intermittent personal care services provided by DSP who live with the individual
 - Feedback:
 - Didn't get strong sense of feedback pro/con at the meeting.
 - GSIL: CMS does not require live-in intermittent personal care services to comply with EVV.
 - Individual may have multiple care givers with funding under a different program. Clock in/clock out is challenging and not needed.
 - The return on investment of time is not yielding what we need.
 - If CMS does not include it why does NH think it is necessary?
 - Definition of intermittent? Related to service codes.
 - Family: if live-in providers must clock in/out, it feels less like a home. How do we balance person centered planning and commitment to home and community?
 - Not just families but anyone that provides live-in support.
 - Q: Enhanced Family Care is not under EVV. But FAQ requires participation for those providing intermittent care. Does that mean they have to do EVV?
 - A: No, EFC receive a stipend for the day not paid for intermittent care.
 - Q: Is this final? Or is this a work in progress that will be vetted throughout the timeline?
 - A: Stakeholder input matters. It is a work in progress.
 - Have looked at other states (i.e., CO) and how they operationalize. Need to define services and do what's best for NH. Mercer assisting with that process.

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- Deb Sheetz defined live-in caregiver as a caregiver who permanently, or for an extended period of time, resides in the same residence as the Medicaid member receiving services. Live-in caregivers are often delivering incrementally and without clearly defined start and end times. The council found this helpful.
- Streamlining paperwork requirements (Mercer)
 - How EVV can reduce paperwork – replace existing paperwork?
 - Providers have home-grown systems, need to be compatible with EVV system.
 - AAs interested in compatibility with current systems and ability to do seamless data transfer.
 - Recommend that state procured EVV system that can easily accept data from a variety of providers.
 - What paperwork is currently expected?
 - Care plans, 60 day visits, EMR system.
 - Mercer: Do workers document info other than EVV?
 - GSIL – depends on license, document according to service and license.
 - Example: mileage for provider. Now must enter in several places. Once would be preferred.
 - Documenting services, monthly reporting, verifying budget is different for each Area Agency.
- Device discussion (Mercer)
 - Providers that have systems in place currently (phones, other?). How is visit data collected?
 - Concord VNA collects via App on iPhone in real time, phone is given to worker to use for work only with appropriate locks and protections.
 - GSIL: use telephony, internet, App. Used to require consumer’s phone be used. Now with their EVV system workers can use own phone but must turn on GPS. **Not** paid a stipend for their phones. Many consumers don’t want workers using their phones (COVID). Also use paper timesheets for workers that need/want them due to language barriers, vision deficits, etc.
 - Q: (Mercer) if internet out, does system hold that data until in range?
 - A: Yes, but does not allow you to clock out unless you clocked in. Need alternative to lack of internet. Use paper.
 - Q: How are other states doing it?
 - A: Some states, “bring your own device”, put state App on it. Some States have bought devices for consumers (only one App on it). Some states use telephony – land lines. Challenge – the purchase of devices (by State) is not allowed under enhanced (Medicaid) match.
 - Example: different devices for each worker, provider offers discount for devices thru carriers. Mother in law engages with workers to verify services on different devices.
 - Q: Any security issues (HIPPA/PHI) with personal phones?
 - A: The App is owned by the provider and if device lost the App can be closed or removed. A: GSIL will check and get back to Mercer/UNH.
 - A: Concord VNA – phones have Mobile Device Management (MDM), devices must

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- have passcode lock as well as passcode to App.
- Alternative: Air Watch

- FAQ document discussion (Mercer)
 - If FAQs are not clear, please let us know. Check the version date as they will be updated regularly.
 - The FAQs are a work in progress document and will be revised as needed based on feedback and decisions made by DHHS.

- Members of the public comments and feedback (everyone)
 - Timeline – new timeline extends past original timeline. Potentially go-live in July 2022 after pilot in April.
 - Provider survey was reviewed at July meeting. Results to be posted to the DHHS website soon.
 - RFP timeline has a target date, subject to change, of January 1, 2021.

The council members agreed to extend their commitment and are willing to have an additional meeting in September. The meeting will occur on September 22nd from 1:00-3:00. A zoom invitation will be sent out soon so the meeting can get on people's calendars.