

EXHIBIT 2: Electronic Visit Verification (EVV) Technical Assistance (TA) Request Form

Introduction: EVV TA is available to states who seek guidance regarding 21st Century CURES Act, section 12006. Please [click here](#) for the entire text of the law.

Please complete this form in its entirety and e-mail it to HCSEVTA@navigant.com. Once you submit this request, a member from Lewis and Ellis/Navigant Consulting or Korn Ferry Hay Group (the Rate Review Contractors) will contact the State Representative listed in this form to discuss the details of the state's request further.

State Representative Information

(* are required information)

*State:

*First Name:

*Last Name:

*Agency:

Title:

Contact Information

*Phone Number:

*E-mail Address:

Applicable Service(s)

- Personal Care Services (PCS)
- Home Healthcare Services (HHCS)

TA Topic (Select all that apply)

- Assist with determining the most appropriate EVV Model for the State
- Provide guidance regarding 21st Century CURES Act Sec. 12006
- Supply promising practice examples of EVV Systems (*specify areas in which your state seeks examples of promising practices in question #1 below*)
- Review and provide opinions regarding policy documents related explicitly to EVV implementation
- Review the proposed language for 1915(c) Waiver Application, Appendix I-1
- Review the proposed language for 1915(c) Waiver Application, Appendix I-2-d
- Other (please describe)

If Other, provide a brief description here:

Additional Requested Information

1. Please provide a detailed description of your state's specific TA needs, including the type of assistance you are requesting to address these needs.

2. What is your state's preferred timeline for completing the TA?

3. Have you explored any TA or resources available from a national association regarding this request?

Yes

No

4. If yes, please provide the name of the association(s) and a brief description of the TA and / or resources received.