

# The 21<sup>st</sup> Century Cures Act and Electronic Visit Verification

## Background

The 21st Century Cures Act is a federal requirement which requires all states to use Electronic Visit Verification (EVV) for Medicaid personal care services (PCS) and home health services or risk a loss of federal Medicaid matching dollars.

Based on the delay signed into law on July 30, 2018 (H.R. 6042), the implementation of EVV for in-home PCS is now required by January 1, 2020, and January 1, 2023, for home health services.

## Programs and Services

On May 16, 2018, the Centers for Medicare and Medicaid (CMS) issued guidance clarifying:

- PCS to multiple individuals throughout a shift in 24-hour residential settings and other congregate settings do not fall under an “in-home visit” as specified in EVV statute and therefore are not subject to EVV.
- Services using a different name (e.g.in-home respite, habilitation), but that meet the definitions for PCS or home health services as described in the regulation, must use EVV.

For the most current guidance issued by CMS, visit:

<https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

The HHSC programs and services that are impacted by the EVV statute and will be implemented by January 1, 2020 are as follows.

A list of programs and services for EVV implementation in January, 1, 2023 will be released at a later date.

Program	Services and Service Delivery Options Requiring EVV
1915(c) Deaf Blind with Multiple Disabilities Waiver	CFC PAS/HAB (Agency and CDS) In-Home Respite (Agency and CDS)
1915(c) Home and Community-based Services Waiver	
1915(c) Texas Home Living Waiver	
1915(c) Youth Empowerment Services Waiver	In-Home Respite (Agency) <sup>1</sup>
1915(i) Home and Community Based Services (HCBS) Adult Mental Health and Substance Abuse	Supported Home Living-Habilitative Support (Agency) <sup>1</sup> In-Home Respite (Agency) <sup>1</sup>
State Plan Traditional Medicaid (Fee-For-Service): including STAR members who receive these services through traditional Medicaid model.	CFC PAS/HAB (Agency, CDS, and SRO) PCS (Agency, CDS, and SRO)
STAR Health <sup>2</sup>	In-Home Respite (Agency, CDS, and SRO) Flexible Family Supports (Agency, CDS, and SRO)

<sup>1</sup> SRO/CDS Option is not available in the 1915(c) Youth Empowerment Services or the 1915(i) HCBS Adult Mental Health and Substance Abuse programs.

<sup>2</sup> EVV use is currently required for PCS and CFC PAS/HAB (agency).

Currently, EVV is optional for individuals using the SRO/CDS option in these programs and

<b>Programs Currently Using EVV</b>	<b>Services and Service Delivery Options Requiring EVV</b>
1915(c) Community Living Assistance and Support Services waiver	CFC PAS/HAB (CDS) In-Home Respite (CDS)
1915(k) Community First Choice	CFC PAS/HAB (CDS and SRO)
Community Attendant Services	PAS (CDS and SRO)
Personal Care Services	PAS (CDS and SRO)
Primary Home Care	PAS (CDS and SRO)
STAR Health	CFC PAS/HAB (CDS and SRO)
STAR Kids - Medically Dependent Children Program	CFC PAS/HAB (CDS and SRO) In-Home Respite (CDS and SRO) Flexible Family Supports (CDS and SRO)
STAR+PLUS	CFC PAS/HAB (CDS and SRO) Protective Supervision (CDS and SRO) In-Home Respite (CDS and SRO)

services, but with the passage of the 21<sup>st</sup> Century Cures Act, the use of EVV will be required.

<b>Acronym Guide for Programs and Services</b>			
CDS	Consumer Directed Services	HCBS	Home and Community Based Services
CFC	Community First Choice	PAS	Personal Assistance Services
HAB	Habilitation	SRO	Service Responsibility Option

## **HHSC Next Steps**

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The Cures Act expansion will be implemented as a soft launch with 3 major steps.

- Step 1: Conduct evaluations of the EVV system with a small group of users from each new population added by the Cures Act, including CDS. Feedback from the evaluations will be used to document changes to EVV systems and processes necessary to meet program requirements.
- Step 2: Implement system and process changes, including those identified by the evaluations. The evaluation groups will also provide feedback on training needs for the various populations that will be required to use EVV.
- Step 3: Develop a comprehensive training plan based on the feedback from the evaluation group, then train and onboard populations impacted by the Cures Act.

Once these steps are complete, HHSC will implement a phased roll out to the new populations.

## **Stakeholder Engagement**

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HHSC is committed to working with impacted providers, individuals receiving services, CDS employers and other external stakeholders. More details are forthcoming about information sessions and opportunities for input as HHSC moves towards compliance with the Cures Act.

Inquiries about HHSC plans for implementation of the Cures act can be sent to [electronic\\_visit\\_verification@hhsc.state.tx.us](mailto:electronic_visit_verification@hhsc.state.tx.us). Interested stakeholders can also sign up for email and text updates using the “subscribe” icon located on the top right section of HHSC’s website.