

Supporting Statement A
Electronic Visit Verification (EVV) Compliance Survey
CMS-10680, OMB 0938-1360

As explained below, this 2025 iteration is an extension with several non-substantive burden adjustments.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives. This includes compliance with Executive Order 14168 and OMB's SPD 15 standards.

Background

This collection entails an electronic, form-based survey that will allow states to self-report their progress in implementing electronic visit verification (EVV) for personal care services (PCS) and home health care services (HHCS), as required by section 1903(l) of the Social Security Act (hereinafter, "the Act"). Section 12006 of the 21st Century Cures Act (the Cures Act), P.L. 114-255, added Section 1903(l) of the Social Security Act (SSA). Section 1903(l) provides that states must require the use of an electronic visit verification (EVV) system for PCS and HHCS that require an in-home visit by a provider. States were required to have an EVV system in place for PCS on January 1, 2021 and for HHCS on January 1, 2023. The Centers for Medicare and Medicaid Services (CMS) will use the survey data to assess states' compliance with section 1903(l) of the Act and levy Federal Medical Assistance Percentage (FMAP) reductions where necessary as required by 1903(l) of the Act. Data collection began on November 2019 and will end when all states have fully implemented EVV systems according to the requirements specified at section 1903(l) of the Act. As of May 1, 2025, 53 (out of 56) states/territories have reported compliance for EVV for PCS. 49 (out of 56) states/territories have reported compliance for EVV for HHCS.

The survey was disseminated to all 51 state Medicaid agencies (including the District of Columbia) and the Medicaid agencies of five US territories (Including Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands). States are required to complete the survey to demonstrate that they are compliant with section 1903(l) of the Act by reporting on their EVV implementation status for PCS (provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and 1115 of the Act) and HHCS (provided under section 1905(a)(7) of the Act) or under a demonstration project or waiver (e.g., section 1915(c) or 1115 of the Act).

The survey is an electronic form that can be submitted to CMS at any time, meaning states will have the ability to update their section 1903(l) compliance status on a continuous basis. As FMAP reductions are assigned quarterly per section 1903(l) of the Act, states who are not in compliance will be asked to review their survey information on a quarterly basis to ensure it is up-to-date and to update their survey responses as needed until they come into compliance. When states initially submitted EVV compliance surveys for PCS and HHCS to CMS, they were issued with an official Compliance Determination letter that indicated whether the state was fully, partially or non-compliant with EVV requirements based on Medicaid authority. When

states come into compliance and submit a compliance survey confirming their compliance status, they are issued an EVV compliance redetermination letter stating that FMAP reductions will not be applied in the following federal fiscal quarter.

In this 2025 iteration we are adjusting our active burden estimates since all states and territories have completed their initial survey responses for PCS and HHCS.

In addition, fewer survey updates are estimated since all states and territories have completed their initial survey response for PCS and HHCS, with 53 of 56 states having fully achieved compliance for PCS and 49 of 56 states having fully achieved compliance for HHCS. Once states are compliant, they are no longer required to update the survey to report their compliance status.

Wages and costs have also been updated to reflect the most recent BLS data.

Overall, we estimate 46 fewer respondents, 148 fewer responses, 232 fewer hours, and minus \$17,285.

We are not revising any of our active survey instruments and instructions.

A. Justification

1. Need and Legal Basis

Section 12006(a) of the 21st Century Cures Act, signed into law on December 13, 2016, added section 1903(l) to the Act, which mandates that states require EVV use for Medicaid-funded PCS and HHCS for in-home visits by a provider. States are required to implement EVV for PCS by January 1, 2021, and for HHCS by January 1, 2023. Otherwise, the state will be subject to incremental reductions in FMAP matching of PCS and HHCS expenditures applied quarterly over the first five years of the requirement that will eventually reach 1 percent. The 1 percent FMAP reductions will advance forward every quarter until compliance is achieved. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and 1115 of the Act, HHCS provided under section 1905(a)(7) of the Act, or under a demonstration project or waiver (e.g., section 1915(c) or 1115 of the Act).

CMS is responsible for ensuring that states comply with section 1903(l) of the Act before the EVV FMAP reductions are no longer applied. The survey provides a mechanism for CMS to track EVV implementation nationwide and provides states with a readily accessible and streamlined method for updating CMS on its compliance status. To recap, CMS will use the collected information to determine whether the state is in full or partial compliance with section 1903(l), whether the state is eligible to receive full FMAP, or whether we should apply FMAP reductions.

2. Information Users

The information will be used by the Medicaid Benefits and Health Programs Group (MBHPG), Data Systems Group (DSG) and Financial Management Group (FMG) within the Centers for

Medicaid and CHIP Services to monitor EVV implementation nationwide and assess state compliance with section 1903(l) of the Act. Section 1903(l) compliance data will be collected and analyzed internally by MBHPG staff. MBHPG confirms accuracy of the APD related information collected in the compliance survey according to DSG's records. State compliance information will be shared with FMG on a quarterly basis to share states' EVV implementation status and whether to effectuate FMAP reductions (for states that are non-compliant with section 1903(l)) or cease FMAP reductions (for states that were previously non-compliant and have demonstrated they have come into compliance). Pursuant to Section 12006(a)(2)(B) of the 21st Century Cures Act, the EVV compliance survey collects information from states about how they took into account a stakeholder process that included input from beneficiaries, family caregivers, individuals who furnish PCS and HHCS, and other stakeholders when designing their EVV systems.

3. Use of Information Technology

All information will be collected using a web-based survey and is available for completion electronically. This collection does not require a signature from respondents.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

This collection does not impact small businesses or other small entities.

6. Less Frequent Collection

States are required to complete the data collection at least twice (once to indicate their compliance with EVV requirements for PCS and once to indicate their compliance with EVV requirements for HHCS). As FMAP reductions are assigned quarterly per section 1903(l) of the Act, states who are not in compliance will be asked to review their survey information on a quarterly basis to ensure it is up-to-date and to update their survey responses as needed until they come into compliance. If data were collected less frequently, CMS would not be able to reliably assess states' compliance with section 1903(l) of the Act and determine whether to effectuate FMAP reductions due to non-compliance. As a result, states could be unfairly or improperly subjected to FMAP reductions and CMS could be deemed out of compliance with its statutory mandate to administer section 1903(l) of the Act.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after

- receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation

The 60-day notice published in the Federal Register on August 1, 2025 (90 FR 36162).

The 30-day notice published in the Federal Register on September 30, 2025 (90 FR 46895).
Comments are due October 30, 2025.

9. Payments/Gifts to Respondents

Payments or gifts will not be provided to respondents.

10. Confidentiality

Assurances of confidentiality will not be provided to respondents. Respondents (states) are expected to have made the information requested for this data collection readily available to their stakeholder communities per section 1903(l)(2)(B) of the Act, which requires that states “take into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish PCS or HHCS, and other stakeholders, as determined by the State in accordance with guidance from the Secretary.” In addition, the information being requested for this data collection is intended to be publicly available upon request. CMS also intends to share states’ EVV implementation status with its stakeholder community (see #16 below). Further, as noted in #11 below, there are no sensitive questions associated with this collection.

11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimates

Wage Estimates

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents BLS' mean hourly wage, our estimated cost of fringe benefits and other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Social and Community Service Managers	11-9151	37.61	37.61	75.22

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and other indirect costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

As FMAP reductions are assigned quarterly per section 1903(l) of the Act, states who are not in compliance (at this time, 10) will be asked to update their survey information once they achieve compliance with one or more authorities or if there is a change in their compliance status.

We estimate an average of two survey updates per state for non-compliant states (as of May 1, 2025, this includes three (3) states for PCS and seven (7) states for HHCS) during their EVV implementation period and that it will take 1 hour at \$75.22/hr for a social/community service manager to perform each update. Based on anticipated compliance survey submissions previously submitted to CMS, nearly all non-compliant states anticipate achieving compliance midyear warranting only one to two updates while two (2) states anticipate they will be non-compliant the whole year. In aggregate, we estimate an on-occasion burden of 20 hours (10 respondents x 2 responses x 1 hr/response) at a cost of \$1,504 (20 hr x \$75.22/hr).

Burden Summary

The total respondent burden is 20 hours at a cost of \$1,504.

Requirement	Respondents	Total Annual Responses	Time per Response (hr)	Total Annual Time (hr)	Labor Cost (\$/hr)	Total Annual Cost (\$)
Updates for PCS & HHCS	10 states	20	1	20	75.22	1,504

TOTAL	10 states	20	Varies	20	75.22	1,504
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Collection of Information Instruments and Instruction/Guidance Documents

- EVV Home Health Care Services (HHCS) Survey (No Changes)
- EVV Personal Care Services (PCS) Survey (No Changes)
- EVV compliance survey instructions (No Changes)

13. Capital Costs

CMS does not anticipate that any capital costs will be required for this collection.

14. Cost to Federal Government

The table below shows estimates of the average annual cost of the project to the Federal government.

Contractor costs are no longer included in our estimates, given that the survey is fully operational.

CMS staff costs are based on OPM GS wage tables³ and account for survey dissemination, quarterly review of survey data, assessing need for FMAP reductions, and comparison to Advanced Planning Documents (APDs).

The average annual cost accounts for a 2% annual inflation rate and assumes the survey will be active through federal fiscal year 2025 (3 years total), however this is subject to change based on budgetary decisions and the rate at which states come into compliance with EVV requirements.

Table of CMS Staff Costs[^]

Title	Rate (FFY25 Wage & Benefits) (\$/hr)	Average Annual time (hr)	Average Annual Cost* (\$)
Division Director (GS-15)	165	3	495
Deputy Division Director (GS-14)	140	3	420
Technical Director (GS-14)	140	3	420
Health Insurance Specialist (GS-13)	119	20	2,380
Total Average Annual Cost (CMS Staff)			3,715

* Accounts for a 2% annual inflation rate and assumes survey will be active through FFY 2025 (3 years total)

[^] All CMS staff costs assume a step level of 5

15. Changes to Burden

In this 2025 iteration we are adjusting our active burden estimates since all states and territories have completed their initial survey responses for PCS and HHCS (see Net Burden #1, below).

In addition, fewer survey updates are estimated since only 3 states have not achieved compliance for PCS and 7 states have not achieved compliance for HHCS. Once states are compliant, they are no longer required to update the survey to report their compliance status. (see Net Burden #2, below).

Wages and costs have also been updated to reflect the most recent BLS data.

Overall, we estimate 46 fewer respondents, 148 fewer responses, 232 fewer hours, and minus \$17,285 (see TOTAL CHANGE, below).

Requirement	Respondents	Responses	Time per Response (hr)	Total Annual Time (hr)	Labor Cost (\$/hr)	Total Cost (\$)
ACTIVE Initial survey for HHCS	56	56	2.5	140	73.84	10,338
2025 CHANGE #1	(56)	(56)	(2.5)	(140)	73.84	(10,338)
Net Burden #1	0	0	0	0	0	0
ACTIVE Updates for PCS & HHCS	56	112	1	112	73.84	8,270
2025 CHANGE #2	(46)	(92)	1	(92)	75.22	(6,920)
Net Burden #2	10	20	No Change	20	+1.38	1,350
TOTAL 2025 CHANGE	(46)	(148)	(2.5)	(232)	+1.38	(17,285)

We are not revising any of our survey instruments and instructions.

16. Publication/Tabulation Dates

CMS does not have plans to release any public reports at this time. CMS will also post state compliance determination letters online. There is no predetermined end-date for the project as states may update their survey status at any time when warranted by a change in their EVV implementation status.

17. Expiration Date

The expiration date is displayed along with the PRA Disclosure Statement.

18. Certification Statement

There is no exception to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-1.