

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES - BUREAU OF FAMILY ASSISTANCE (BFA)
INTER-DEPARTMENT COMMUNICATION

FROM THE OFFICE OF: Administrator IV of Bureau of Family Assistance **Debra E. Sorli**

BFA SIGNATURE DATE: **May 09, 2024**

AT (OFFICE): Bureau of Family Assistance

TO: All BFA Staff

SUBJECT: BFA Form 777 NH EASY Provider Enrollment Revisions

EFFECTIVE DATE: Upon Receipt

SUMMARY

This Supervisory Release (SR) releases revisions to BFA Form 777, *NH EASY Provider Enrollment*.

POLICY

No policy is being changed by the release of this SR.

NH EASY SYSTEMS PROCEDURES

NH EASY will have the revised version of BFA Form 777 available June 03, 2024, in the "Forms" section.

DESCRIPTION OF REVISIONS MADE TO FORMS

The following changes have been made to BFA Forms:

- BFA Form 777, *NH EASY Provider Enrollment*:
 - Under "Organization Options" a new box was added:
'BDS Service Provider Management – View service authorization status'
- BFA Form 777(i) Instruction sheet for, BFA Form 777, *NH EASY Provider Enrollment*:
 - Minor formatting edits

IMPLEMENTATION

This policy is effective upon release of this SR. The new versions of BFA Form 777 and 777(i) will be electronically transmitted with the release of this SR, Revised forms will be used immediately following release of this SR.

The new version of BFA Form 777 will also be available electronically on the DHHS website at <http://www.dhhs.nh.gov/forms-documents> and NH EASY Gateway to Services at <https://nheasy.nh.gov/#/forms>.

BFA Form 777, *NH EASY Provider Enrollment*, and the associated instructions will also be available internally, for Department staff only, on the N:\ drive upon release of this SR.

POLICY MANUAL REVISIONS

No policy manual revisions are released with this SR.

CLIENT NOTIFICATION

No special client notification is planned or needed.

TRAINING

No special training is planned or needed.

FORMS MANUAL POSTING INSTRUCTIONS

Remove and Destroy

BFA Form 777, *NH EASY Provider Enrollment*,
BFA SR 23-19
1 double sided sheet

BFA Form 777(i), *Instructions for NH EASY
Provider Enrollment*,
BFA SR 23-19
1 single sided sheet

Insert/Replace

BFA Form 777, *NH EASY Provider Enrollment*,
BFA SR 24-15
1 double sided sheet

BFA Form 777(i), *Instructions for NH EASY
Provider Enrollment*,
BFA SR 24-15
1 single sided sheet

DISPOSITION

This SR may be destroyed or deleted after its contents have been noted and the revised manual topics released by this SR have been posted to the Online Manuals.

DISTRIBUTION

This SR will be distributed according to the electronic distribution list for BFA policy releases. This SR, and revised Online Manuals, will be available for agency staff in the Online Manual Library, and for public access on the Internet at https://www.dhhs.nh.gov/sr_hm/sr.htm, effective June 03, 2024.

BFA:RS

NH EASY PROVIDER ENROLLMENT

Please type or print all information below

Organization Name: _____	
(Maximum of 35 Characters)	
Organization Address: _____	_____
Street/Mailing Address	City, State, and Zip Code
Organization Phone #: _____	Organization Email Address: _____
Administrator: _____	4-digit PIN: _____
The person responsible for your organization's NH EASY account	(Any 4 digits of your choosing)

ORGANIZATION OPTIONS:

- Apply Only – Submit an application for benefits on behalf of a client
- Apply & Update Case Info – Submit an application on behalf of client and view/update case information
- LTSS (Nursing Facility, HCBC CFI, Residential Care) – Create and review assessments requested by LTSS unit
- WIC – Submit an application on behalf of client and view/update case information
- CFI Plan Management – Manage CMA assignment and CFI authorization
- BDS Intake – Add new He-M 503 and He-M 522 eligibility determinations (Area Agencies only)
- BDS Service Management – Manage CMA Assignments, Individuated service agreements and service authorizations
- BDS Service Provider Management – View service authorization status
- Family Center Early Supports & Services – Area Agencies
- Family Center Early Supports & Services – Vendors of Area Agencies

I certify that I have read and understand the following:

- **I understand** that my organization must notify DHHS within 5 calendar days of termination of a legal relationship with any of the clients listed on my dashboard.
- **I understand** that at any time, any of the clients my organization represents may restrict my organization's access to his or her NH EASY account.
- **I understand** that I, the Administrator, have the authority to create other users to access my organization's NH EASY account. I must assign user names, and maintain passwords for current employees, and I must terminate user names for former employees.
- **I understand** that I, the Administrator, am responsible for protecting all confidential information and records within my control, **including NH EASY login, passwords, and any other User identification information**, and am allowed to release information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations, such as RSA 167:30-RSA 167:32, 7 CFR 272.1(c), 42 CFR 431.300-42 CFR 431.307, 45 CFR 205.36 and 45 CFR 205.50. I understand that my responsibility extends to myself and any other users that I allow to access these accounts.
- **I understand** that I, the Administrator, and any other users that I allow to access these accounts, are bound by all current DHHS policy regarding confidentiality, and that **I must send a signed Confidentiality Agreement** to the address below. **This agreement is on the back of this form.**
- **I understand** that if I, the Administrator, or any other users that I allow to access these accounts, fails to abide by any current DHHS policy regarding confidentiality, the organization's dashboard and all NH EASY accounts will be terminated immediately.

Administrator Signature: _____ Date: _____

Please email this completed form and the signed *Confidentiality Agreement* to:

DHHS.NHEASYHelpDesk@dhhs.nh.gov

PLEASE COMPLETE THE BACK

NH EASY PROVIDER ENROLLMENT CONFIDENTIALITY AGREEMENT

PURPOSE AND INTENT OF POLICY

As the identified Administrator for your organization’s NH EASY account, you are responsible for protecting all confidential information and records within your control, **including NH EASY login, passwords, and any other User identification information**, and you may release information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations, such as RSA 167:30-RSA 167:32, 7 CFR 272.1(c), 42 CFR 431.300-42 CFR 431.307, 45 CFR 205.36 and 45 CFR 205.50. This policy supplements, but does not replace, any current DHHS policy regarding confidentiality.

GENERAL POLICY STATEMENT

In the course of business, DHHS, of which NH EASY is a part, receives, discloses, and utilizes personal information of clients for a variety of reasons. All personal, financial, and health care information maintained by DHHS, including information on NH EASY, is considered confidential. DHHS maintains privacy, confidentiality, and integrity with regard to confidential information, as required by state and federal laws, rules, regulations, and professional ethics.

As the Administrator for your organization’s NH EASY account, you and any user you create will have access to confidential information and records. As the Administrator, you are responsible for protecting all confidential information and records within your control and for releasing information only to authorized agencies or individuals as provided for by state and federal laws, rules, and regulations.

NH EASY ADMINISTRATOR CONFIDENTIALITY AGREEMENT

- **I understand** that I, and any user I create, may have direct or indirect access to confidential information in the course of performing my work activities and I agree to protect the confidential nature of all information to which I have access.
- **I understand** that there are state and federal laws, rules, and regulations that ensure the confidentiality of an individual’s information.
- **I understand** that I, and any user I create, am required to comply with DHHS policies and agency procedures related to the protection of individually identifiable information.
- **I understand** that my failure to observe and abide by these policies and procedures will result in loss of NH EASY User privileges.
- **I understand** that every user I create is bound to this confidentiality agreement, and if any user I create breaks this agreement, I will be held accountable.

I, _____ have read and understand this agreement.
(Print your name)

Administrator Signature Date

Organization

Please email this completed form and the signed *NH EASY Provider Enrollment* to:
DHHS.NHEASYHelpDesk@dhhs.nh.gov

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
BUREAU OF FAMILY ASSISTANCE (BFA)
INSTRUCTIONS FOR BFA FORM 777

“NH EASY Provider Enrollment”

Purpose

BFA Form 777, *NH EASY Provider Enrollment*, is a 1-page, double-sided electronic form that is used by organizations to:

- enroll as a NH EASY provider (front side of page); and
- agree to the confidentiality requirements dictated by that enrollment (back side of page).

Both sides of BFA Form 777 must contain a signed and dated signature and the form must be completely filled out on both sides before the NH EASY enrollment process can begin.

DHHS workers provide BFA Form 777 to organizations who are interested in enrolling as a provider in NH EASY. By enrolling as a NH EASY provider, the organization’s administrator is able to approve user access rights to other employees within their organization to access the organization’s NH EASY account. The organization’s administrator must sign the confidentiality agreement on the back side of BFA Form 777 which states that the administrator understands that the administrator and any user the administrator approves access rights for is bound by all federal laws, rules, regulations, and DHHS policies regarding confidentiality. The organization completes BFA Form 777 and returns it to the NH EASY Provider Enrollment Unit via email at DHHS.NHEASYHelpDesk@dhhs.nh.gov, who are responsible for keeping the returned forms on a permanent basis and enrolling all providers in NH EASY.

Authority/Legal Basis for Collecting (or disseminating) the Information in the Form

For Financial & SSP: He-W 604.05, RSA 167:3-c,I, 45 CFR 206.10(a)(1)iii; For SNAP: He-W 704.05, RSA 161:4-a,IV, 7 CFR 273.2; For MA: He-W 804.05, RSA 167:3-c,I, 42 CFR 435.908

New HEIGHTS-Generated Version

There is no New HEIGHTS associated form.

Translated Versions

There are no plans to translate this form.

Work Flow

A provider or organization lets DHHS know that they would like to create a NH EASY account to monitor their clients. The DHHS worker provides BFA Form 777, *NH EASY Provider Enrollment*, to the requesting provider/organization at that time. It is the provider’s/organization’s responsibility to return the form to the NH EASY Provider Enrollment Unit before access to NH EASY is granted.

Within 10 days of receipt of BFA Form 777 in the NH EASY Provider Enrollment Unit, the New HEIGHTS employee checks to ensure that both sides of BFA Form 777 have been completed and signed:

- If BFA Form 777 has not been completed on both sides, the New HEIGHTS employee emails the provider/organization using the address provided on BFA Form 777, to notify the provider/organization that their request for access to NH EASY has been denied, and why. If no email address has been provided on BFA Form 777, the New HEIGHTS employee calls

the provider/organization using the phone number provided on BFA Form 777 to notify them of the denial. If a phone number is not provided, the New HEIGHTS employee writes to the provider/organization using the address provided on the Form.

- If BFA Form 777 has been completed on both sides, the New HEIGHTS employee logs into New HEIGHTS and completes the *NH EASY Representative Administration* screen. Once this screen is completed, the New HEIGHTS employee sends the provider/organization an email containing instructions about how to complete the enrollment process.

The provider/organization person designated as the administrator on BFA Form 777 must then complete the enrollment process via the “Splash” screen in NH EASY. The “Splash” screen serves as the initial account creation point and login point for all NH EASY accounts.

Once the New HEIGHTS employee grants access to the NH EASY provider/organization, no further action is needed by the NH EASY Provider Enrollment Unit unless the provider/organization requests that their access to NH EASY be terminated or DHHS terminates the provider’s/organization’s access to NH EASY due to breaches of confidentiality.

Instructions

DHHS workers provide BFA Form 777 to organizations upon request. The organization is responsible for completing BFA Form 777 and returning it to the NH EASY Provider Enrollment Unit. The completed Form indicates:

- The organization’s name, phone #, address and email address;
- The name of the designated administrator for the organization. The administrator identified on this form has the authority to grant user access to their employees to the organization’s NH EASY account, and is responsible for maintaining confidentiality for the entire organization;
- A 4-digit pin, chosen by the administrator, for security purposes;
- the case access options the provider/organization has chosen: apply, apply and update case information, WIC, or that the organization offers Long Term Services and Supports (LTSS), which requires special training and access to different screens. If client permission is not granted for these options, the provider/organization is not allowed this kind of access; and
- A dated signature on both sides of the form.

Upon receipt of a completed BFA Form 777 from the provider/organization, the NH EASY Provider Enrollment Unit sets up an organizational account for the provider in NH EASY. The NH EASY Provider Enrollment Unit emails a notification to the organization’s administrator to log in to NH EASY and complete the enrollment process.

Retention

The NH EASY Provider Enrollment Unit is responsible for permanently retaining BFA Form 777 in the NH EASY provider’s file. (A)