The 21st Century Cures Act, signed into law in 2016, requires that states set up an electronic visit verification (EVV) system to verify that services for all Medicaid-funded personal care and home health care services requiring an in-home visit by a provider. Services in the Self-Determination Program (SDP) are required to be eligible for federal financial participation in accordance with Welfare and Institutions Code section 4685.8(e). The personal care and home health care services provided to SDP participants are subject to this federal requirement.

You/Your agency have been identified as a provider of a service which is required to comply with EVV. By signing this agreement, you are verifying your understanding that you will comply with the EVV requirement. If you are unable or unwilling to comply with EVV, please let the financial management service (FMS) provider know so that the SDP participant may select another service provider.

**AGREEMENT**

By signing below, you/your agency agree to comply with the federal EVV requirement when providing personal care and/or home health care services to SDP participants and that you will comply with the Confidentiality Statement below.

Confidentiality Statement:

The vendor numbers, the unique client identifier (UCI) numbers and service codes provided below are private and confidential. They are to be used when reporting service information to the state to meet the federally mandated EVV requirements and are not authorized to be used for any other purpose.

|  |  |
| --- | --- |
| SERVICE PROVIDER NAME/TITLE: |  |
| SERVICE PROVIDER SIGNATURE: |  |
| DATE SIGNED: |  |

**Please return a copy of this signed agreement to the FMS provider.**

**FMS provider, please complete the information below:**

|  |  |
| --- | --- |
| LIST FMS VENDOR NUMBER(S): | [Vendor 1], [ Vendor 2], [Vendor 3] |
| LIST REGIONAL CENTER(S) COORDINATING SERVICES: | [RC 1], [RC 2], [RC 3] |

|  |  |  |
| --- | --- | --- |
| SDP PARTICIPANT NAME | SDP PARTICIPANT UCI | SERVICE CODE FOR PARTICIPANT |
| [Enter participant’s name] | [Enter the participant’s UCI number] | [Enter the service code for this participant] |
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