

**Centers for Medicare & Medicaid Services**  
**Electronic Visit Verification**  
**Good Faith Effort (GFE) Request Form – Home Health 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 Home Health Care Services (HHCS) by January 1, 2023, 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, 2022 for HHCS.
- 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.

## **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)
HHCS	Home Health Care Service(s)
IAPD	Implementation Advance Planning Document
PAPD	Planning Advance Planning Document
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: [Click or tap to enter a date.](#)

State: Nebraska

State Medicaid Agency (SMA) Requesting GFE: Department of Health and Human Services

#### SMA Contact Information

Name: Todd Baustert

Title: Deputy Director, Project and Performance Management MEDICAID & LONG-TERM CARE

Email: [Todd.Baustert@nebraska.gov](mailto:Todd.Baustert@nebraska.gov)

Phone: 402-890-8939

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

Authority	HHCS
Section 1905(a)(24) state plan personal care benefit	No
Section 1905(a)(7) Home Health Care	Yes
Section 1915(c) HCBS waivers	No
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? Yes
  - a. If yes to above, please indicate the model chosen. Other - Describe in detail in section 1.b.
  - b. If the model option chosen is “other”, describe the model in detail here: Alternative Open EVV model for Home Health Services
  - c. If no to above response, please indicate when the state anticipates selecting a model. Date will be in month/year format. [Click or tap to enter a date.](#)
2. Has the state submitted an APD? No
  - 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. The State is aligning the home health care services EVV implantation with managed care procurement. This requires that MCOs implement Home Health Care Services EVV implementation with MCO system integration. Due to the timing of the procurement we need to request new funding resulting in APD. The state requires MCOs to implement EVV home health as part of the new contract and we wanted to avoid multiple simultaneous implementations.
3. When is the state's expected implementation date for HHCS? [12/2023](#)

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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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<b>Implementation Stage</b>	<b>Detailed Description of the Implementation Stage</b>	<b>Check if not applicable (N/A)</b>	<b>Is this stage delayed? If yes, complete step 6.</b>	<b>Date Completed</b>	<b>If in the process, anticipated date of completion</b>
<b>Planning - Environmental scanning</b>	The State has identified an environment in which MCOs will select a single EVV solution for home health care services or utilize the State recommended EVV and then the visit data will be aggregated	<input type="checkbox"/>	No	11/8/2021	Click or tap to enter a date.
<b>Planning – Stakeholder meetings</b>	Initial project kickoff meeting to inform stakeholders of the implementation plan. Project timeline was reviewed and approved	<input type="checkbox"/>	No	1/11/2022	Click or tap to enter a date.
<b>Planning – EVV model selection</b>	EVV model selection has identified and Alternative EVV model.	<input type="checkbox"/>	No	1/11/2022	Click or tap to enter a date.
<b>Modification of the existing contract to include EVV</b>	Click or tap here to enter text. See above, in step 4, for more detailed instructions.	<input checked="" type="checkbox"/>	Choose an option.	Click or tap to enter a date.	Click or tap to enter a date.
<b>Preparing for RFP issuance</b>	We have issued a managed care RFP which is inclusive of EVV.	<input type="checkbox"/>	No	4/17/2022	Click or tap to enter a date.
<b>RFP issued and awaiting vendor bids</b>	We have issued a managed care RFP which is inclusive of EVV.	<input type="checkbox"/>	No	4/18/2022	Click or tap to enter a date.
<b>RFP closed and in the process of vendor selection</b>	We have issued a managed care RFP which is inclusive of EVV	<input type="checkbox"/>	No	Click or tap to enter a date.	9/15/2022
<b>Vendor selected and developing work plans</b>	The State has elected an approach of aggregating State EVV data with MCO Vendor EVV data. MCOs will notify the state of their selected EVV partner and an EVV Data	<input type="checkbox"/>	No	Click or tap to enter a date.	10/15/2022

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<b>Implementation Stage</b>	<b>Detailed Description of the Implementation Stage</b>	<b>Check if not applicable (N/A)</b>	<b>Is this stage delayed? If yes, complete step 6.</b>	<b>Date Completed</b>	<b>If in the process, anticipated date of completion</b>
	aggregation integration will be setup by the State..				
<b>Implementing work plans</b>	A project implementation plan that integrates alternative EVV data from the State and MCO Providers.	<input type="checkbox"/>	No		11/1/2022
<b>Piloting the EVV system</b>	EVV system will be taken live in a phased go-live approach .	<input type="checkbox"/>	No	Click or tap to enter a date.	11/1/2023
<b>Updating existing EVV system in the state</b>	This will be part of the alternative EVV system integration with MCO EVV systems.	<input type="checkbox"/>	Yes	Click or tap to enter a date.	8/31/2023

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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 6.	Date Completed	If in the process, anticipated date of completion
<b>Other implementation stages not described above</b> <i>(Please detail the state's current implementation stage in the next column.)</i>	Post Go-live system stabilization and monitoring period will occur after EVV system is up	<input type="checkbox"/>	No	Click or tap to enter a date.	4/10/2024
<b>Other implementation stages not described above</b> <i>(Please detail the state's current implementation stage in the next column.)</i>	Click or tap here to enter text. See above, in step 4, for more detailed instructions.	<input checked="" type="checkbox"/>	Choose an option.	Click or tap to enter a date.	Click or tap to enter a date.
<b>Other implementation stages not described above</b> <i>(Please detail the state's current implementation stage in the next column.)</i>	Click or tap here to enter text. See above, in step 4, for more detailed instructions.	<input checked="" type="checkbox"/>	Choose an option.	Click or tap to enter a date.	Click or tap to enter a date.
<b>Other implementation stages not described above</b> <i>(Please detail the state's current implementation stage in the next column.)</i>	Click or tap here to enter text. See above, in step 4, for more detailed instructions.	<input checked="" type="checkbox"/>	Choose an option.	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
<b>Procurement issues</b>	The State is conducting managed care plan re-procurement and EVV system integration at the same time. Due the potential for multiple implementations for end users, EVV-HHCS implementation is being delayed in order to align EVV system integration with overall managed care plan implementation. This will reduce implementation burden on the end users.	The state wanted to avoid multiple EVV implementations simultaneously with current health plans and potential new MCO entrants into the state	<b>To do a single implementation with newly contracted health plans.</b>	8/31/2023
<b>Budget and/or legislation appropriation issues / Funding issues</b>	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap to enter a date.
<b>Stakeholder engagement issues</b>	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap to enter a date.
<b>System interoperability issue or IT issue</b>	EVV-HHCS implementation is being delayed in order to align EVV system integration with overall MCO system integration	The state wanted to avoid multiple EVV implementations simultaneously with current health plans and potential new MCO entrance into the state	<b>To do a single implementation with newly contracted health plans.</b>	8/31/2023
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap to enter a date.
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap to enter a date.
<b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i>	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap here to enter text. See above, in step 5, for more detailed instructions.	Click or tap to enter a date.

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<p><b>Other issues not discussed above</b> <i>(Please detail your delay in the next column)</i></p>	<p>Click or tap here to enter text. See above, in step 5, for more detailed instructions.</p>	<p>Click or tap here to enter text. See above, in step 5, for more detailed instructions.</p>	<p>Click or tap here to enter text. See above, in step 5, for more detailed instructions.</p>	<p>Click or tap to enter a date.</p>
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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, **Kevin Bagley**, 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: Kevin Bagley**

**State Medicaid Director Title: Director, Division of Medicaid and Long-Term Care, Nebraska Department of Health and Human Services**

X 

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

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



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existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the 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.

