



## Electronic Visit Verification (EVV)

### Frequently Asked Questions (FAQs)

#### General

**1. Q: What does Section 12006(a) of the 21st Century Cures Act require?**

**A:** [Section 12006\(a\) of the 21st Century Cures Act \(the Cures Act\)](#), mandates that states implement EVV for all Medicaid personal care services (PCS) and home health care 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, per [Medicaid.gov](#).

**2. Q: What does the EVV system have to verify?**

**A:** SSA section 1903(l)(5)(A) provides that the system must be able to electronically verify, with respect to visits conducted as part of PCS or HHCS, the items below. PCS includes Respite, Personal Assistance, Supported Living, and Home Maker Services.

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

**3. Q: When does the Federal Government require states to implement EVV?**

**A:** Pursuant to Subsection (l) of Section 1903 of the Social Security Act (SSA) (42 U.S.C. 1396b), all states must implement EVV for Medicaid-funded PCS by January 2020 and HHCS by January 2023. In accordance with federal provisions, the State submitted a Good Faith Effort Exemption (GFE) request on October 2, 2019 to the Centers for Medicare & Medicaid Services (CMS) to extend the EVV implementation date for PCS to January 1, 2021. On October 22, 2019, CMS approved the State's GFE request for PCS, and California's GFE approval letter from CMS is available on the [EVV CMS GFE Webpage](#). PCS implementation expected by January 1, 2022. HHCS implementation expected by January 1, 2023.

## Consumer Related

**1. Q: Which regional center services does EVV apply to?**

**A:** EVV applies to Respite, Supported Living, Personal Assistance and Home Maker Services, which are PCS funded by the Department of Developmental Services (DDS) and provided through regional center vendors.

**2. Q: What if the consumer lives in the rural areas and there is no cell coverage or access to the internet?**

**A:** The State is exploring how to implement EVV for those that don't have access to the internet.

**3. Q: Can EVV be implemented in ways that minimize privacy concerns, particularly around the need to capture location information through the EVV system?**

**A:** Services either starting or stopping in the individual's home are subject to EVV requirements and electronically capturing the location in which the service is started and stopped is sufficient for meeting the minimum requirements specified in the Cures Act.

**4. Q: Does EVV apply to services in the Self-Determination Program?**

**A:** Yes. Any regional center service that provides PCS would be covered under the EVV requirement.

**5. Q: If the staff person that provides my home health or personal care services lives with me will they be subject to the EVV requirement?**

**A:** If the individual providing your services lives with you, they will not be subject to EVV.

**6. Q: What is the definition of a "live-in caregiver"?**

**A:** The Department of Health Care Services (DHCS) has developed a definition of live-in caregivers for California's Medicaid programs subject to EVV in accordance with federal guidance released on August 8, 2019.

*"A caregiver is considered a 'Live-in Caregiver' is the caregiver regularly remains in the recipient's home for more than 24 hours at a time, during which they are available to provide any of the authorized personal care services."*

## Provider Related

**1. Q: When can Providers expect to receive information and training regarding the required use of the new EVV system?**

**A:** DDS does not have the exact timeframe right now, but there will be sufficient time for training for Providers in advance of the EVV implementation.

**2. Q: Why is In Home Supportive Services (IHSS) implementing the EVV system effective November 1, 2019?**

**A:** IHSS is leveraging their electronic timesheet system for EVV and therefore is on a different timetable than regional centers and other programs. For more information about the EVV implementation process go to the [CDSS EVV Webpage](#).

**3. Q: Will the State provide an EVV system for providers to use or will providers have to secure their own EVV system?**

**A:** At the current time the State has chosen to implement the open vendor model for the collection and reporting of Phase II EVV data. That allows providers to be able to subscribe to a state provided EVV system, subscribe to another EVV system of their choosing, or leverage their existing software products for the collection and verification of EVV data. Any regional center service that provides PCS would be covered under the EVV requirement. If providers choose their own EVV system, the system must comply with the requirements noted in question number 3.

**4. Q: What measures will be taken to secure privacy and confidentiality of data?**

**A:** The State will have safeguards in place to ensure individual's private information will remain confidential and protected. All federal and state requirements around privacy such as HIPAA remain in tact EVV only verifies the six data elements required by law.

**5. Q: Use of Global Positioning System (GPS) information?**

**A:** A GPS-enabled device could be used as one method to electronically capture the location of service delivery at check-in and check-out. Location also could be captured by phone, among other options. California is currently evaluating, with stakeholder input, how best to comply with the location verification requirement.

**6. Q: Is EVV causing Recipients to be homebound?**

**A:** California's approach to EVV will not change how services are provided nor where services are delivered. Pursuant to Public Law 114-115 Sec 12006 (c)(3), EVV shall not limit the service provided, constrain an individual's choice of caregiver, or impede the way care is delivered.