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## ***CMCS Informational Bulletin***

**DATE:** August 8, 2019

**FROM:** Calder Lynch, Acting Deputy Administrator and Director

**SUBJECT: Additional EVV Guidance**

The purpose of this Informational Bulletin is to respond to frequently asked questions regarding the applicability of electronic visit verification (EVV) requirements to beneficiaries with live-in caregivers, services rendered partially in the home, and to the provision of medical supplies, equipment and appliances as part of the Medicaid home health benefit. This guidance also addresses the use of web-based electronic timesheets as a method of EVV.

### **Background**

Section 12006(a) of the Cures Act, signed into law on December 13, 2016, added section 1903(l) to the Social Security Act (the Act), which mandates that states require EVV use for Medicaid-funded personal care services (PCS) and home health care services (HHCS) for in-home visits by a provider. States are required to implement EVV for PCS by January 1, 2020 and for HHCS by January 1, 2023. Otherwise, the state is subject to incremental reductions in Federal Medical Assistance Percentage (FMAP) matching of PCS and HHCS expenditures that will eventually reach and continue at 1 percent until the state is compliant. There is a limited exception for the first year of both PCS and HHSC implementation if the state has made a good faith effort to comply with the EVV requirements and has encountered unavoidable systems delays in implementation of an EVV system. Implementation of EVV applies to PCS provided under the state plan or a waiver of the plan, including under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115 of the Act, and HHCS provided under 1905(a)(7) of the Act or under a waiver or demonstration project (e.g., 1915(c) or 1115 of the Act).

CMS released an Informational Bulletin and Frequently Asked Questions (FAQs) document in May 2018 to assist states in their EVV implementation efforts and provide clarification on EVV requirements.<sup>1</sup> In addition, CMS held a nationwide public forum in November 2018 to hear concerns from stakeholders regarding EVV implementation.<sup>2</sup> The attached FAQs are intended to provide further clarification on EVV requirements in response to concerns and questions identified by states and stakeholders.

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<sup>1</sup> [CMS website with EVV guidance](#)

<sup>2</sup> [Transcript and audio of the EVV Open Door Forum](#)

## Frequently Asked Questions – June 2019

**1) Do EVV requirements apply if the individual receiving personal care or home health care lives with the caregiver providing the service?**

No, EVV requirements do not apply when the caregiver providing the service and the beneficiary live together. PCS or HHCS rendered by an individual living in the residence does not constitute an “in-home visit”. However, states are encouraged to apply appropriate oversight to services provided in these circumstances to curb fraud, waste and abuse. Additionally, states may choose to implement EVV in these instances, particularly when using discrete units of reimbursement, such as on an hourly basis.

**2) Do EVV requirements apply to the component of home health services authorizing the provision of medical supplies, equipment or appliances?**

No, EVV requirements do not apply to this component of the home health benefit. The delivery, set-up, and/or instruction on the use of medical supplies, equipment or appliances do not constitute an “in-home visit.”

**3) If a personal care or home health care service is provided both in the home and in the community during the same visit, is that service subject to EVV requirements?**

EVV is only required for the portion of the service rendered in the home; however, states may choose to require more information to control fraud, waste, and abuse. EVV methods states can use for capturing services rendered partially in the home may include:

- a) Capturing the specific location where the service starts and stops, regardless if that location is in the home or community.
- b) Using the terms “home” and/ or “community” as the designation in the EVV system for location. The location data element transmitted to the state is indicated as either “home” or “community” depending on the location of the check-in/out. The specific community location (e.g., coordinates, address, etc.) would not be transmitted.
- c) Capturing only the specific home location, but the start and stop times for the full service unit. For example, if a service visit starts in the community and ends in the home, the caregiver would check in from the community to note the visit’s start time (without recording location), check in again when they enter the home to begin recording the location, and then check out when they leave the home to note the visit’s end time.

Methods b) and c) above are presented as options for alleviating privacy concerns regarding tracking of community locations while ensuring that the location of any portion of a service delivered in the home is recorded. States may select the approach that best aligns with their systems and program integrity goals. CMS takes no position on which option should be selected by a state, or on the technological implications for implementing methods b) or c).

**4) Are web-based electronic timesheets with dual verification a permissible form of EVV?**

No. Most states' EVV systems use GPS and/or landlines to capture the location of PCS and HHCS. As an alternative, stakeholders proposed the use of web-based timesheets in which the time and location of service delivery is entered by the caregiver and authenticated by the beneficiary. However, web-based timesheets alone do not provide the state with auditable confirmation of the data entered by the provider and approved by the individual. Consequently such a system would not be sufficient for electronically verifying the six data elements required by section 1903(l)(5)(A) of the Act for PCS or HHCS services rendered during an in-home visit.

**5) Who can I reach out to with additional questions?**

Please email [EVV@cms.hhs.gov](mailto:EVV@cms.hhs.gov) with questions or concerns.