

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 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>

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Section 2. Good Faith Exemption (GFE) Request Form

A. Basic State data

Date of Submission: 11/27/2019

State: Arizona

State Medicaid Agency (SMA) Requesting GFE: Arizona Health Care Cost Containment System

SMA Contact Information

Name: Dara Johnson

Title: Program Development Officer

Email: dara.johnson@azahcccs.gov

Phone: 602-417-4362

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	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	Yes

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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. Open Vendor
 - 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. [Click or tap to enter a date.](#)
2. Has the state submitted an APD? Yes If yes, please complete 2.a through 2.c.
 - a. Type of APD submitted: IAPD
 - b. Date of APD submission: **3/15/2019**
 - c. Most recent APD approval date from CMS (if available): **5/15/2019**
 - d. If no to above response, explain why the state has not submitted an APD. [Click or tap here to enter text.](#)
3. When is the state’s expected implementation date for PCS? **06/2020**

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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 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
Planning - Environmental scanning	<p>The state issued a Request for Information (RFI) to learn about the technology available in the marketplace for EVV (5/16).</p> <p>The state convened a multi-stakeholder steering committee including member, families, providers and MCOs to help develop the system model design for EVV (4/17),</p> <p>The state identified a few vendors, representing different EVV system models, to conduct an in-person demo as a follow up to the RFI in May of 2016 (7/17).</p> <p>The state contracted with a Project Management Consulting firm to support the business model design, community engagement and RFP specifications (8/17).</p>	<input type="checkbox"/>	No	8/31/2017	Click or tap to enter a date.
Planning – Stakeholder meetings	<p>The state established a webpage dedicated to EVV to inform and engage stakeholders. The website is updated on a regular basis (08/17).</p> <p>The state hosted a series of public forums throughout the state. In addition, the state met with established groups representing stakeholders impacted by EVV</p>	<input type="checkbox"/>	No	3/31/2018	Click or tap to enter a date.

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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
	<p>(October 2017 – January 2018).</p> <p>The state disseminated a Provider Request for Information (RFI) survey to learn about current provider engagement with EVV vendors and solicit input on the proposed system model design (03/18).</p> <p>For the implementation phase, the state has created an advisory group of providers representative of those impacted by EVV. Additionally, the state has created a health plan advisory group including technical and program subject matter experts. The state engages both groups on a regular basis to inform business rule decisions and configuration requirements.</p>				
Planning – EVV model selection	<p>The state has participated in all CMS technical assistance webinars on EVV as well as state-to-state information sharing meetings hosted by ADvancing States.</p> <p>The state proposed a system model design that was posted to the webpage and shared during the public forms to solicit direct</p>	<input type="checkbox"/>	No	4/30/2018	Click or tap to enter a date.

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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
	<p>stakeholder input on the proposal (10/17).</p> <p>The state finalized the system model design informed by the public comment received through the forums and the provider RFI (4/2018).</p>				
Modification of the existing contract to include EVV		<input checked="" type="checkbox"/>	Choose an option.	Click or tap to enter a date.	Click or tap to enter a date.
Preparing for RFP issuance	<p>The state initiated drafting the IVV RFP in July 2018 and received approval from CMS on September 6, 2018.</p> <p>The state initiated drafting the EVV RFP in July 2018 and received approval from CMS on September 10, 2018.</p> <p>The state developed a list of IVV and EVV vendors in the marketplace to inform about the pending RFP postings (8/18).</p>	<input type="checkbox"/>	No	9/10/2018	Click or tap to enter a date.
RFP issued and awaiting vendor bids	<p>The state issued the IVV RFP by sending a notice to the list of vendors on 09/17/18 and posting on the website on 9/17/18 with a deadline for proposals due 10/16/2018.</p> <p>The states issued the EVV RFP by sending a notice to the list of EVV</p>	<input type="checkbox"/>	No	9/28/2018	Click or tap to enter a date.

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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
	vendors on 09/26/18 and posting on the website on 9/28/18 with a deadline for proposals due 11/23/18.				
RFP closed and in the process of vendor selection	<p>The state selected an IVV vendor thought a soft award letter on issued on 11/16/2018 pending CMS approval. CMS subsequently approved the IVV vendor contract on 01/9/2019.</p> <p>The states selected an EVV vendor through a soft award letter issued on 3/15/19 pending CMS approval.</p>	<input type="checkbox"/>	No	3/14/2019	Click or tap to enter a date.
Vendor selected and developing work plans	The states issued an APD to CMS to have the selected vendor and contract approved. Work Plan development could not be initiated until the states received this approval from CMS and the Arizona Department of Administration on 5/15/19. Work Plans were initiated with the vendor in June 2019.	<input type="checkbox"/>	No	6/13/2019	11/30/2019
Implementing work plans	The state has been collaborating with Sandata beginning 06/11/19 to orient to the system, identify state-specific customization to the COTS system and finalize business rules. To inform those processes, the state has also routinely engaged providers and MCOs for input to help inform	<input type="checkbox"/>	Yes	Click or tap to enter a date.	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
	decision making to ensure the system is minimally burdensome and to address state-specific customization goals pertaining to access to care tracking and monitoring.				
Piloting the EVV system	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.
Updating existing EVV system in the state	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.

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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>	Click or tap here to enter text. See above, in step 4, for more detailed instructions	<input type="checkbox"/>	Choose an option.	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>	Click or tap here to enter text. See above, in step 4, for more detailed instructions	<input type="checkbox"/>	Choose an option.	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>	Click or tap here to enter text. See above, in step 4, for more detailed instructions	<input type="checkbox"/>	Choose an option.	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>	Click or tap here to enter text. See above, in step 4, for more detailed instructions	<input 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.

This section includes four parts:



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- 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	The CMS process took 8 weeks from 7/17/18 – 9/10/18 to approve the EVV RFP for posting and an additional 8 weeks from 3/15/19 to 5/15/19 to approve the contract for implementation once the contract soft award was made. In addition, the state was required to obtain approval from the Arizona Department of Administration concurrently with the CMS approval process.	Required approval processes for CMS and the Arizona Department of Administration to approve contract with EVV vendor.	The state planned for the CMS delays, but requested an expedited approval process in hopes of initiating work plan with the vendor prior to June 2019.	5/15/2019
Budget and/or legislation appropriation issues / Funding issues	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.
Stakeholder engagement issues	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.
System interoperability issue or IT issue	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.
Other issues not discussed above <i>(Please detail your delay in the next column)</i>	The state has a simultaneous project for a Provider Management System Update.	Both projects share resources for development and testing. Providers are impacted by both projects as a result the go live dates for both projects must be staggered to ensure implementation is minimally burdensome to providers.	The state's internal project teams meeting bi-weekly to discuss mitigation strategies for both projects. As an outcome of those meetings, resource leveling was applied to avoid impact to project deliveries.	3/2/2020
Other issues not discussed above <i>(Please detail your delay in the next column)</i>	Custom configuration requirements	Although the state purchased a COTS system, there are some configuration requirements to address goals around access to care tracking and monitoring.	The state worked with the vendor to ensure clarity for custom requirements to avoid future delays during implementation.	12/31/2019
Other issues not	Business rules decisions	The business rules process has	The state engaged stakeholders	11/30/2019

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<p>discussed above <i>(Please detail your delay in the next column)</i></p>		<p>extended the project schedule by 90 days to ensure the state was able to solicit input from providers and health plans to help inform decision making.</p>	<p>to ensure the decisions made were minimally burdensome.</p>	
<p>Other issues not discussed above <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>

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, **Jami Snyder**, 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: Jami Snyder

State Medicaid Director Title: 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)



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#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 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.