Electronic Visit Verification
EVV Advisory Council Meeting

Mercer Government
Ready for next. Together.

New Hampshire Department of Health and Human Services
September 22, 2020

welcome to brighter

Agenda for Today

- Welcome and Introductions (UNH-IOD)

- Stakeholder Engagement Summary (UNH-IOD)

- Final Draft of Proposed Services (UNH-IOD)

- Family Friendly List of Services (UNH-IOD)

- Device Discussion (Mercer)

- High Level Overview of Business Rules, Functionality of Open System (Mercer)

- DHHS Plan for the EVV Advisory Council in the future (Mercer)

- Members of the Public — Comments and Feedback (Everyone)

Stakeholder Engagement Summary

- A focus area of the New Hampshire Electronic Visit Verification (EVV) project revolves around providing ample opportunities for stakeholder engagement. This is to ensure a well-rounded and thorough discussion of EVV has taken place with a wide range of community partners. In concert with Mercer, the University of New Hampshire, Institute on Disability (UNH-IOD) supported these efforts. Below is a summary of the stakeholder engagement efforts that were completed.

- The Stakeholder Efforts were performed in six main domains:

EVV Advisory Council	EVV Feedback Sessions	Individual Stakeholder Group Meetings
DHHS Dedicated EVV Email Box and EVV Email Distribution List	MCO and Provider Meetings	Provider Survey

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EVV Advisory Council Outcomes

Purpose: The purpose of the EVV Advisory Council meetings was to share information, garner feedback and receive questions, clarifications and input from stakeholders in various roles throughout the State.

25 → There were 25 active Advisory Council Members committed to being a part of the EVV Implementation discussion and representing a wide range of stakeholder groups. In addition, members of the public attended meetings and provided valuable input.

5 → Five meetings were held with a shift to on-line (Zoom) meetings starting with the May 2020 meeting due to COVID-19.

EVV Advisory Council Outcomes
Stakeholder Entities

External Stakeholder Entities
• J K Staffing Solutions, Inc.
• Home Care, Hospice & Palliative Care Alliance of New Hampshire
• NH Health Care Association
• Granite State Independent Living
• Ascentria Care Alliance
• Concord Regional VNA
• Private Provider Network (PPN)
• NH State Family Support Council
• People First of NH
• Lakes Region Community Services
• Community Support Network, Inc (CSNI)
• Centene - NH Healthy Families
• AmeriHealth Caritas NH
• Well Sense Health Plan
• Nurses PRN Inc - Silvertouch
• Auntie Reen Enterprises, LLC
• GSIL Consumer Advisory Council
• NH Brain Injury Association

DHHS
• Medicaid Director
• Division of Performance Evaluation and Innovation (DPEI) Director
• DLTSS Director
• BEAS Bureau Chief
• BDS Bureau Chief
• Medicaid Care Management Program Administrator
• DHHS Project Manager
• IT Manager
• Medicaid Medical Services Unit Administrator
• Program Integrity Administrator

Members of the public also attended Advisory Council meetings and provided important insights and suggestions.

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EVV Advisory Council Outcomes
Topics, Presentations and Recommendations

Topics and Presentations included:

- EVV Overview
- Provider/MCO Meeting and the Provider Survey results
- Services subject to EVV (as well as a Family Friendly version)
- EVV System Requirements
- EVV Device Discussion
- Stakeholder Feedback obtained through feedback sessions and stakeholder meetings
- Each meeting also included a question and answer session

Themes Throughout EVV Advisory Council Meetings:

- Use of devices, including privacy ownership and GPS concerns
- Live-in caregivers being subject to EVV
- Communication requested throughout entire implementation process
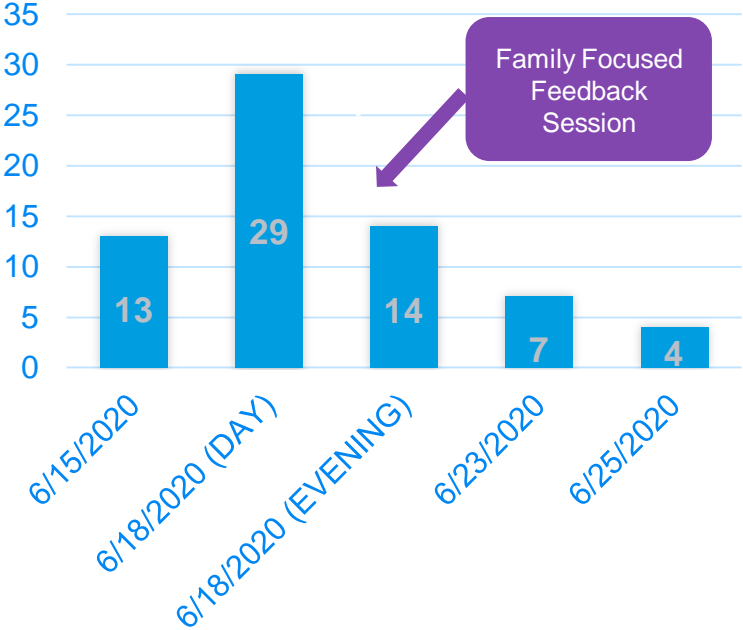- Finalization of services subject to EVV

Recommendations that were implemented by DHHS included:

- A fifth EVV Feedback Session was held specifically for families, as requested by EVV Advisory Council members
- A Timeline of the EVV Implementation Process for New Hampshire was created
- A family friendly version of the services subject to EVV was developed by NH Family Voices
- A FAQ document specific to EVV Implementation in New Hampshire was created based on stakeholder input
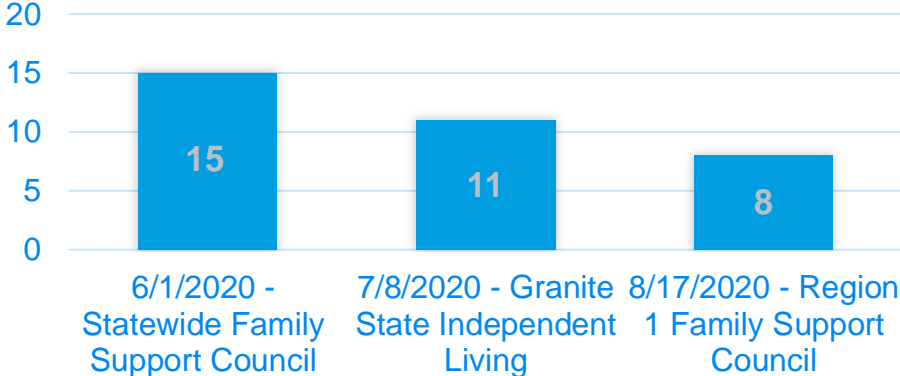- A meeting was scheduled to discuss live-in caregiver issue in depth

EVV Feedback Sessions and Individual Stakeholder Group Meetings Outcomes

Purpose: The purpose of the feedback sessions was to share information, garner feedback and receive questions, clarifications and input regarding EVV Implementation within New Hampshire. The Individual Stakeholder Group Meetings provided an opportunity to ensure information was shared and input received from important stakeholder entities including Granite State Independent Living Consumer Advisory Council and the State Family Support Council.

FEEDBACK SESSIONS ATTENDANCE

Family Focused Feedback Session

Date	Attendance
6/15/2020	13
6/18/2020 (DAY)	29
6/18/2020 (EVENING)	14
6/23/2020	7
6/25/2020	4

101 Total Participants

INDIVIDUAL STAKEHOLDER GROUP MEETING ATTENDANCE

Date	Attendance
6/1/2020 - Statewide Family Support Council	15
7/8/2020 - Granite State Independent Living	11
8/17/2020 - Region 1 Family Support Council	8

EVV Feedback Sessions and Individual Stakeholder Group Meetings Outcomes

Five Questions Asked

What are your thoughts on NH's proposed model and design features for EVV?

What steps should NH take to help prepare participants/families for EVV implementation?

What steps should NH take to support providers for a smooth EVV implementation?

What are your thoughts regarding implementing Personal Care Services & Home Health Services at the same time?

What input do you have regarding the proposed requirement for EVV to apply to live-in caregivers?

Themes of Feedback Received

The feedback regarding the choice of model that NH is considering was overwhelmingly positive. People commented on the flexibility for providers whether they have an existing system or not.

Have more meetings of stakeholders as the state progresses in this implementation process until the implementation is completely live.

Create a timeline so that everyone knows what is happening so there are no surprises. Stakeholders desired transparency throughout the process.

Desire for targeted training for different types of service providers (PCS vs Home Health, and families vs. DSPs) instead of a one size fits all approach to ensure comprehensive understanding of the system.

Request for ongoing tech support and FAQs as implementation occurs.

Overall, people were in favor of a roll out of both Personal Care Services and Home Health Services at the same time if people were trained appropriately.

It was unanimous that stakeholders do not think live-in caregivers should be subject to EVV.

MCO and Provider Meetings

Providers and MCOs

- Two provider/MCO meetings were held in June 2020 and August 2020
- Additional meeting with MCOs in April 2020
- Feedback themes
  - Concern about live-in caregivers being subject to EVV
  - Request for technical specification for interface with alternate EVV systems
  - Costs
  - Desire for services list to be finalized

EVV Provider Survey

Survey was available online from June 5, 2020–July 3, 2020

46 personal care and home health care provider agencies responded

73% of respondents do not currently have an EVV system

- Implementing or currently using a system: 22%
- In the process of purchasing a system: 4%

Most respondents indicated a preference for DHHS to fund devices

Data management and security features important to providers include

- Ability to store encrypted data for uploading later: 63%
- Data encryption when device is at rest/when data is transmitting: 59%
- Role based security with multiple levels of access control: 52%

70% of respondents indicated they support one statewide EVV system for data collection and data aggregation that allows for other systems currently operating to continue to be utilized

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DHHS Dedicated EVV Email Box Outcomes

109 people were added to the EVV Distribution List from February 2020 through the present. The distribution list was used to then communicate any updates to the EVV implementation process and any upcoming EVV specific meetings.

DHHS received 33 emails separate from distribution list requests, containing questions specific to EVV that were answered as of 9/10/2020.

Themes of Questions Received:

Technical specifications requested

Inquiries regarding the status of and the model and process for data aggregation

Timeline and deadlines for compliance in the state of NH

A finalized list of services and codes/modifiers to be used, as well as clarifications requested regarding Home Health Services and Personal Care Services

Request to understand the cost to implement EVV relative to the state or to agencies, including who would be responsible for the associated cost

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Feedback Themes Across All Stakeholders

Concern about EVV devices (including privacy, cost, ownership and GPS tracking)

The importance of data privacy and security features

Support for a statewide EVV system for data collection/aggregation allowing for other systems currently operating to continue without change (Open Model)

Providers need to understand the cost relative to implement EVV and provider roles and responsibilities for EVV

The need for ongoing communication from DHHS throughout the entire implementation process, particularly with respect to the implementation timeline

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Feedback Themes Across All Stakeholders

The importance of continued engagement of stakeholders throughout the implementation process

Training for individuals, families and providers to ensure comprehensive understanding of the EVV system

Support for individuals and families who self-direct their services to ensure EVV does not negatively impact opportunities for choice and control over scheduling

Support for the implementation of personal care services and home health services at the same time

Desire for a pilot prior to state-wide implementation

Concern about proposed inclusion of certain live-in caregivers being subject to EVV requirements

DHHS Response to Stakeholder Feedback

FEEDBACK	DHHS RESPONSE
General support for Open Model	Maintain the Open Model approach.
Desire for publically available timeline for project	Timeline developed and posted on DHHS EVV webpage.
Concerns about costs to providers	Providers with their own systems will be responsible for costs of complying with state requirements and interface with data aggregator. For those with no system, use of State system will be free.
Request to develop and make available a Frequently Asked Questions Document	FAQ developed and posted on DHHS EVV webpage. FAQ document will be updated during the life of the project.
General support for the implementation of Personal Care and Home Health Services at the same time	Maintain plan to implement both services at the same time.
Interest in pilot of EVV system with a few providers, prior to state-wide implementation	Time for pilot included in project timeline. RFP requirements reflect need for pilot.
Live-in caregivers	DHHS determined that live in caregivers will not be subject to EVV.

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List of Services

Program/ Waiver	Service Description	MMIS Procedure Code	MMIS Mod1	MMIS Mod2	MMIS Mod3
ABD	ABD PCS Level 1 – Level 8	T1020	SE	UB	U1–U8
ABD	ABD Community Support Svcs (CSS)	H2015	SE	UB	U1
ABD	ABD Community Support Svcs CSS/Level 2	H2015	SE	UB	U2
ABD	ABD Consumer Directed Svcs – Day/Res	T2025	SE	UB	U1
ABD	ABD CDS – Res only	T2025	SE	UB	U2
ABD	ABD Respite**	T1005	SE	UB	U1
ABD	ABD Respite Medical/Behavioral**	T1005	SE	UB	U2
ABD	ABD CDS – Family Support/Respite**	T2025	SE	UB	U5
ABD	ABD CDS – CSS	T2025	SE	UB	U6
CFI	Skilled Nurse Per Visit	T1030	HC		
CFI	Home Health Aide Per Visit	T1021	HC		
CFI	Home Health Aide 8+ Units	G0156	HC	U1	
CFI	Personal Care Agency Directed	T1019	HC	U1	
CFI	Personal Care Consumer Directed	T1019	HC	U2	
CFI	Participant Directed Services Personal Care	T1019	HC	U3	
CFI	Personal Care Special Rate	T1019	HC	U4	
CFI	Respite Care Services**	T1005	HC		
CFI	Respite Care Special Rates**	T1005	HC	U1	
CFI	Supported Housing Level 2	H0043	HC	U6	

*This list subject to change

**When provided in home

List of Services

Program/ Waiver	Service Description	MMIS Procedure Code	MMIS Mod1	MMIS Mod2	MMIS Mod3
DD	RPCLEV1 – Residential Personal Care Level 1 – Level 7	T1020	SE	UA	U1–U7
DD	Community Support (CSS)	H2015	SE	UA	U1
DD	Community Support CSS/Level 2	H2015	SE	UA	U2
DD	CDS – CSS	T2025	SE	UA	U6
DD	CDS – Day/Res – Consumer Directed Services	T2025	SE	UA	U1
DD	CDS – Res only	T2025	SE	UA	U2
DD	CDS – Family Support/Respite**	T2025	SE	UA	U5
DD	Respite**	T1005	SE	UA	U1
DD	Respite Behavioral/Medical**	T1005	SE	UA	U2
IHS	PDM Personal Care	T2025	SE	UC	U1
IHS	PDM Respite**	T2025	SE	UC	U4
State Plan	Skilled Nurse Per Visit	T1030			
State Plan	Private Duty RN (State Plan)	S9123			
State Plan	Private Duty LPN (State Plan)	S9124			
State Plan	Home Health Aide Per Visit	T1021			
State Plan	Home Health Aide 8+ Units	G0156			
State Plan	Personal Care Attendant Services	T1019			

*This list subject to change

**When provided in home

Family Friendly List of Services

Background: Based on feedback received at the EVV Advisory Council, a family-friendly list of services was created. This effort was accomplished by New Hampshire Family Voices.

It includes two components:

★ The first component explains what EVV, the State Plan and the 4 HCBS waivers in the state of New Hampshire are in family friendly language.

★ The second component goes into detail of each service that is subject to EVV, including the definition as outlined in the waivers using family friendly language and terminology. This also includes a link to New Hampshire state regulations.

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Device Discussion

Devices

- Many states using bring your own device (BYOD) model

- Some states have purchased devices

  - Device costs major driver of cost

  - 50/50 match available

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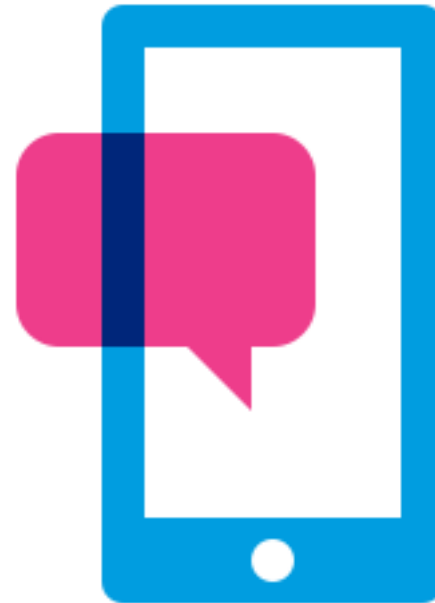
System Features

Open Model EVV	• One statewide EVV system for data collection and data aggregation
	• Existing provider EVV systems may be maintained with data sent to data aggregator
Service Verification	• Member and direct care worker (DSP) will verify services at the end of every shift/visit (the system tracks the start of the shift and location)
	• System will, at a minimum, include a list of tasks from which the DSP can indicate as completed during each shift
	• Exceptions process to correct mistakes
	• Alerts generated when visits missed
Member/ Family Portal	• The system will include a member/family portal which will enable members/families to access EVV data and information, e.g., look at services delivered, schedules and verification of visits

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System Features

Interfaces with Other Systems	MMIS
	Provider Payroll systems (at providers expense)
	MCO systems
Data Collection	BYOD
	Limited use of paper timesheets
Reporting and Dashboards	The system will include reporting and dashboard functionality at various user levels (State, MCO, provider)
System Modules	Scheduling module

Business Rules

The following data elements will be collected for each visit:

- The name of the individual receiving the services
- The name of the DSP
- Time the visit started and ended
- The date of service
- Service provided
- Location of the service
- The tasks performed by the DSP during the visit

Business Rules

- The individual or their authorized representative must validate at the end of each visit the following:

  - The time the DSP started their visit

  - The time the DSP ended their visit

  - Tasks performed during the visit

- GPS will be used as the method for validating location of services. Location shall be validated only at the beginning and end of visit only.

- Providers will have an opportunity to correct errors related to visit data.

  - Supporting documentation must be maintained to support any changes to visit information after a visit has been confirmed.

  - Supporting documentation is required to document all steps taken to clear exceptions in the EVV system.

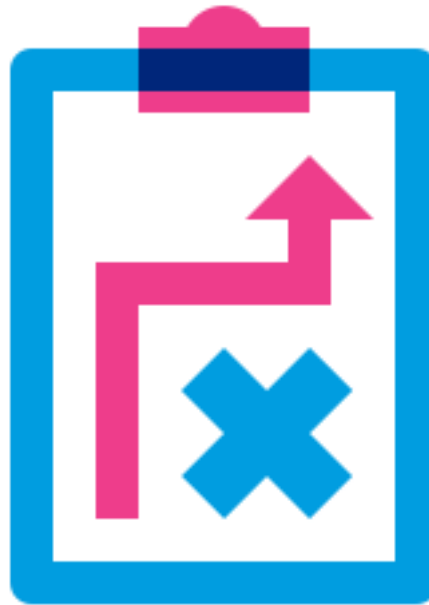 - Corrections must be made within 60 calendar days from the date of service.

Business Rules

Providers using the DHHS system, will submit claims directly to the DHHS EVV system. Providers may also choose to have their claim created from the EVV visit data.

Providers who are using their own EVV system will submit claims to the DHHS EVV system.

Submitted claims will edit against visit data. Only claims where visit has been validated will be sent for adjudication. Claims that cannot be validated against visit data will be denied.

What's Next?

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Questions?