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Electronic Visit Verification (EVV)

Section 12006(a) of the 21st Century Cures Act 🖵 mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

States must require EVV use for all Medicaid-funded PCS by January 1, 2020 and HHCS by January 1, 2023. Otherwise, the state is subject to incremental FMAP reductions up to 1% unless the state has both made a "good faith effort" to comply and has encountered "unavoidable delays." Please see below for a list of EVV resources to assist states in complying with CURES Act requirements:

- <u>EVV Update</u> (PDF 95.18 KB) August 2018
- EVV Requirements in the 21st Century Cures Act: NASUAD Pre-Conference Intensive (PDF 724.02 KB) - August 2018
- EVV Requirements in the 21st Century Cures Act: NASUAD Conference Workshop (PDF 1.2 MB) - August 2018
- CIB: Cures Act for Electronic Visit Verification (PDF 619.48 KB) May 16, 2018
- FAQs: Cures Act for Electronic Visit Verification (PDF 462.38 KB) May 16, 2018
- <u>Section 12006 of the 21st Century CURES Act Electronic Visit Verification Systems</u> <u>Session 2: Promising Practices for States Using EVV</u> (PDF 518.02 KB) – January 2018

if it has a different name or also includes other services, it is subject to EVV. See question 3 for additional description of PCS subject to EVV requirements.

7. Q: 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. Is EVV required for all of the services included in a state's home health benefit?

A: SSA Section 1903(I)(1) specifies that the EVV requirement applies to "personal care services or home health care services requiring an in-home visit by a provider that are provided under a State plan under this title (or under a waiver of the plan)...". Similarly, section 1903(I)(5)(B) defines home health services for purposes of the EVV requirement to mean "services described in section 1905(a)(7) provided under a state plan under this title (or under a waiver of the plan)." Therefore, any home health services that the state has opted to cover under the state plan or under a waiver of the plan, and that require an in-home visit, would be subject to the EVV requirement. For example, if a medical supply is delivered through the mail, or is picked up at the pharmacy, EVV does not apply. However, if a medical supply requires an in-home visit for set-up, then EVV applies. This applies to both managed care and fee-for-service delivery systems.

8. Q: What type of EVV system must be used?

A: Section 12006(c)(2) provides that section 1903(I) cannot be construed to require the use of a particular or uniform EVV system. However, section 1903(I)(5)(A) provides that the system must be able to electronically verify, with respect to visits conducted as part of personal care services or home health care services, the following:

- 1) the type of service performed;
- 2) the individual receiving the service;
- 3) the date of the service;
- the location of service delivery;
- 5) the individual providing the service; and
- 6) the time the service begins and ends

Section 1903(I)(2) also requires states to provide for a stakeholder process to allow input into the state's implementation of the EVV requirement from providers of PCS and home health services, beneficiaries, family caregivers and other stakeholders.

9. Q: When do states need to comply with this requirement?

A: An EVV system must be in place for personal care services starting January 1, 2019. An EVV system must be in place for Home Health Services starting January 1, 2023 If a state demonstrates to the Secretary (1) that the state has made a good faith effort to comply with the EVV requirements (including by taking steps to adopt the technology used for an electronic visit verification system), and (2) that the state, in implementing such a system, has encountered unavoidable system delays, then the FMAP reductions shall not apply for calendar quarters in 2019 (for personal care services) or for calendar quarters in 2023 (for home health care services).