



## Electronic Visit Verification (EVV)

### Programs, Services and Service Delivery Options Required to Use EVV

#### Cures Act Home Health Care Services

The federal [21st Century Cures Act \(Section 12006\)](#) requires states to implement Electronic Visit Verification (EVV) for Medicaid home health care services (HHCS) by January 1, 2023. On July 1, 2022, Texas Health and Human Services Commission (HHSC) submitted a good faith effort exemption from the Centers for Medicare and Medicaid Services (CMS) to extend this deadline by one year. CMS approved the request; therefore, HHSC will implement EVV for Medicaid HHCS on Jan. 1, 2024.

The table below lists the impacted programs, services and service delivery options required to use EVV. HHSC refers to these services as "Cures Act Home Health Care Services" or "Cures Act HHCS."

**HHSC will continue analyzing the impacted services and may update this document accordingly. Always visit [HHSC's 21st Century Cures Act web page](#) for the current version of this document.**

Programs	Services	Service Delivery Options
<b>1915(c) Community Living Assistance and Support Services Waiver (CLASS)</b>	<ul style="list-style-type: none"> <li>Nursing Services provided in the member's own home/family home (Registered Nurse (RN); Licensed Vocational Nurse (LVN); Specialized RN; Specialized LVN)</li> <li>Occupational Therapy provided in the home</li> <li>Physical Therapy provided in the home</li> </ul> <p>"Own home/family home" does not include Support Family Services or Continued Family Services.</p>	<ul style="list-style-type: none"> <li>Agency</li> <li>Consumer Directed Services (CDS)</li> </ul>



Programs	Services	Service Delivery Options
<b>1915(c) Deaf Blind with Multiple Disabilities Waiver (DBMD)</b>	<ul style="list-style-type: none"><li>Nursing Services provided in the member's own home/family home (RN; LVN; Specialized RN; Specialized LVN)</li><li>Occupational Therapy provided in the home</li><li>Physical Therapy provided in the home</li></ul> <p>"Own home/family home" does not include licensed assisted living facilities or licensed home health assisted living facilities.</p>	Agency
<b>1915(c) Home and Community-based Services Waiver (HCS)</b>	<ul style="list-style-type: none"><li>Nursing Services provided in the member's own home/family home (RN; LVN; Specialized RN; Specialized LVN)</li><li>Occupational Therapy provided in the home</li><li>Physical Therapy provided in the home</li></ul> <p>"Own home/family home" does not include Host Home/Companion Care or Supervised Living/Residential Support Services (3/4-bed home).</p>	<ul style="list-style-type: none"><li>Agency</li><li>CDS (Nursing Services only)</li></ul>



<b>Programs</b>	<b>Services</b>	<b>Service Delivery Options</b>
<b>1915(c) Texas Home Living Waiver (TxHmL)</b>	<ul style="list-style-type: none"><li>• Nursing Services provided in the home (RN; LVN; Specialized RN; Specialized LVN)</li><li>• Occupational Therapy provided in the home</li><li>• Physical Therapy provided in the home</li></ul>	<ul style="list-style-type: none"><li>• Agency</li><li>• CDS</li></ul>
<b>1915(i) Home and Community Based Services Adult Mental Health (HCBS-AMH)</b>	<p>Nursing services provided in the member’s own home/family home (RN; LVN)</p> <p>“Own home/family home” does not include assisted living facilities or Host Home/Companion Care.</p>	Agency
<b>Traditional Medicaid Fee-For-Service (All ages)</b>	<ul style="list-style-type: none"><li>• In-Home Skilled Nursing Visits</li><li>• Occupational Therapist services provided in the home</li><li>• Physical Therapist services provided in the home</li><li>• Personal Care Services (PCS) provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist.</li></ul>	Agency



<b>Programs</b>	<b>Services</b>	<b>Service Delivery Options</b>
<b>State of Texas Access Reform (STAR)</b>	<ul style="list-style-type: none"> <li>• In-Home Skilled Nursing Visits</li> <li>• Occupational Therapist services provided in the home</li> <li>• Physical Therapist services provided in the home</li> <li>• PCS provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist.</li> </ul>	Agency
<b>STAR Health</b>	<ul style="list-style-type: none"> <li>• RN Delegation and Supervision of Personal Care Services (PCS) and Community First Choice (CFC) tasks in the home (does not include PDN)</li> <li>• Occupational Therapist services provided in the home</li> <li>• Physical Therapist services provided in the home</li> <li>• PCS provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist.</li> </ul> <p>Medically Dependent Children Program (MDCP) services</p> <ul style="list-style-type: none"> <li>• RN Delegation and Supervision of PCS and CFC tasks in the home (does not include PDN)</li> <li>• Flexible Family Supports Services (FFSS) performed by an RN, LVN, Specialized RN, or Specialized LVN in the home</li> <li>• In-Home Respite performed by an RN, LVN, Specialized RN, or Specialized LVN</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS (MDCP FFSS and In-Home respite only)</li> <li>• SRO (MDCP FFSS and In-Home respite only)</li> </ul>



Programs	Services	Service Delivery Options
<b>STAR Kids</b>	<ul style="list-style-type: none"> <li>• RN Delegation and Supervision of PCS and CFC tasks provided in the home (does not include Private Duty Nursing (PDN))</li> <li>• Occupational Therapist services provided in the home</li> <li>• Physical Therapist services provided in the home</li> <li>• Personal Care Services (PCS) provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist.</li> </ul> <p>Medically Dependent Children Program (MDCP) services</p> <ul style="list-style-type: none"> <li>• RN Delegation and Supervision of PCS and CFC tasks provided in the home (does not include PDN)</li> <li>• Flexible Family Supports Services (FFSS) performed by an RN, LVN, Specialized RN, or Specialized LVN in the home</li> <li>• In-Home Respite performed by an RN, LVN, Specialized RN, or Specialized LVN</li> </ul>	<ul style="list-style-type: none"> <li>• Agency</li> <li>• CDS (MDCP FFSS and In-Home respite only)</li> <li>• Service Responsibility Option (SRO) (MDCP FFSS and In-Home respite only)</li> </ul>
<b>STAR+PLUS</b>	<ul style="list-style-type: none"> <li>• In-Home Skilled Nursing Visits</li> <li>• Occupational Therapist services provided in the home</li> <li>• Physical Therapist services provided in the home</li> <li>• PCS provided by a home health aide in the home under the supervision of an RN, Occupational Therapist or Physical Therapist.</li> </ul>	Agency



<b>Programs</b>	<b>Services</b>	<b>Service Delivery Options</b>
<b>STAR+PLUS Home and Community Based Services (HCBS)</b>	<ul style="list-style-type: none"><li>• Nursing Services provided in the member's own home/family home (RN; LVN; Specialized RN; Specialized LVN)</li><li>• Occupational Therapy provided in the home</li><li>• Physical Therapy provided in the home</li></ul> <p>"Own home/family home" does not include Assisted Living Services.</p>	<ul style="list-style-type: none"><li>• Agency</li><li>• CDS</li><li>• SRO</li></ul>
<b>STAR+PLUS Medicare-Medicaid Plan (MMP)</b>	<ul style="list-style-type: none"><li>• Nursing Services provided in the member's own home/family home (RN; LVN; Specialized RN; Specialized LVN)</li><li>• Occupational Therapy provided in the home</li><li>• Physical Therapy provided in the home</li><li>• Personal Care Services (PCS) provided by a home health aide under the supervision of an RN, Occupational Therapist or Physical Therapist.</li></ul> <p>"Own home/family home" does not include Assisted Living Services.</p>	<ul style="list-style-type: none"><li>• Agency</li><li>• CDS</li><li>• SRO</li></ul>