



New Hampshire Department of Health and Human Services Electronic Visit Verification (EVV) Frequently Asked Questions

EVV Model

Q:	1. Is the State still planning to have an open system and will MCOs be allowed to have their own EVV vendor to interface with the State system?
A:	Yes, the State is proposing an open EVV system. Under this model, if an MCO has an existing EVV system, they may continue to use that system as long as it complies with The Cures Act requirements. MCOs will be required to send their EVV data to the State's data aggregator.

Q:	2. Are there any integration specifications/requirements for alternative EVV systems for State or aggregator submission?
A:	Integration specifications/requirements will be made available once an EVV vendor is selected and onboarded.

Q:	3. Who will pay for the EVV fees? Will the State provide a system to use?
A:	The State is proposing an open model EVV system. This allows providers with an existing system to continue to use their own system and providers without an existing system to use the one procured by the State. The State procured system will be made available to providers without an existing system free of charge.

Q:	4. Will the EVV system replace the need for providers to submit monthly paperwork?
A:	DHHS is still reviewing how the use of the EVV system will impact provider documentation requirements.

Q:	5. Will the EVV system generate a claim for the provider to submit for payment?
A:	DHHS is considering adding a requirement for this functionality to the EVV Request for Proposals (RFP).

New Hampshire DHHS EVV Frequently Asked Questions

Q:	6. Will the EVV system include a task list for service verification?
A:	DHHS is considering adding a requirement for this functionality to the EVV RFP.

Services

Q:	7. Will Choices for Independence (CFI) waiver Case Managers themselves also be required to use the EVV system?
A:	At this time, there are no plans for CFI waiver case management visits to be validated via the EVV system.

Q:	8. Will the State require EVV for individuals who live with a caregiver, but receive hourly/episodic/intermittent personal care services?
A:	Yes, personal care services provided (and billed) on a unit or hourly basis are subject to EVV. However, individuals whose live-in caregivers provide, and are paid by Medicaid for hourly/episodic/intermittent personal care services, will not be subject to EVV,

Q:	9. Will the State require EVV for individuals who receive services in an Enhanced Family Care (EFC) setting?
A:	No, EFC services are paid via a daily stipend and are not provided on an intermittent basis.

Q:	10. How would services be entered when a child is cared for in the home, then at school, and then back at home again? Would sign in and out need to occur during the school time that might be covered under a separate entity versus the at home care?
A:	Only services that are provided in the home require verification via EVV.

Q:	11. Are the services provided by Adult Day Programs one of the services being proposed for EVV?
A:	No, adult day program services are not subject to EVV.

Q:	12. Are Supported Employment Services subject to EVV?
A:	No, Supported Employment Services are not subject to EVV.

New Hampshire DHHS EVV Frequently Asked Questions

Q:	13. Is EVV required for Participant Directed and Managed Services/Self-Directed Services?
A:	If a service requires electronic visit validation, staff/providers providing the service must validate the service through an EVV system even if that service is self-directed through Patient Data Management Systems.

Q:	14. Are Applied Behavioral Analysis (ABA) services subject to EVV?
A:	No, ABA services are not subject to EVV.

Q:	15. Will the EVV system be used to collect information on quality of services, such as through a satisfaction survey?
A:	DHHS is still considering how the system could be used to collect survey data from individuals.

Timeline

Q:	16. What are The Cures Act deadlines for EVV implementation?
A:	As a result of approval of the State's Good Faith Effort exemption, the deadline for implementation for personal care services is 1/1/2021. The deadline for Home Health Services remains 1/1/2023. However, the State is considering implementing EVV for personal care services and home health services at the same time in 2022.

Q:	17. When does DHHS intend to issue the EVV system RFP?
A:	The RFP target date is projected to be by January 1, 2021. This date is subject to change.

Q:	18. What is the State's timeline for EVV implementation?
A:	The State is planning for a July of 2022 implementation of its EVV system. This may be subject to change. Please check the DHHS website for updates on the timeline.

Q:	19. Will providers be subject to a penalty if the State does not implement EVV on time?
A:	No, penalties will be applied at the State level.

New Hampshire DHHS EVV Frequently Asked Questions

EVV Process Requirements

Q:	20. When a Direct Support Professional (DSP) is visiting multiple different places at different times and providing services in different areas, will a log in with the required information need to be entered for each and every location in real time?
A:	The Cures Act requires that the visits are validated at the beginning and at the end of each discrete visit.

Q:	21. What is the impact on the individual's self-directed budget if the DSP incorrectly validates a visit? Will the individual's budget be penalized?
A:	The EVV system allows for services validated in error to be corrected. There would be no impact on the individual's budget.

Q:	22. How will individuals or family members with visual impairments verify service delivery? Can visit verification be done via voice activation or TTY?
A:	Information and requirements for individuals/family member validation of services delivered will be shared when the EVV system is implemented. EVV systems are required to be accessible to all users.

Q:	23. Will data collection begin on the EVV system implementation date or will a request for data for visits conducted in the past be made?
A:	Data collection for visit validation will begin when the EVV system is implemented.

Q:	24. Are providers required to keep backup documentation for EVV system generated billing?
A:	Providers are encouraged to maintain appropriate backup documentation for EVV system generated billing.

Q:	25. Does the individual need to validate the EVV service data at the end of the visit in the EVV system?
A:	Yes, the individual (or their caregiver) will validate the EVV service data entered by the DSP at the end of the visit.

New Hampshire DHHS EVV Frequently Asked Questions

Q:	26. The plan is for services list in the DHHS EVV System to be generic. Some providers have individual specific task list based on an individual's service plan, is this going to be a problem when visit data is sent?
A:	While DHHS does not anticipate that this will be a problem, until a vendor is selected, on boarded and the exact interface specifications are known this is unknown.

Devices

Q:	27. Will EVV devices track the whereabouts of the DSP and/or the individual using GPS?
A:	A GPS enabled EVV device notes the location of service at the start of the visit and at the end of the visit only.

Q:	28. Who supplies the EVV device: the provider, the DSP, or the individual? What if the DSP doesn't have an iPhone? Who pays for the device?
A:	The State is considering various options for the provision of EVV devices.

Q:	29. Is there a backup plan for visit validation if there is no cell service or if a phone/tablet/computer doesn't work?
A:	Yes, the EVV system will include backup options for validating the visit.

Q:	30. If a device must be purchased, is there funding available to cover this?
A:	Unfortunately, DHHS has no funding available for the purchase of devices.

Q:	31. Concerning the BYOD mode, would this require a device management service to protect the info in case a staff leaves?
A:	This issue is currently under review. We will issue guidance in this area as soon as additional information is available.

New Hampshire DHHS EVV Frequently Asked Questions

Data Security

Q:	32. Is the individual identified by name or number in the EVV system?
A:	Individuals are identified in a variety of ways in the EVV system. Information about individuals is available only to those who are providing services to the individual.

Q:	33. When DSPs use their personal phone as the EVV device, how are data security and HIPAA compliance maintained?
A:	EVV systems are designed so that EVV data is encrypted in motion and at rest on the phone. In addition, there is a short HIPAA timeout which requires the user to log in again with username and password in order to access the system.

Training

Q:	34. Will training be provided on how to use the EVV system? How will the training be provided? Will there be a booklet or a pamphlet?
A:	Yes, training will be provided for providers, DSPs, individuals, and families. Training will be available online and via other modalities. Written materials will be provided as well.

RFP

Q:	35. Will the EVV Advisory Council be able to review the RFP draft prior to it being answered?
A:	No, but DHHS can send the EVV Advisory Council the link to the RFP when it is published.