



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

Date: July 21, 2020
Time: 1:00pm-3:00pm
Location: Zoom Meeting - <https://hipaa-unh.zoom.us/j/92326457416>
Call in option - Dial: +1 646 558 8656 US
Meeting ID: 923 2645 7416

EVV Advisory Council Member Attendees (via Zoom): Kim Donica, Mary St. Jacques, Linda Bimbo, Kerri King, Elizabeth Shields, Jane Hybsch, Karen Carleton, Henry Lipman, Laura Ringelberg, Robert Breig, Cris Philipson, Kenda Howell (for Michelle Donovan), Julie Houle, Gina Balkus, Krystal Sieradzki, Jennifer Pineo, Pam Locke, David Towne, and Colleen Cass.

Members of the Public Attendees (via Zoom): Catherine Flaherty, Katherine Boutin, Lisa Dupuis, K. Jordan, Mike, Cherrie Murray and Le'Ann Milinder

Agenda

- Welcome and Introductions (UNH-IOD)
 - Attendees introduced themselves and their role
- Timeline for implementation (UNH-IOD)
 - DHHS has developed a timeline for implementation (subject to change). Timeline was reviewed. There were no questions.
- Stakeholder Feedback Sessions - key themes (UNH-IOD)
 - Seven stakeholder feedback sessions held (93 participants)
 - One session specifically for families, based on suggestion from this group
 - Two consumer groups (Family Support Council, GSIL's Consumer Advisory Council)
 - Stakeholders can continue to use EVV@dhhs.nh.gov for questions and feedback
 - Themes identified:
 - Open model best
 - Continue feedback and info meetings throughout process
 - Want timeline for process/implementation
 - Want targeted training for specific groups; not one size fits all
 - Tech support will be needed
 - FAQ document would be helpful during the process
 - Supported roll out of Home Health Services and Personal Care Services at the same time
 - Did not support EVV for live-in care givers

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- Provider/MCO meeting (Mercer)
 - 100 people attended the meeting
 - Themes:
 - FAQ document would be helpful
 - Services need to be finalized
 - Concern about requiring live-in caregivers use EVV
 - EVV system interface with prior authorizations/case managers may be helpful
 - Next meeting with MCOs and providers scheduled for Aug. 11th. The agenda will include discussion around the EVV requirement for live-in caregivers. DHHS would appreciate the support of AC to share the information that was sent to the group so that providers can attend the meeting.

- Provider Survey - high level overview (Mercer)
 - EVV survey (online) conducted, 80+, 46 unduplicated
 - Providers with systems and those without systems
 - Will prepare summary report of survey results
 - **Questions/Comments:**
 - For providers who have EVV systems - fixed in-home device - comment: surprised that numbers were high since it limits service provision to in-home

- Updated List of Services under consideration for EVV (Mercer)
 - Shared latest update on services under consideration
 - Subject to change
 - Live in care givers who provide personal care would be for those not in residential settings, but those receiving intermittent services throughout the day
 - **Questions/Comments:**
 - Clarification that Private Duty Nursing (RN/LPN) needs to be on service list – Mercer to correct slide deck
 - Q: Have you looked at including EPSDT services?
 - A: (DHHS) will review but thinking probably not, particularly because personal care is a state plan service and is included.
 - Really important that all info is in family friendly language – less jargon (Jenn Pineo willing to help develop that for the state. She will work in making list of services more family friendly.)

- Overview of EVV System Requirements (Mercer)

DHHS Driving principles:

 - Consistent with DHHS and federal regulations
 - Business and technical requirement developed through collaborative stakeholder process
 - Developed in respectful manner and are minimally burdensome
 - Existing EVV systems will be leveraged where possible
 - Training on EVV implementation will be provided

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Categories of federal requirements:

- Availability and accessibility
 - What languages need to be supported besides English?
 - Spanish
 - Bhutanese
 - Comments:
 - Language consideration for workers and individuals receiving services
 - Training
 - Privacy and security
 - Data quality
 - Stakeholder engagement and alignment
 - Cost of ownership
 - Mitigate compliance penalties
 - Mitigate fraud
- Wish List feedback from stakeholders
 - (MCO perspective) have a closed loop process, visits are matched at the time of billing for claim
 - Flexibility for family caregivers who may work intermittently throughout the day vs. a block or hours at once
 - Interface that allows reporting in various formats e.g. Excel, CSV to manipulate data
 - Would be nice to know from those who have used a system before what their wish list would include
 - Reduce the amount of duplication in paperwork for families. If the system could replace pieces that are already done, that would help families
 - AC encouraged to send additional feedback to EVV@dhhs.nh.gov after the meeting
- Members of the Public Comments and Feedback (everyone)
 - Services – when will the list of services be finalized?
 - A: DHHS has a goal to develop a solid list unless there are program changes before implementation.
 - Follow up on question about fixed in-home device – comment: surprised that numbers were high since it limits service to in-home.
 - In other states there are concerns about using an individual's time (service time allotted) for EVV process requirements.
 - Will individual budgets be used to support EVV costs?
 - A: No, individual budgets will not be used to support EVV costs.
 - Scheduling of appointments vs. making it optional
 - DHHS considering scheduling functionality
 - Fixed devices are difficult and may cause more work when you need to call in (no land line or cell coverage) and need to get to a phone that works. End up doing the work twice. May have been specific to that system (CT).

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Note:

Timeline and services covered will be posted as stand-alone documents for ease of access

Next EVV Advisory Council Meeting: August 18, 2020 from 1:00pm-3:00pm