



ARPA Section 9817- Electronic Visit Verification (EVV) for Home Health Services

Background and Instructions

The Nebraska Department of Health and Human Services (DHHS) is pleased to announce opportunities for funding of Medicaid Home and Community Based Services (HCBS) through the American Rescue Plan Act (ARPA) of 2021. This funding opportunity is to reimburse providers for costs, up to \$5,000, incurred to integrate their third-party application or vendor with the Nebraska state Electronic Visit Verification aggregator.

Providers must submit the application form, checklist, and required supporting documentation to be considered for reimbursement through this funding opportunity. The application package must include:

- Description of scopes of work completed for integration,
- Documentation showing detailed costs for integration (such as contracts or invoices),
- Verification from the state aggregator of compliance with state EVV standards.

DHHS will accept and review each reimbursement request within 30 days of submission.

DHHS will communicate any provider payment notices, status updates, or follow-up information requests within 30 days of receipt of submissions. Please submit any questions regarding this EVV for the Home Health payment program to DHHS.MedicaidHCBSARPA@Nebraska.gov.

Application Requirements and Process

- Support delivery of Medicaid billable services subject to Electronic Visit Verification requirements.
- Fall within the following parameters for use of funds:
 - Be an approved Nebraska Medicaid provider.
 - Submit the application form and checklist.
- Funding cannot be approved for ongoing internet connectivity.
- Applications are to be submitted to DHHS.MedicaidHCBSARPA@Nebraska.gov.
- DHHS will begin accepting applications on April 1, 2024, and continue accepting applications through September 30, 2024, subject to availability of funds. Applications must be received by the closing date to be considered.
- Applications will be reviewed and approved on a first come first served basis.
- Maximum funding available per application: \$5,000.

ARPA Third-Party EVV Integration Costs Reimbursement Request Application

1. Does this request meet the requirements outlined in the instructions?

Yes No

2. Applicant Contact and Background Information

Organization Contact Information	
Provider/Organization Name:	
Name:	
Phone:	
Email:	
Address:	
State:	

3. Total Reimbursement Request Amount: \$ _____

Note: this amount should match the supporting documentation costs, or \$5,000, whichever is less.

4. Application Checklist

- a. Signed Application
- b. Documentation supporting reimbursement request:
 - i. Description of scopes of work completed for integration,
 - ii. Documentation showing detailed costs for integration (such as contracts or invoices),
 - iii. Verification from the state aggregator of compliance with state EVV standards.
 - iv. Completed ACH/W9 Form
 1. Complete in its entirety and sign in all required signature lines
 2. Provide required banking verification (blank/voided check, etc)

5. Attestation Statement

By signing below, you confirm that everything stated in this application, and all supporting documentation, is accurate, to the best of your knowledge.

Name of the Applicant (print): _____

Date of Signature: _____

Authorized Applicant Signature: _____