



Electronic Visit Verification

**New Hampshire Department of Health and
Human Services**

EVV Advisory Council Meeting

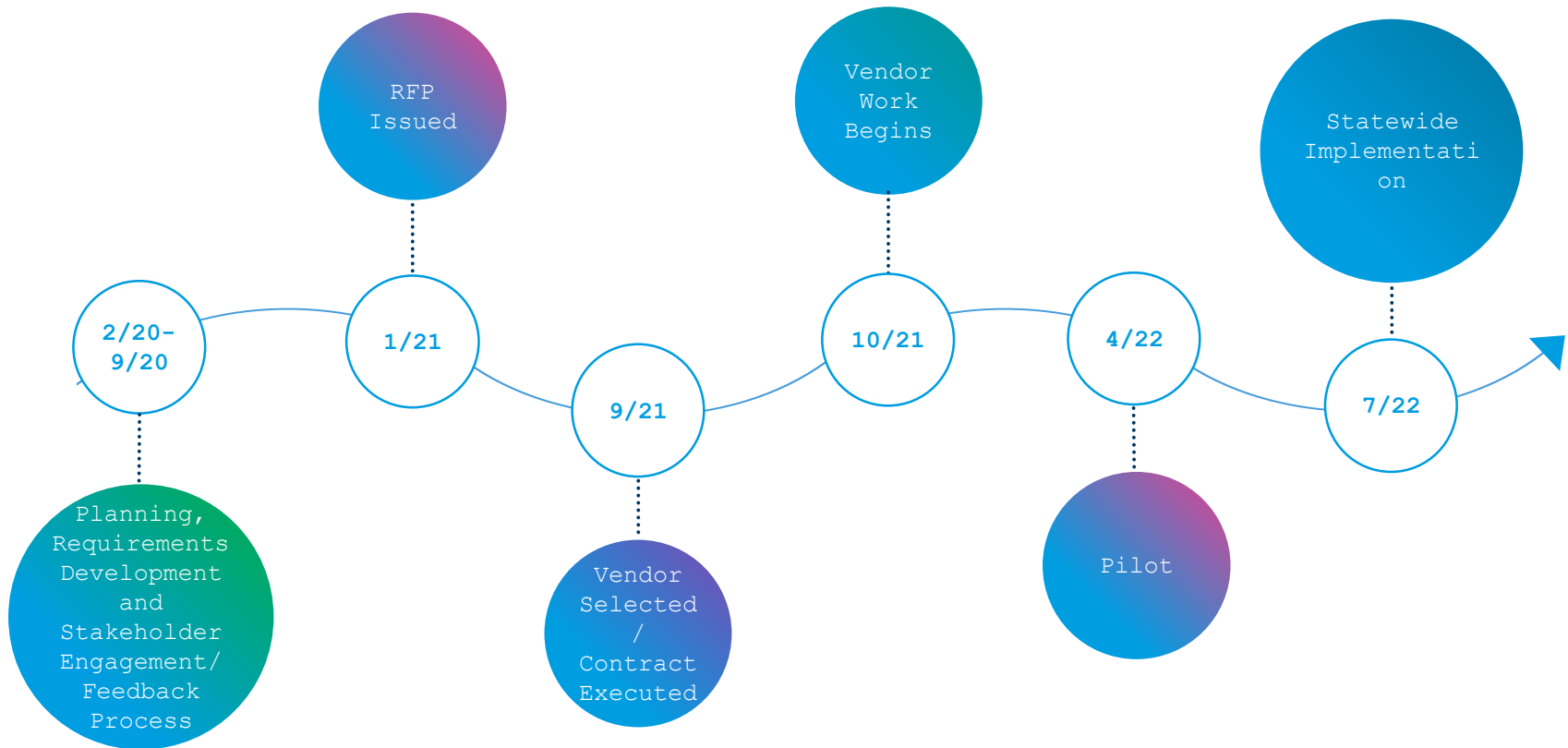
July 21, 2020

welcome to brighter

Agenda for Today

- Welcome and introductions (UNH-IOD)
- Timeline for implementation (UNH-IOD)
- Stakeholder Feedback sessions – Key themes (UNH-IOD)
- Provider/MCO Meeting (Mercer)
- Provider Survey – High level overview (Mercer)
- Updated list of services under consideration for EVV (Mercer)
- Overview of EVV System Requirements (Mercer)
- Members of the Public – Comments and Feedback (Everyone)

NH DHHS EVV Timeline*



*Preliminary timeline subject to change

Stakeholder Feedback Sessions

7 Feedback Sessions held via Zoom

- One session specifically for families
- Two sessions for consumer advisory groups
 - Statewide Family Support Council
 - Granite State Independent Living's Consumer Advisory Council
- 93 participants

Stakeholder Feedback Sessions

Key Themes

- Feedback regarding the choice of model (Open Model) that DHHS is considering was overwhelmingly positive
- Recommend continuing stakeholder feedback/informational meetings throughout the implementation process
- Provide a timeline for implementation
- Provide targeted training for different types of service providers (PCS vs Home Health, etc.) versus a one size fits all approach
- Provider technical support will be needed
- An EVV FAQ document would be helpful
- Overall in favor of a roll out of both Personal Care Services and Home Health Services at the same time
- None of the stakeholders who attended the sessions voiced support for visit verification for live-in caregivers

MCO/Provider Meeting Recap

Meeting held on 6/2/20

Attended by over 100 people representing provider agencies as well as MCOs

Feedback/Discussion 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: Tuesday, August 11 from 2-3pm ET

- Will discuss live-in caregivers being subject to EVV

EVV Provider Survey

Preliminary Findings

- The EVV Provider Survey was available for online completion from June 5 to July 3, 2020. Review and analysis are underway.
- 80+ respondents (some providers completed more than one survey)

Respondents Populations/Program Areas Being Served	Percentage
Acute Care	6.31%
HCBS - Adults with Physical Disabilities and Older Adults	21.62%
HCBS - Intellectual and Developmental Disabilities	28.83%
HCBS - In Home Supports	15.32%
HCBS - Acquired Brain Disorders	19.82%
Behavioral Health	3.60%
Other	4.05%
Total	100%



EVV Provider Survey

Preliminary Findings

Respondents Current Status Related to Use of an EVV System	Percentage
Purchasing an EVV system	4.44%
Implementing or currently using an EVV system	22.22%
Do not have an EVV system	73.33%
Total	100%

Modes of Data Collection (Devices) Currently Being Used	Percentage
Land Line Telephone (Used only with limited connectivity)	19.05%
Fixed In-home Device (Used only with limited connectivity)	4.76%
Cell Phone	14.29%
Cell Phone (with GPS)	28.57%
Tablet (Cellular or Wi-Fi)	19.05%
Computer (Wi-Fi)	9.52%
Other (please specify or recommend others)	4.76%
Total	100%

 Other: cell phone with GPS is available in the mobile app, but we are not using that at this time.

EVV Provider Survey

Preliminary Findings

What data management and security features are current capabilities within your EVV system?	Percentage
Provider specific dashboards and other reporting	25.81%
Ability to encrypt data while device is at rest or transmitting	16.13%
Ability to store encrypted data on a device for uploading later	6.45%
Cloud-based information storage with data encryption	22.58%
Role-based security for multiple levels of controlled access	29.03%
Other (please specify in comment/feedback box)	0.00%
Total	100%
Other: Indicated "N/A"	

EVV Provider Survey

Preliminary Findings

In areas where connectivity or IT infrastructure is limited (e.g., internet access, cellular service or other impediments) which of the following features are used:	Percentage
Fixed device: Identity linked to a numeric code that is used with the fixed in-home device	0.00%
Telephony	30.00%
Manual entry	40.00%
Other (specify in the comment/feedback box)	30.00%
Total	100%
<p>"Other" responses include: 1. Use an App with an offline mode. 2. The tablet captures real time information and will sync back when the provider is in a coverage area. 3.This hasn't been an issue.</p>	

EVV Provider Survey

Preliminary Findings

Which modes of data collection would you recommend be included in an EVV system?	Percentage
a. Land Line Telephone (Used only with limited connectivity)	14.81%
b. Fixed In-home Device (Used only with limited connectivity).	15.38%
c. A fixed in-home device located in an individual's home or controlled by an individual and generates a random number at the time of arrival and departure of the Direct Service Professionals.	21.43%
d. Cell Phone (with GPS)	42.68%
e. Tablet (Cellular, Wi-Fi and/or GPS)	51.72%
f. Computer (Wi-Fi)	41.38%

EVV Services Under Consideration

(Preliminary list of services: subject to change)

Participant Directed and Managed Personal Care Services (IHS Waiver)	Private Duty Nursing-LPN/RN (State Plan)
Participant Directed and Managed Personal Care Services (CFI Waiver)	Home Health Aide (State Plan)
Personal Care Services (CFI Waiver)	Home Health Aide (CFI Waiver)
Personal Care Attendant (PCA) Services (State Plan)	Residential/Personal Care (DD Waiver and ABD Waiver-including participant managed and directed/consumer directed services)
Skilled Nursing Services (State Plan)	CSS (DD Waiver, ABD Waiver-including participant managed and directed/consumer directed services)
Skilled Nursing (CFI Waiver)	Combined Day/Residential Services/CDS (DD Waiver, ABD Waiver)

System Requirements

Driving Principles



1. DHHS approach to EVV will be consistent with state and federal regulations



2. EVV business and technical requirements will be developed through a collaborative stakeholder process



3. EVV will be developed in a manner that respects members and providers, does not alter the member's Olmstead protections, and is minimally burdensome



4. Existing information systems will be leveraged for EVV, where appropriate



5. Providers, members, and other stakeholders will be trained on the use of the EVV system

System Requirements Overview

Categories of Requirements

- **Availability and Accessibility**
 - Includes requirements related to:
 - Accessibility of system
 - Support for multiple languages
 - Group Discussion: What languages should be supported?
 - Training

System Requirements Overview

Categories of Requirements

- **Privacy and Security**
 - Includes requirements related to:
 - Safeguards for PHI and PII
 - Data encryption
 - Role based access
- **Data Quality**
 - Includes requirements related to:
 - Ensuring that the quality of data within the system is accurate
 - System must allow for a variety of visit scenarios

System Requirements Overview

Categories of Requirements

- **Stakeholder Engagement and Alignment**
 - Includes requirements related to:
 - System being minimally burdensome
 - Reporting
 - Pilot of system
 - Manual verification

System Requirements Overview

Categories of Requirements

- **Cost of Ownership**
 - Includes requirements related to:
 - Interfaces
- **Mitigate Compliance Penalties**
 - Includes requirements related to:
 - Compliance with Cures Act as well as all applicable state and federal laws and regulations
- **Mitigate Fraud**
 - Includes requirements related to:
 - Validation of EVV data against claim and prior authorization

Wish List

- From your perspective what are the top 3 things you would like to see in the State's EVV system?

The word "Wish" is written in a large, blue, rounded, sans-serif font. The letter 'W' is stylized with a pointed top left corner. The 'i' has a solid dot. The 's' is thick and rounded at the bottom.

Questions?

