



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 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.

Services

Q:	5. 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.

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Q:	6. 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 even when the individual lives with the caregiver.

Q:	7. 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:	8. 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:	9. Are Supported Employment Services subject to EVV?
A:	No, supported employment services are not subject to EVV.

Q:	10. 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 PDMS.

Q:	11. Are ABA (Applied Behavioral Analysis) services subject to EVV?
A:	No, ABA services are not subject to EVV.

Timeline

Q:	12. 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.

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Q:	13. 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:	14. 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.

EVV Process Requirements

Q:	15. 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:	16. 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:	17. 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:	18. 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. Providers are encouraged to maintain appropriate backup documentation for billing purposes.

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Devices

Q:	19. 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:	20. 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:	21. 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.

Data Security

Q:	22. 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.

Training

Q:	23. 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.