

**Centers for Medicare & Medicaid Services**  
**Electronic Visit Verification**  
**Good Faith Effort (GFE) Request Form – Personal Care Services**

**Instructions**

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2020, or otherwise be subject to incremental federal medical assistance percentage (FMAP) reductions. The Cures Act includes a provision that allows states to delay implementation of EVV for up to one year if they have encountered unavoidable delays but can demonstrate they have made a good faith effort (GFE) to comply with the Cures Act. Please be advised that the Cures Act provision on GFE exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year.

**Please note the following information before completing this form:**

- Requests for GFE exemptions should be submitted by November 30, 2019 for PCS.
- Only the State Medicaid Agency Director or his/her designee can submit this form.
- This document is designed to be used electronically. It consists of the following sections. Section 2 and 3 must be completed in its entirety to be considered for GFE.
  - Section 1: Acronyms and Resources
  - Section 2: GFE Request Form
  - Section 3: State Medicaid Director Signature
- To correctly fill out the document electronically, please follow the following tips:
  - For each response, click or tap on the box.
  - The open response questions have no character limits. Type as much or as little as you believe adequately answers each question. To enter text, click on the box, delete the placeholder text, and begin typing your response.
  - For “yes/no” and date-specific answers, click on the drop-down arrow to the right of the answer box and select the appropriate answer. Be sure the click outside the box after completing the question to ensure that the answer does not change.
  - Save the document often to avoid losing work!

If you have any questions, please email [EVV@cms.hhs.gov](mailto:EVV@cms.hhs.gov) or contact your CMS Regional Office.



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## Section 1. Acronyms and Resources

List of commonly used acronyms in this file

APD	Advance Planning Document
CFC	Community First Choice
EVV	Electronic Visit Verification
GFE	Good Faith Effort
HCBS	Home and Community-Based Service(s)
IAPD	Implementation Advance Planning Document
PAPD	Planning Advance Planning Document
PAS	Personal Assistance Service(s)
PCS	Personal Care Service(s)
SMA	State Medicaid Agency
SSA	Social Security Act

### CMS EVV resources website link:

Click here to view detailed discussions of EVV models and section 12006 21st Century Cures Act requirements.

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



**Section 2. Good Faith Exemption (GFE) Request Form**

**A. Basic State data**

Date of Submission: 7/19/2019

State: Idaho

State Medicaid Agency (SMA) Requesting GFE: Idaho Department of Health and Welfare

SMA Contact Information

Name: Matt Wimmer

Title: Division Administrator

Email: Matt.Wimmer@dhw.idaho.gov

Phone: 208-364-1831

Indicate the Social Security Act (SSA) Authority and service type SMA requests GFE consideration:

Authority	PCS
Section 1905(a)(24) state plan personal care benefit	Yes
Section 1915(c) HCBS waivers	Yes
Section 1915(i) HCBS state plan option	No
Section 1915(j) self-directed PAS	No
Section 1915(k) CFC state plan option	No
Section 1115 demonstration projects	No



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**B. GFE Request Detail**

1. Has the state chosen an EVV model? No
  - a. If yes to above, please indicate the model chosen. Choose the EVV model type.
  - b. If the model option chosen is "other", describe the model in detail here: [Click or tap here to enter text.](#)
  - c. If no to above response, please indicate when the state anticipates selecting a model. Date will be in month/year format. 07/2019
2. Has the state submitted an APD? No If yes, please complete 2. a through 2. c.
  - a. Type of APD submitted: Choose APD submission type.
  - b. Date of APD submission: [Click or tap to enter a date.](#)
  - c. Most recent APD approval date from CMS (if available): [Click or tap to enter a date.](#)
  - d. If no to above response, explain why the state has not submitted an APD. Idaho is still in the process of selecting the EVV Model we plan to implement.
3. When is the state's expected implementation date for PCS? 07/2020



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4. In the table on the following page, please describe the state's progress towards EVV implementation to date. If you do not see a relevant answer, please choose "other" and write the specific implementation status in the "detailed description of the implementation stage" column. Please add additional rows or attach additional documentation as needed. There are no character limits in each cell. This section includes seven parts.
- **Implementation Stage:** States can choose from a CMS-defined list of EVV implementation stages. However, CMS does not expect that all states will define implementation stages in the same way. Therefore, if the state has a different implementation stage, please go to the "other" cell and describe in detail what the implementation stage is.
  - **Detailed Description of the Implementation Stage:** Describe the state's current implementation process for this stage if it is in progress. If the state has completed this specific implementation stage, describe the activities that have been completed. States are free to attach any additional documents and reference these files in the description for further information.
  - **Not Applicable:** Check the box if the stage listed is not applicable to the state.
  - **Is this stage delayed?** Mark "Yes" or "No" depending on if the specific implementation stage is delayed. If "Yes", fill out step 6 in the pages below.
  - **Date Completed:** If implementation stage was completed, select the date in which the stage was complete.
  - **If in process, anticipated date of completion:** If the stage is in progress, mark the expected date of implementation.
  - **Additional Information:** There is an extra field included below the table to include more specific details and information about the state's unique implementation process.

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Implementation Stage	Detailed Description of the Implemented Stage	Check if not applicable (N/A)	Is this stage delayed? If yes, complete step 5.	Date Completed	If in the process, anticipated date of completion
Planning - Environmental scanning	Analysis of all PCS and Home Health Services provided by Idaho Medicaid has been completed and the report posted here: <a href="https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EVVAnalysisReport.pdf">https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EVVAnalysisReport.pdf</a>	<input type="checkbox"/>	No	4/10/2019	N/A
Planning – Stakeholder meetings	Idaho has held five Stakeholder Meetings related to EVV: December 2018, February 2019, April 2019 (2), and August 2019. Our next EVV Stakeholder meeting will be scheduled once we have the EVV Model Selection Approved. Presentation materials and ongoing project information is available here: <a href="https://healthandwelfare.idaho.gov/Medical/Medicaid/ElectronicVisitVerification/tabid/4404/Default.aspx">https://healthandwelfare.idaho.gov/Medical/Medicaid/ElectronicVisitVerification/tabid/4404/Default.aspx</a>	<input type="checkbox"/>	No	N/A	12/31/2019
Planning – EVV model selection	EVV Recommendation and Service Analysis sent to Division Administrator 4/10/19. Pending Admin approval.	<input type="checkbox"/>	Yes	N/A	9/30/2019
Modification of the existing contract to include EVV	Not Started; pending EVV Model Selection. Preliminary meetings with Idaho's MMIS vendor to discuss options and potential financial considerations for implementation of Open or Hybrid EVV models.	<input type="checkbox"/>	Yes	N/A	6/30/2020



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Implementation Stage	Detailed Description of the Implementation Stage	Check if not applicable (N/A)	Is this stage delayed? If yes, complete step 5.	Date Completed	If in the process, anticipated date of completion
Preparing for RFP issuance	Idaho will not be submitting an RFP for EVV Implementation.	<input checked="" type="checkbox"/>	No	N/A	N/A
RFP issued and awaiting vendor bids	Idaho will not be submitting an RFP for EVV Implementation.	<input checked="" type="checkbox"/>	No	N/A	N/A
RFP closed and in the process of vendor selection	Idaho will not be submitting an RFP for EVV Implementation.	<input checked="" type="checkbox"/>	No	N/A	N/A
Vendor selected and developing work plans	Idaho's MMIS Provider, DXC will be providing the Aggregator piece. Currently conducting financial analysis for Provider Options for EVV solution.	<input type="checkbox"/>	Yes	N/A	9/30/2019
Implementing work plans	Not yet started planning this stage.	<input type="checkbox"/>	Yes	N/A	6/30/2020
Piloting the EVV system	Not yet started planning this stage.	<input type="checkbox"/>	Yes	N/A	10/31/2020
Updating existing EVV system in the state	Not yet started planning this stage.	<input type="checkbox"/>	Yes	N/A	6/30/2020



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Implementation Stage	Detailed Description of the Implementation Stage	Check if not applicable (N/A)	Is this stage delayed? If yes, complete step 5.	Date Completed	If in the process, anticipated date of completion
Other implementation stages not described above <i>(Please detail the state's current implementation stage in the next column.)</i>	N/A	<input checked="" type="checkbox"/>	No	Click or tap to enter a date.	Click or tap to enter a date.
Other implementation stages not described above <i>(Please detail the state's current implementation stage in the next column.)</i>	N/A	<input checked="" type="checkbox"/>	No	Click or tap to enter a date.	Click or tap to enter a date.
Other implementation stages not described above <i>(Please detail the state's current implementation stage in the next column.)</i>	N/A	<input checked="" type="checkbox"/>	No	Click or tap to enter a date.	Click or tap to enter a date.

5. In the table on the following page, choose the type of unavoidable delays the state has encountered related to EVV implementation. For each choice, describe in detail what the delays are, why those delays have occurred, and what the state's plans are for addressing the delays. The list provided in the table includes examples of potential delays and will not encompass each unique circumstance of each state. If you do not see a relevant answer, please choose "other" and write the specific delay situation in the "detailed description of the delay" column. Please add additional rows or attach additional documentation as needed. There are no character limits in each cell.



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**This section includes four parts:**

- a. **Detailed Description of the Delay:** Detail the state's circumstances for the delay. Describe and what specific events have occurred to cause this delay.
- b. **Why Delays Occurred:** Detail why the state believes the cause of the delay happened.
- c. **State's Mitigation Plan:** Detail the state's plan for addressing the delay going forward.
- d. **Estimated Date of Completion:** Enter the estimated date that the state believes the task can and will be completed.



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Type of Unavoidable Delay	Detailed Description of the Delay	Why Delays Occurred	State's Mitigation Plan	Estimated Date of Completion
Procurement issues	N/A	N/A	N/A	TBD
Budget and/or legislation appropriation issues / Funding issues	N/A	N/A	N/A	TBD
Stakeholder engagement issues	N/A	N/A	N/A	N/A
System interoperability issue or IT issue	N/A	N/A	N/A	N/A
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	In January 2019 Governor Little enacted the Red Tape Reduction Act in Idaho. This Executive Order is posted here: <a href="https://gov.idaho.gov/wp-content/uploads/sites/74/2019/01/eo-2019-02.pdf">https://gov.idaho.gov/wp-content/uploads/sites/74/2019/01/eo-2019-02.pdf</a>	Due to this Act, Idaho's Administrative Rules Unit has added additional steps in the rulemaking process that added an additional two weeks between each step of the process, due to additional approvals required from the Department of Financial Management (DFM).	Idaho is currently identifying ways to address the requirements of the Executive Order such that we can ascertain that we will pass through the DFM review quickly and without snags once we are able to start the rulemaking process.	6/30/2021
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	During the 2019 Legislative Session, Medicaid Expansion was passed for the State of Idaho. In addition, four additional mandates related to this expanded Medicaid Service were also passed.	Idaho Medicaid operates with a small staff and we have several vacancies in critical positions currently. Medicaid Expansion implementation is consuming the majority of State resources as it is the highest priority.	Idaho's EVV Implementation Project Team has been diligent in making deliverables contingent upon Admin approval available as early as possible.	6/30/2020
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	N/A	N/A	N/A	N/A
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	N/A	N/A	N/A	N/A



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**Section 3. Medicaid Director Signature**

*This document is only accepted if the State Medicaid Director signs this form. States can print this file, sign, date the signature, and submit the signature page separately in a PDF file format or add a digital signature. To add a digital signature, right click on the signature line below and choose "sign" option and follow the prompts.*

I, **Matt Wimmer**, attest that the information provided in this form is accurate and reflective of the current activities regarding EVV of my state.

**State Medicaid Director Name: Matt Wimmer**

**State Medicaid Director Title: Division Administrator**

X 

\_\_\_\_\_  
State Medicaid Director Signature

**PRA DISCLOSURE STATEMENT:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #54). The time required to complete the information collection is estimated to average 8 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the



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accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

