

HCBS EVV State Compliance Survey Screenshots

Home Health Care Services

January 25, 2019

Electronic Visit Verification

Electronic Visit Verification (EVV) systems are mandated by Congress through Section 12006 of the [21st Century Cures Act](#). All systems must be implemented by January 1, 2020 for Personal Care Services (PCS) and January 1, 2023 for Home Health Care Services (HHCS). States can qualify for a good faith effort exemption, if necessary, which would extend these timeframes by one year. EVV systems are designed to improve the monitoring of payments and billing, increase safeguards of participant health information, and promote adequate delivery of services. The tools and resources on this page are designed to assist States in complying with federal requirements.



Request Technical Assistance

States facing challenges while implementing their EVV system can request assistance



Education Materials

Resources to provide promising practices and CMS presentations regarding EVV implementation guidance



State Compliance Survey

Status update of how States are meeting Section 12006 of the 21st Century Cures Act requirements

Related Sites

CMS.gov
HHS.gov
Healthcare.gov
Medicare.gov
Data.Medicaid.gov



State Compliance Survey

Electronic Visit Verification (EVV) systems are mandated by Congress through Section 12006 of the [21st Century Cures Act](#). All systems must be implemented by January 1, 2020 for Personal Care Services (PCS) and January 1, 2023 for Home Health Care Services (HHCS). States can qualify for a good faith effort exemption, if necessary, which would extend these timeframes by one year. 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.


[View PCS and HHCS Authorities](#)


[Paperwork Reduction Act](#)

View Reports 

Send Bulk Reminder 


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State	Service	Status	Action	Approved for Good Faith Effort?	Modification History
AL	PCS	Complete	View Completed Survey	Yes	View
AL	HHCS	Incomplete	Send Reminder	(Unanswered)	
AK	PCS	Incomplete	Send Reminder	(Unanswered)	
AK	HHC S	Incomplete	Send Reminder	(Unanswered)	

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)

Save & Continue Later

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State Compliance Survey - Home Health Care Services (HHCS)

Has your State submitted an Advance Planning Document (APD)?

☐ Yes

☐ No

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State Compliance Survey - Home Health Care Services (HHCS)

Has the APD been approved?

- ☐ Yes
- ☐ No, it is still under review

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State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the approval date of the APD.

/ /

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State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the CMS certification date of the EVV system.

MM / DD / YYYY

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State Compliance Survey - Home Health Care Services (HHCS)

Does your State intend to submit an APD?

☐ Yes

☐ No

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State Compliance Survey - Home Health Care Services (HHCS)

When does your State anticipate submitting an APD?

MM / DD / YYYY

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State Compliance Survey - Home Health Care Services (HHCS)

Is EVV implemented for Authority 1905(a)(7)?

- ☐ Yes - My State has implemented EVV for this Authority.
- ☐ No - My State has a waiver under this authority that delivers HHCS and is required to become compliant with 21st Century Cures Act.
- ☐ N/A - My State does not have a waiver with this authority that includes HHCS and therefore does not need to address this section.

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the implementation date for Authority 1905(a)(7).

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's EVV model for Authority 1905(a)(7). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

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NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the anticipated implementation date for Authority 1905(a)(7).

MM / DD / YYYY

PREV

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NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's anticipated EVV model for Authority 1905(a)(7). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

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NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Is EVV implemented for Authority 1915(c)?

- ☐ Yes - My State has implemented EVV for this Authority.
- ☐ No - My State has a waiver under this authority that delivers HHCS and is required to become compliant with 21st Century Cures Act.
- ☐ N/A - My State does not have a waiver with this authority that includes HHCS and therefore does not need to address this section.

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the implementation date for Authority 1915(c).

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's EVV model for Authority 1915(c). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the anticipated implementation date for Authority 1915(c).

/ /

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's anticipated EVV model for Authority 1915(c). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Is EVV implemented for Authority 1915(i)?

- ☐ Yes - My State has implemented EVV for this Authority.
- ☐ No - My State has a waiver under this authority that delivers HHCS and is required to become compliant with 21st Century Cures Act.
- ☐ N/A - My State does not have a waiver with this authority that includes HHCS and therefore does not need to address this section.

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the implementation date for Authority 1915(i).

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's EVV model for Authority 1915(i). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the anticipated implementation date for Authority 1915(i).

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's anticipated EVV model for Authority 1915(i). Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

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NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Is EVV implemented for Authority 1115 Demonstration?

- ☐ Yes - My State has implemented EVV for this Authority.
- ☐ No - My State has a waiver under this authority that delivers HHCS and is required to become compliant with 21st Century Cures Act.
- ☐ N/A - My State does not have a waiver with this authority that includes HHCS and therefore does not need to address this section.

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the implementation date for Authority 1115 Demonstration.

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's EVV model for Authority 1115 Demonstration. Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please indicate the anticipated implementation date for Authority 1115 Demonstration.

MM / DD / YYYY

PREV

Save & Continue Later

NEXT

State Compliance Survey - Home Health Care Services (HHCS)

Please select your State's anticipated EVV model for Authority 1115 Demonstration. Select more than one if necessary.

- ☐ Provider Choice
- ☐ MCO Choice
- ☐ State Mandated External Vendor
- ☐ State Mandated In-house Vendor
- ☐ Open Vendor
- ☐ Other (please include an explanation - 400 character limit)

PREV

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State Compliance Survey - Home Health Care Services (HHCS)

Is EVV implemented for another Authority that has not been listed? If yes, please also indicate the implementation date.

☐ Yes (100 character limit)

☐ No

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State Compliance Survey - Home Health Care Services (HHCS)

Please provide a brief description of your State's EVV system. (400 character limit)

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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. (1500 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. (1500 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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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. (1500 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. (1500 character limit)

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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. (1500 character limit)

PREV

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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 constrain beneficiaries' selection of a caregiver. (1500 character limit)

PREV

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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. (1500 character limit)

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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. (1500 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. (1500 character limit)

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State Compliance Survey - Home Health Care Services (HHCS)

By submitting this survey, I understand that my State's EVV system must be fully operational and meet the requirements specified in the 12006(a) of the 21st Century Cures Act by January 1, 2023 if my State does not have a good faith effort exemption and by January 1, 2024 if my State does have a good faith effort exemption.

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