



GUIDANCE FOR COMPLETING THE ELECTRONIC VISIT VERIFICATION (EVV) GOOD FAITH EFFORT EXTENSION AND COMPLIANCE SURVEY FOR HOME HEALTH CARE SERVICES (HHCS)

**Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services**

Agenda

- Provide an overview of EVV and the timeline for completing and submitting your state's:
 - Good Faith Effort extension application, between July 1 and December 1, 2022, however CMS strongly encourages states to submit GFE applications by November 1, 2022.
 - Compliance survey for HHCS by December 1, 2022 if your state does not receive a GFE extension or by December 1, 2023 if your state receives a GFE extension.
- Discuss guidance and technical direction for responding to open-ended questions included in the EVV compliance survey for HHCS.
- Respond to participant questions regarding completion of the Good Faith Effort extension application and/or compliance survey for HHCS.

Introduction

- Detailed instructions for completing the Good Faith Effort (GFE) extension application and compliance survey were sent to State Medicaid Directors (SMDs) in May 2022.
- States that receive a GFE extension for HHCS do not need to complete a compliance survey until December 1, 2023. CMS encourages states to submit GFE applications by November 1, 2022.
- States completing a compliance survey should do so “as of” January 1, 2023 based on anticipated implementation timelines. For example, if your state plans to implement EVV for home health care services (HHCS) on January 1, 2023 and completes the survey in September 2022, the survey should indicate that your state has implemented EVV for “All” authorities.
- If your state’s plans for implementation change, you may update your compliance survey at any time.

Background

What is Electronic Visit Verification?

- **Electronic Visit Verification (EVV):** A technological solution used to electronically verify that personal care providers and home health providers delivered or rendered services as billed.
- **EVV systems must verify the:**
 - **Type** of service performed.
 - **Individual receiving** the service.
 - **Date** of service.
 - **Location** of service delivery.
 - **Individual providing** the service.
 - **Time** the service begins and ends.

Federal Guidance

- **Section 12006(a) of the 21st Century Cures Act** requires states to implement EVV for all Medicaid PCS and HHCS requiring an in-home visit by a provider.
 - States must have implemented EVV for PCS by January 1, 2020 and for HHCS by January 1, 2023, unless granted a one-year Good Faith Effort (GFE) exemption.
- **Personal Care Services (PCS):** Services supporting Activities of Daily Living (ADLs) or services supporting both ADLs and Instrumental Activities of Daily Living (IADLs) provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115.
- **Home Health Care Services (HHCS):** Nursing services and/or home health aide services delivered in the home provided under 1905(a)(7) of the Social Security Act or a waiver. At the state's option, HHCS may also include physical therapy, occupational therapy, and speech pathology and audiology services.

Home Health Care Services

- Per resources released by CMS in May 2018 and August 2019, EVV applies to all home health services requiring an in-home visit that are described in section 1905(a)(7) of the Social Security Act and provided under the state plan or under a waiver of the state plan.*
- The Medicaid home health benefit is defined through regulation to include (a) nursing services, (b) home health aide services, (c) medical supplies, equipment, and appliances. At the state's option, the benefit may also include physical therapy, occupational therapy, and speech pathology and audiology services.
 - Therefore, any home health care services the state includes in its benefit which require an in-home visit are subject to EVV.
 - EVV does not apply to services delivered by a live-in caregiver, the delivery or set-up of medical equipment, or the Program of All-Inclusive Care for the Elderly (PACE).

*These resources are available online at <https://www.medicaid.gov/federal-policy-guidance/downloads/faq051618.pdf> and <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080819-2.pdf>.

Implementation Timeline and GFE for PCS & HHCS



- **Section 12006(b) of the Cures Act (Cures Act)** allows up to a **one-year** forgiveness of the 0.25 percentage point FMAP reduction for both PCS and HHCS. All but one state submitted a GFE application for PCS, and states may submit GFE applications for HHCS through November 2022. CMS encourage states to submit their applications by November 1, 2022.
- GFE applications can be submitted now. States should submit GFE applications in order to avoid potential reductions to their FMAP for HHCS in 2023.
- States must submit a compliance survey by December 1, 2022 to meet the Cures Act deadline of January 1, 2023, or by December 1, 2023 if the state applies for a GFE extension and is granted the extension by CMS.

Completing the GFE Application

- The May 2022 communication sent to SMDs included a link to download a Microsoft Word document of the GFE application.
- The document includes instructions and several sub-sections.
 - **Section 1** includes a list of commonly used acronyms.
 - **Section 2A** requests basic state data such as the name of the SMA, contact information for the person completing the application, and the Medicaid authorities requested for the extension.
 - **Section 2B** requests details about the model and expected implementation of the EVV system, as well as details regarding the implementation process and the nature of any **unavoidable delays** faced by the state in implementing EVV for HHCS.

Section 2A: Basic State Data

Centers for Medicare & Medicaid Services
Electronic Visit Verification
Good Faith Effort (GFE) Request Form – Home Health Care Services

Section 2. Good Faith Exemption (GFE) Request Form

A. Basic State data

Date of Submission: [Click or tap to enter a date.](#)

State: [Click or tap here to enter State.](#)

State Medicaid Agency (SMA) Requesting GFE: [Click or tap here to enter SMA.](#)

SMA Contact Information

Name: [Click or tap here to enter name.](#)

Title: [Click or tap here to enter title.](#)

Email: [Click or tap here to enter email.](#)

Phone: [Click or tap here to enter phone number.](#)

Indicate the Social Security Act (SSA) Authority and service type SMA requests GFE consideration:

Authority	HHCS
Section 1905(a)(24) state plan personal care benefit	Choose an option.
Section 1905(a)(7) Home Health Care	Choose an option.
Section 1915(c) HCBS waivers	Choose an option.
Section 1915(i) HCBS state plan option	Choose an option.
Section 1915(j) self-directed PAS	Choose an option.
Section 1915(k) CFC state plan option	Choose an option.
Section 1115 demonstration projects	Choose an option.

Section 2B: GFE Request Detail

Centers for Medicare & Medicaid Services
Electronic Visit Verification
Good Faith Effort (GFE) Request Form – Home Health Care Services

B. GFE Request Detail

1. Has the state chosen an EVV model? Choose a response.
 - a. If yes to above, please indicate the model chosen. Choose the EVV model type.
 - b. If the model option chosen is “other”, describe the model in detail here: Click or tap here to enter text.
 - c. If no to above response, please indicate when the state anticipates selecting a model. Date will be in month/year format. Click or tap to enter a date.
2. Has the state submitted an APD? Choose a response. If yes, please complete 2.a through 2.c.
 - a. Type of APD submitted: Choose APD submission type.
 - b. Date of APD submission: Click or tap to enter a date.
 - c. Most recent APD approval date from CMS (if available): Click or tap to enter a date.
 - d. If no to above response, explain why the state has not submitted an APD. Click or tap here to enter text.
3. When is the state’s expected implementation date for HHCS? Click or tap to enter a date in mm/yyyy format.

- In answering Question 2 regarding the Advanced Planning Document (APD), states may have submitted separate versions of the APD for PCS and HHCS. If the state has received approval for an APD for PCS but not yet for HHCS, use Question 2d to explain.
- For Question 3, the state should respond with the date at which it expects to have implemented EVV for *all* applicable HHCS.

Section 2B: GFE Request Detail (cont.)

Centers for Medicare & Medicaid Services

Electronic Visit Verification

Good Faith Effort (GFE) Request Form – Home Health Care Services

4. In the table on the following page, please describe the state's progress towards EVV implementation to date. If you do not see a relevant answer, please choose "other" and write the specific implementation status in the "detailed description of the implementation stage" column. Please add additional rows or attach additional documentation as needed. There are no character limits in each cell.

This section includes seven parts.

- **Implementation Stage:** States can choose from a CMS-defined list of EVV implementation stages. However, CMS does not expect that all states will define implementation stages in the same way. Therefore, if the state has a different implementation stage, please go to the "other" cell and describe in detail what the implementation stage is.
- **Detailed Description of the Implementation Stage:** Describe the state's current implementation process for this stage if it is in progress. If the state has completed this specific implementation stage, describe the activities that have been completed. States are free to attach any additional documents and reference these files in the description for further information.
- **Not Applicable:** Check the box if the stage listed is not applicable to the state.
- **Is this stage delayed?** Mark "Yes" or "No" depending on if the specific implementation stage is delayed. If "Yes", fill out step 6 in the pages below.
- **Date Completed:** If implementation stage was completed, select the date in which the stage was complete.
- **If in process, anticipated date of completion:** If the stage is in progress, mark the expected date of implementation.
- **Additional Information:** There is an extra field included below the table to include more specific details and information about the state's unique implementation process.

- States should provide information for each stage of implementation using the table following the instructions for this section.

Implementation Stages Listed in GFE Application

- Question 4 of Section 2C lists various implementation stages and requests a detailed description of the stage, whether the stage is applicable, whether the stage is delayed, and when the stage was completed or is anticipated to be completed. The stages include:

Planning – Environmental Scanning	Planning – Stakeholder Meetings	Planning – EVV Model Selection
Mod. of the Existing Contract to Include EVV	Preparing for RFP Issuance	RFP Issued and Awaiting Vendor Bids
RFP Closed & in the Process of Vendor Selection	Vendor Selected & Developing Work Plans	Implementing Work Plans
Piloting the EVV System	Updating Existing EVV System in the State	<i>Other Implementation Stages Not Described</i>

Application of FMAP Reductions

- Noncompliance may result in incremental federal match reductions up to 1 percent assessed quarterly.
- To avoid reductions in their federal match for PCS, each state and territory was required by CMS to submit a web-based survey to affirm compliance with the Cures Act for each Medicaid authority as applicable.
- Forty-nine states and the District of Columbia were granted a Good Faith Effort exemption for PCS, which delayed the assessment of FMAP reductions until January 1, 2021.
- CMS applies FMAP reductions only to expenditures for non-compliant PCS that require the use of EVV.
- States can update their compliance surveys on an ongoing basis, and work with CMS to address challenges or delays.

Strategies for Successful EVV Implementation

Delays

- Procurement issues.
- Stakeholder concerns and uptake issues.
- System interoperability issues.

Priorities

- Comprehensive review of state programs and capacity.
- Robust stakeholder engagement.
 - Learning from other states.

Challenges

- Provider concerns.
- Disparate needs / expectations.
- Technical and/ or system flaws.
- Unanticipated delays.

Solutions

- Robust stakeholder engagement.
 - Collaboration & coordination.
- Phase-ins, piloting, and testing.
 - Adapting and evolving.

EVV Compliance Survey

- States are required to update CMS on their progress toward meeting the requirements of Section 12006(a) of the Cures Act via a web-based attestation of compliance.
 - Access to the EVV compliance survey is restricted to State Medicaid Agencies and CMS.
 - CMS will use the information provided from these attestations as a basis for determining compliance with the Cures Act and for **assessing any FMAP reductions** for non-compliance, if applicable.
- The attestation may be completed at any time – however, the FMAP reduction is **per quarter during which the State is non-compliant**, therefore states should submit their attestation as soon as they become compliant.

EVV Compliance Survey for PCS and HHCS

- States are required to update CMS on their progress toward meeting the requirements of Section 12006(a) of the Cures Act via a web-based attestation of compliance. The compliance survey asks to:
 - **Confirm** whether the state has implemented EVV for all PCS & HHCS under each authority offered in the state
 - **Document** the implementation date and model for EVV for PCS & HHCS under each authority offered within the state.
 - **Describe** aspects of the implementation of the EVV solution which demonstrate that the system follows requirements of the Cures Act.
- As some states submitted surveys for PCS and HHCS simultaneously, they should review and update their responses as needed to ensure they are accurate.

EVV Collaboration Tool Access and Administration

Accessing the System

- SMD users that were previously registered in the system still have access to the system using their existing credentials.
- Existing users that have forgotten their password can select the “Forgot Password?” link.
- All SMDs will receive instructions for logging onto the system from the CMS EVV mailbox.
 - If the SMD has changed since then, the new SMD will need to register in the system and will receive a system notification that includes a temporary password for initial log-in. New SMD users will receive two system generated emails.
 - If you do not see these emails in your inbox, check your junk mailbox.

Overview

- SMDs have access to a web-based tool which houses the EVV Compliance Survey, which will be used by states to provide a status update on how the state is meeting the requirements of Section 12006 of the 21st Century Cures Act.
- Functionality for states to request and track Technical Assistance (TA) regarding their EVV implementation is also included in the that tool.
- Access to the tool is restricted to State Medicaid Agencies (SMAs), CMS, and CMS Contractors.

Technical Assistance

- State users can submit TA requests regarding their EVV system implementation via the web-based tool.
- State Medicaid Directors and/or their designee users have access to all TA requests that have been submitted for their state or territory.
- Technical assistance requests must be approved by the State Medicaid Director (or the SMD's designee) before they are forwarded on to the CMS Contractor for review.
- Any comments that are added by the CMS Contractor or CMS will be maintained within the form.

Completing the EVV Compliance Survey

EVV – State Compliance Survey

- CMS will use the information provided from the surveys as the basis for determining compliance with the Cures Act and for assessing any applicable Federal Medical Assistance Percentage (FMAP) reductions for non-compliance.
- All states are required to fill out a compliance survey for HHCS.

State Compliance Survey Dashboard

- The **State Compliance Survey Dashboard** page displays the HHCS survey and its status, as well as the PCS survey and its status. States began submitting PCS surveys in December 2020.
- Only SMD users with administrative privileges can view this dashboard.
- Users can select “Start Survey” in the **Action** column to begin the HHCS survey.

State Compliance Survey Dashboard

To view a state's completed survey for Personal Care Services (PCS) or Home Health Care Services (HHCS), select the View Completed Survey link found in the action column on the dashboard. If a state has not completed a survey, select the Send Reminder link in the Action column on the dashboard to send a reminder email notification from the system. To select a Good Faith Effort status for a state and service, select the (Unanswered) link in the Approved for Good Faith Effort column on the dashboard. To view modification history for a given survey, select the View link in the modification history column on the dashboard.

[View PCS and HHCS Authorities](#)

[Paperwork Reduction Act](#)

[Filter Survey Status](#) [Download Survey Status Report](#)

State ▲	Service ▾	Status ▾	Action	Approved for Good Faith Effort? ▾	Modification History	Survey Download
XX	PCS	Completed	Update Current Response	(Unanswered)	View	Download Completed Survey
XX	HHCS	Incomplete	Start Survey	(Unanswered)		

State Compliance Survey In Progress

State Compliance Survey Dashboard

To open a state compliance survey for Personal Care Services (PCS) or Home Health Care Services (HHCS), select the corresponding link found in the action column on the dashboard. To view modification history for a given survey, select the View link in the modification history column on the dashboard.

[View PCS and HHCS Authorities](#)

[Paperwork Reduction Act](#)

[Filter Survey Status](#) [Download Survey Status Report](#)

State ▲	Service ◆	Status ◆	Action	Approved for Good Faith Effort? ◆	Modification History	Survey Download
XX	PCS	Completed	Update Current Response	(Unanswered)	View	Download Completed Survey
XX	HHCS	In Progress	Continue	(Unanswered)	View	

- Users can select the “Continue” link to continue an In Progress survey from the last question that was answered.
- Users can also update a completed survey selecting the “Update Current Response” link.

State Compliance Survey – PRA Disclosure Statement

State Compliance Survey

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1360 (Expires: June 30, 2022). This information collection is mandatory for states to complete in order to demonstrate compliance with section 1903(l) of the Social Security Act. States that are otherwise fully compliant with the requirements may experience Federal Medical Assistance Percentage (FMAP) reductions per section 1903(l)(1) of the Social Security Act if they do not complete this information collection. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. The time required to complete the information collection is estimated to average 130-150 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[Next](#)

- Users must acknowledge the Paperwork Reduction Act (PRA) disclosure statement by selecting the “Next” button before being re-directed to the first question of the survey.

State Compliance Survey – First Question

State Compliance Survey

Home Health Care Services (HHCS)

Please select the answer that best applies to your State's current EVV implementation status for Authorities 1905(a)(7), 1915(c), 1915(i), and 1115 Demonstration for Home Health Care Services (HHCS). My State has implemented EVV for _____ authorities within my State specified in the 21st Century Cures Act.

All

Some

Zero (none)

[Previous](#) [Save and Continue Later](#) [Next Question](#)

- Users can provide responses to each question by selecting the appropriate option and navigating to the previous or next question by selecting the appropriate button.
- Users can opt to exit the survey by selecting the “Save and Continue Later” button.

EVV for 1915(c) Waiver Programs

The survey asks respondents to provide the implementation date and EVV model for each HHCS authority active in the state.

- States may furnish HHCS under their 1915(c) authority through multiple waiver programs.
- **Important:** If a state has not implemented EVV for even one 1915(c) waiver, the state should mark this authority as not implemented – even if the state has implemented EVV for other waiver programs.
 - For example, if a state has five HCBS waivers offering HHCS and has implemented EVV for only four of them by January 1, 2023, the state would still mark this authority as not yet fully compliant.
 - CMS will communicate with states regarding the application of FMAP reductions in cases where states have implemented EVV for some programs but not others, within a single authority like 1915(c).

Technical Direction for Open- Ended EVV Compliance Survey Questions

Open-Ended Questions

Several questions near the end of the survey ask the SMD user to describe how the state's EVV solution meets various requirements from the Cures Act including:

- A description of the EVV system.
- How the EVV system is minimally burdensome.
- How the state took into account a stakeholder process when designing its EVV system.
- How the state has ensured that its EVV system:
 - Does not limit selection of a home health care services provider.
 - Does not constrain beneficiaries' selection of a caregiver.
 - Does not impede the manner in which HHCS are delivered.
- How the EVV system is conducted in accordance with the requirements of HIPAA privacy and security law.

Description of EVV System

This question of the EVV Compliance Survey asks the SMD user to provide a brief description of the state's EVV system.

The screenshot displays a web-based survey interface. At the top left, a yellow tab is labeled "Electronic Visit Verification (EVV)". Below this, a grey header bar contains the text "State Compliance Survey". The main content area is titled "Home Health Care Services (HHCS)" and includes the instruction "Please provide a brief description of your State's EVV system." Below the instruction is a large, empty white text input field. At the bottom of the form, there are three blue buttons: "Previous", "Save and Continue Later", and "Next Question".

Description of EVV System (cont.)

This question of the EVV Compliance Survey asks the SMD user to provide a brief description of the state's EVV system.

- This answer should include a description of the methods used to verify services were delivered and capture the six required data elements.
 - For example, a system might primarily use a mobile application with telephonic verification as a secondary method.
 - Earlier in the survey, the state is asked to indicate the model of EVV for each HHCS authority. The response to this question does not need to reiterate the type of model.
 - **If there are differences between how EVV is operated for PCS and for HHCS which lead to differences between the two surveys, the state should explain those differences here.**

Minimally Burdensome

This question of the EVV Compliance Survey asks the SMD user to describe how the EVV system is minimally burdensome.

Electronic Visit Verification (EVV)

State Compliance Survey

Home Health Care Services (HHCS)

Pursuant to Section 12006(a)(2)(A)(i), of the 21st Century Cures Act, please describe how the state has ensured that its EVV system is minimally burdensome.

- Description of how the state ensured that its EVV system is minimally burdensome. (2500 character limit)
- Not applicable per Section 12006(a)(3) of the 21st Century Cures Act. My state had an EVV system in place prior to the enactment of the 21st Century Cures Act. (Description is optional, 2500 character limit)
- Not applicable. My state has not implemented EVV for any of the authorities in the 21st Century Cures Act.

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Minimally Burdensome (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the EVV system is minimally burdensome.

- CMS has not established a definition for “minimally burdensome” because what fits that description in one state may not apply in another state.
- State responses should focus on the actions it considered and took to ensure that its system implementation imposed a minimal burden on individuals who receive HHCS, their caregivers and providers, and other stakeholders impacted by EVV.
- For example, this may have been accomplished by accommodating specific instances of stakeholder feedback or by allowing for multiple methods of verification.

Stakeholder Engagement

This question of the EVV Compliance Survey asks the SMD user to describe how the state took into account a stakeholder process while implementing EVV for HHCS participants and providers.

Electronic Visit Verification (EVV)

State Compliance Survey

Home Health Care Services (HHCS)

Pursuant to Section 12006(a)(2)(B) of the 21st Century Cures Act, please describe how your state took into account a stakeholder process that included input from beneficiaries, family caregivers, individuals who furnish home health care services, and other stakeholders when designing its EVV system. Please note that the statute does not require states that had a compliant EVV system in place prior to enactment of the 21st Century Cures Act to seek stakeholder input and they therefore will not be required to answer this question.

Description of how the state took stakeholder process into account for EVV design. (2500 character limit)

Not applicable per Section 12006(a)(3) of the 21st Century Cures Act. My state had an EVV system in place prior to the enactment of the 21st Century Cures Act. (Description is optional, 2500 character limit)

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Stakeholder Engagement (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the state took into account a stakeholder process while implementing EVV for HHCS participants and providers.

- If this is applicable to the state, the state must provide a description of how it took stakeholder input into account for its EVV design by selecting the first radio button.
- This response should focus on the process and methods used to collect stakeholder feedback and discuss how the feedback collected informed the system design. **States should highlight specifically how they engaged beneficiaries and their families.**
- If the state had an EVV system in place prior to the enactment of the 21st Century Cures Act, the state can select the second radio button labeled *“Not Applicable per Section 12006(a)(3) of the 21st Century Cures Act.”*

Provider Selection

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not limit selection of a home health care services provider.

Electronic Visit Verification (EVV)

State Compliance Survey

Home Health Care Services (HHCS)

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not limit home health care services provider selection. (2500 character limit)

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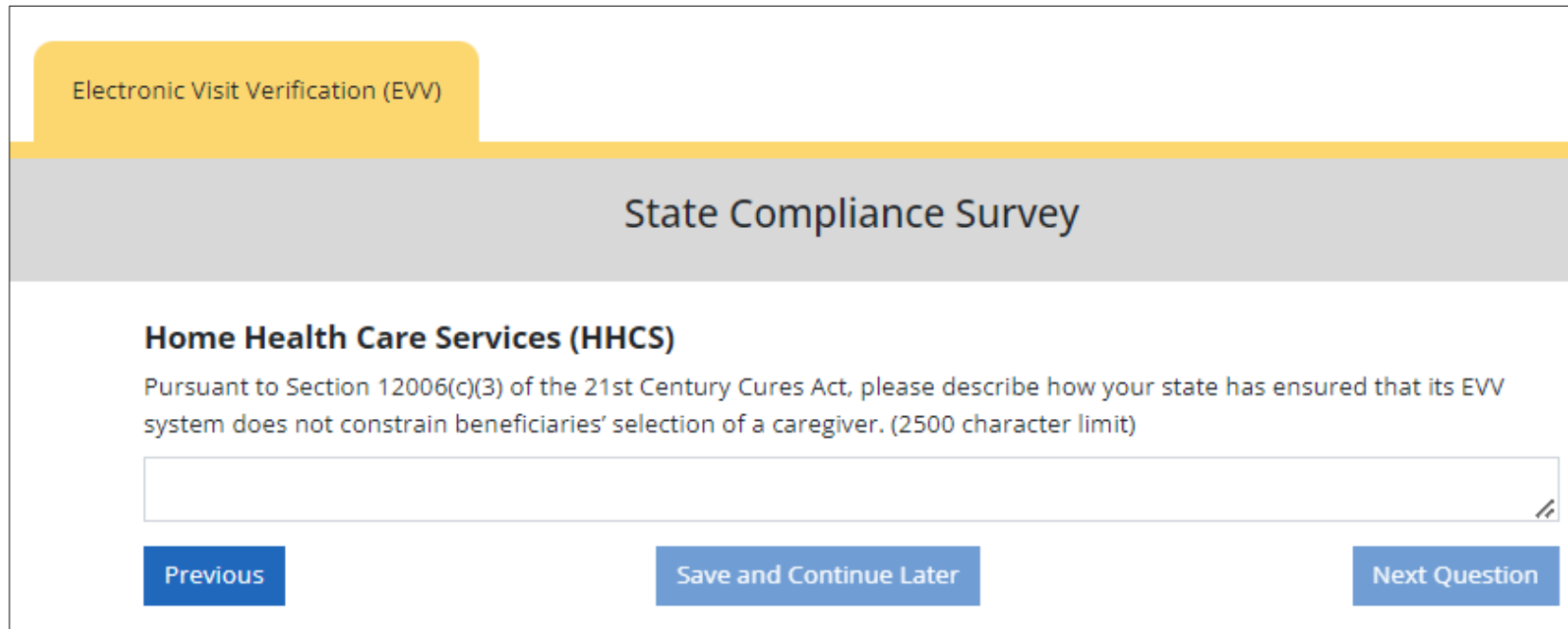
Provider Selection (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not limit selection of a home health care services provider.

- This response should focus on the state's efforts to onboard all existing HHCS providers onto the EVV solution.
- EVV system implementation should not reduce the number of HHCS providers available to furnish services in the state, and HHCS recipients should not have had to limit their selection of a provider due to EVV implementation.
- The state should document all efforts made to ensure all HHCS providers have been able to access and use EVV.

Caregiver Selection

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not constrain beneficiaries' selection of a caregiver.



The screenshot displays a web-based survey interface. At the top, a yellow tab is labeled "Electronic Visit Verification (EVV)". Below this, a grey header bar contains the text "State Compliance Survey". The main content area is titled "Home Health Care Services (HHCS)" and includes the instruction: "Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not constrain beneficiaries' selection of a caregiver. (2500 character limit)". A large text input field is provided for the user's response. At the bottom of the form, there are three blue buttons: "Previous", "Save and Continue Later", and "Next Question".

Caregiver Selection (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not constrain beneficiaries' selection of a caregiver.

- This response should focus on the state's efforts to assist providers to offer HHCS while using an EVV for all recipients, including training new employees/caregivers on EVV and addressing recipients' needs.
- Recipients should still have free choice of a caregiver during and after EVV implementation. This may mean that the state made efforts to train new provider agencies or individuals on the system or made accommodations for participants who self-direct their services.
- While the previous question focuses on existing provider pool (e.g., that the state can maintain its existing provider pool), this question focuses on the ability of the state to ensure adequate choice of worker/caregiver within an EVV environment.

Manner of Care Delivery

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not impede the manner in which care is delivered.

Electronic Visit Verification (EVV)

State Compliance Survey

Home Health Care Services (HHCS)

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not impede the manner in which care is delivered. (2500 character limit)

Previous Save and Continue Later Next Question

Manner of Care Delivery (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system does not impede the manner in which care is delivered.

- This response should focus on the state's efforts to maintain expectations surrounding care delivery, including flexibilities for areas with low connectivity, scheduling accommodations, or other areas of concern regarding how home health care services are organized and furnished.
- Accommodations and flexibilities through both systems and processes may be relevant for this response.
- Further, if a state requires individuals to supply the device used for electronic verification, the state should document that here.

HIPAA Privacy and Security

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system is conducted in accordance with the requirements of HIPAA privacy and security law.

Electronic Visit Verification (EVV)

State Compliance Survey

Home Health Care Services (HHCS)

Pursuant to Section 12006(a)(2)(A)(iii) of the 21st Century Cures Act, please describe how the state has ensured that the EVV system is conducted in accordance with the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act).

Description of how the state ensured the EVV system is in accordance with HIPAA privacy and security law requirements. (2500 character limit)

Not applicable per Section 12006(a)(3) of the 21st Century Cures Act. My state had an EVV system in place prior to the enactment of the 21st Century Cures Act. (Description is optional, 2500 character limit)

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HIPAA Privacy and Security (cont.)

This question of the EVV Compliance Survey asks the SMD user to describe how the state has ensured that its EVV system is conducted in accordance with the requirements of HIPAA privacy and security law.

- If this is applicable to the state, the state must provide a description of how its EVV solution complies with HIPAA by selecting the first radio button. The response should explain efforts by the state to protect individuals' health information, including the location of service delivery captured through the EVV solution.
- If the state had an EVV system in place prior to the enactment of the 21st Century Cures Act, the state can select the second radio button labeled Not Applicable per Section 12006(a)(3) of the 21st Century Cures Act.

Questions?

For Further Information

For questions contact:

EVV@cms.hhs.gov

When emailing regarding the compliance survey, please indicate “EVV Compliance Survey” in the subject of your email.