DSHS
WASHINGTON STATE
Department of Social and Health Services

Electronic Visit Verification Systems Requirements Guide

Updated July 2026

Introduction

This publication takes effect April 2026 and supersedes the previously published Electronic Visit Verification Systems Requirements Guide for Home Care Agencies and the Consumer Directed Employer (CDE).

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) or Department of Social & Health Services (DSHS) rule arises, the rule applies.

This guide provides a resource to help Home Care Agency and CDE providers and billing staff understand the federal requirements of Electronic Visit Verification (EVV) and to receive timely and accurate payments for covered services.

Revision History

Date	Version	Description	Author
10/2020	1	Initial draft for publication with Management Bulletin	Dustin Quinn Campbell
10/2025	2	2025 updates & corrections	Jennifer Smith
4/2026	3	Correct number ordering error in section 1.1 Specify Service Codes and Modifiers subject to EVV Add clarity to Required Data Elements Specify Remark Codes for EVV ProviderOne edits	Jennifer Smith
7/2026	4	Updated links	Jennifer Smith

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1. EVV System Requirements

This section covers the following topics:

1.1. Required EVV Data Elements

There are six (6) required EVV data elements that must be electronically collected and submitted as part of complete claim submission for Personal Care Services and Respite Care Services provided to in-home Medicaid clients. The Personal Care Services and Respite Care Services must be provided by qualified individuals contracted by a home care agency or Consumer Directed Employer (CDE). Three of the EVV requirements of the 21st Century Cures Act were already required elements for claim submission and three are added elements. The table below shows all six requirements and the corresponding claim elements which meet these requirements. Claims containing all six required elements are considered "Fully Compliant" for EVV compliance rate calculation.

	EVV Requirements in Claim Submissions	*Corresponding Claim Element*	*ProviderOne Field Name*
Existing claim requirements	**Type of service** performed	Service Code Example: T1019-U6 or T1005	Service code Modifier 1-4
	Individual receiving the service	Client ID	Client ID
	Date of the service	Date	Service Date From Service Date To
ADDED EVV claim requirement	**Individual providing** the service	Social Services Servicing Only ProviderOne (**SSSOP)** ID number	SS Servicing Only ProviderOne ID
	Time the service begins and ends	Time IN/OUT	Service Start Time Service End Time
	Location of the service	GPS Coordinates	Service Start Time Geo-Data Latitude Service Start Time Geo-Data Longitude Service End Time Geo-Data Latitude Service End Time Geo-Data Longitude

All required EVV elements should be captured electronically by the Electronic Visit Verification solution obtained and utilized by contracted agency providers or Consumer Directed Employer (CDE). Services subject to EVV requirements are Personal Care Services and Respite Care Services. Providers submit claims to ProviderOne for adjudication and payment either through .DAT file submission method or Direct Data Entry (DDE). For a claim where any required element is not captured electronically, the applicable Manual Claim Indicator code must be added to indicate the reason an EVV element was not captured electronically. See links in Resource section for details specific to .DAT file layout or Direct Data Entry claim submission.

Item #	Required EVV Data Elements
1.1.1	**Type of service** performed • Service Code and applicable modifier are found on the authorization and must appear on claim. • Service Code-Modifiers subject to EVV requirements are: ○ **Procedure Code T1019** with one of these modifiers: HQ | U2 | U3 | U4 | U6 ○ **Procedure Code T1005** with one of these modifiers: null (no modifier) | U2
1.1.2	**Individual receiving** the service • This data field must be populated with the client's ProviderOne Client ID, the 11-character alphanumeric ProviderOne ID. This ID always ends in 'WA' and is found on the authorization.
1.1.3	**Date** of the service • Format MMDDYYYY
1.1.4	**Individual providing** the service • Social Services Servicing Only ProviderOne (SSSOP) ID number, a 9-digit number comprised of the 7-digit Domain and 2-digit Social Services Location ID numbers. • The SSSOP ID is obtained through rostering process to associate the caregiver employee domain with the billing provider domain in ProviderOne.
1.1.5	**Time** the service begins and ends • 24-hour time format, no "AM" or "PM" entries, no punctuation. • Examples: "080000" = 8:00:00am "153005" = 3:30:05pm
1.1.6	**Location** of the service • The EVV system must electronically collect and verify the Geographical Location at which the

Item #	Required EVV Data Elements
	Service begins, and the Geographical Location at which the Service ends. • EVV system must be able to capture location details in either the client's home or community. The system must not limit a client's access to the community by not allowing clock in or clock out based on the location of the caregiver employee. The system must accommodate services beginning and ending in different locations[1] including routinely or occasionally visited locations, such as residence, store, medical facility, etc. • DSHS does not prescribe the format that locations must be captured by EVV systems. However, when the data is uploaded to ProviderOne as a social services claim, the geographical location data must be formatted as decimal degrees. The level of precision required is four (4) digits to the right of the decimal for both latitude and longitude. • Placeholder or blank data in Location fields is not allowable (ie 0.0000 GPS entry). Actual Locations must be captured and submitted on claims. GPS coordinates must be collected at shift Start Time and End Time. DSHS does not track the location of caregiver employees or clients receiving care during visits. The Location is specified only at the start and end of the service. • EVV systems using telephony may allow the caregiver to dial-in to the EVV system through the participant's landline, which will provide the location of the landline, or dial-in to the EVV system through a mobile phone and enter a code provided by a device that electronically captures location. ○ Federal guidelines do not allow telephony entries from a cellular/mobile phone to a telephonic EVV system because this does not provide the current location of the device, but rather the address tied to the mobile phone account; this is not compliant with the federal rule requirements.

1.2. Functional Requirements

Functional requirements describe the capabilities that an EVV system must have. These systems will manage complex information, interfaces, and reporting. EVV system vendors must be compliant with EVV requirements and provide the

[1]Centers for Medicare & Medicaid Services: CIB: Additional EVV Guidance – August 2019

necessary operational support and interface to their agency customers. Systems developers are encouraged to carefully review requirements to ensure all requirements are met.

Item #	EVV Functional Requirement
1.2.1	The EVV system must be capable of providing the following as separate data fields for each ProviderOne social services claim line: a) Type of Service: Service Code + modifier (when applicable) b) Client's ProviderOne Client ID c) Service Date From d) Service Date To e) Caregiver employee's Social Service Servicing-Only ProviderOne ID f) Time Service Started g) Geolocation where service started (Latitude + Longitude) h) Time Service Ended i) Geolocation where Service Ended (Latitude + Longitude) j) Units of Service claimed k) Authorization number l) Billing Provider ID m) Client-Servicing Provider Proximity Indicator when Service started (optional) n) Client-Servicing Provider Proximity Indicator when Service Ended (optional) o) Client Verification Indicator of services received when Service Ended (optional)
1.2.2	The EVV system must meet the requirements of HIPAA privacy and security law as defined in section 3009 of the Public Health Service Act.
1.2.3	The EVV system must be able to collect the required EVV data elements in areas where technology infrastructure, such as internet and cellphone service, may be limited or unavailable (in both permanent and temporary situations), and allow the user's device to upload data elements when the caregiver is in an area where service is available. *NOTE: Washington is not prescribing a specific method to meet this requirement. One example of how some EVV systems have met this requirement is to have a smart phone or other device that can collect*

Item #	EVV Functional Requirement
	required data elements independent of internet or cell phone service availability, which allows data to be held on the device until the worker comes into range of internet or cell phone service and visit data can be transmitted to the EVV system. Another potential solution is to utilize telephony systems in areas that lack internet or cellphone coverage. Some EVV systems use a combination of various technologies to meet this requirement. Contact your EVV vendor to learn more about their available technologies. *DSHS knows this requirement may be challenging in some areas of Washington, and some Home Care Agencies and CDE may need to manually enter data when cellphone or internet coverage is not available. However, EVV systems cannot solely rely on manually entering data to meet this requirement over the long term. DSHS expects Home Care Agencies and CDE to continuously develop their EVV systems to comply with location reporting requirements.*
1.2.4	The EVV system must distinguish electronically captured data from manually entered, modified, or adjusted data.
1.2.5	The EVV system must require documented justification for all manual data entries.
1.2.6	The EVV system must require documented justification for all modifications, adjustments, or exceptions made to electronically captured data after the electronic data is captured.
1.2.7	The EVV system must have the ability to implement a standardized set of codes to document manual data entries, and adjustments and exceptions to electronically captured data. Example: When a caregiver employee is unable to log out when a shift ends, or when technology is unavailable in a rural area, the EVV system should be capable of storing Time In/Time Out, location and caregiver ID data on a local device for later upload.
1.2.8	The EVV system must be able to accommodate and uniquely identify individual clients in a multi-client home or other location of service where there are multiple clients. The system must capture all required EVV elements for each client, though location may be the same.

Item #	EVV Functional Requirement
1.2.9	The EVV system must allow for DSHS approved changes to a client's authorization that may happen any time during the month. This could be an increase, reduction or termination of an existing authorization.*
1.2.10	The EVV system must allow for the addition of new client service authorizations at any time during the month.*
1.2.11	The EVV system must maintain reliable backup and recovery processes to ensure all data is preserved in the event of a system malfunction or disaster situation.
1.2.12	The EVV system must retain all data regarding the delivery of services for a minimum of six (6) years.
1.2.13	The EVV system must have the ability to respond to requests for records or documentation in the timeframe and format requested by DSHS.
1.2.14	The EVV system must be capable of retrieving current and archived data to produce reports including types of service provided, dates of service, start and end times of service, geographical locations for start and at end of service, proximity indicator for start and end of service (optional), client verification (optional), and servicing provider in summary fashion that constitute adequate documentation of services delivered. Any report shall include an explanation of codes utilized by the provider/vendor (e.g., T1019-U6 – Personal Care) and include the Home Care Agency or CDE's identity by name and/or ProviderOne ID.
1.2.15	The EVV system must be capable of providing a standardized report with up to 6 years of all social services claim lines submitted to ProviderOne. This report must include all data fields submitted to ProviderOne in the claim line, identify manual data entries, and adjustments and exceptions to electronically captured data, and provide the standardized Manual Claim Indicator code for the altered claim line. DSHS will define a standardized format for this report when a data request is received.

* Social Services claims are validated against Client Authorizations; authorization details are available to Billing Providers though ProviderOne. Some EVV systems are loaded with the authorization hours and may track and limit how many hours a provider can work. These requirements ensure that loaded hours can be updated during the service period, if there is a

change to the authorization or a new authorization. The State recognizes that client service authorizations may change at any time which may result in unused or overprovided services.

1.3. Optional Functional Requirements

The following information describes optional functional requirements of potential EVV solutions. These values are not a factor in claims adjudication.

Item #	EVV Optional Functional Requirement
1.3.1	Electronically capture and document the proximity of the Client to the Servicing Provider at the time service starts and ends. Proximity Indicator is an Optional Field and claims will not be adjudicated based on an entry in this field. • Utilize one (1) or more of the following to capture Client-Servicing Provider proximity: ○ The participant's personal landline, or personal cellular phone with app; ○ Location technologies including Near Field Communication (NFC), Global Position System (GPS), and Bluetooth Low Energy (BLE); ○ An affixed electronic device at the participant's location; ○ A biometric verification system; or ○ Alternative or developing technology.
1.3.2	Electronically capture and document client verification, by the individual recipient or authorized representative, of personal care visit time and services delivered. Client verification is an optional field and claims will not be adjudicated based on an entry in this field. The ProviderOne data element for this optional requirement is a yes/no entry to indicate whether the client verified that the services were delivered, collected at the end of each service episode. Documentation for the response remains in Agency's EVV system.
1.3.3	Capture and document Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) at the task level.
1.3.4	Electronically generate a data file for upload to the ProviderOne system that contains the data elements required for claims processing and is formatted according to ProviderOne social services claims layout

Item #	EVV Optional Functional Requirement
	specifications.
1.3.5	Capture and document personal care or respite services for any day of the week, for one or more work periods per day, and for work periods that extend from one day into the next (without exceeding authorized service hours).
1.3.6	Electronically generate a data file for upload to the ProviderOne system which can accommodate "split shifts", where a single caregiver serves multiple shifts in a day. • Claims for split shifts may be submitted as a single claim line with the first start time of the first shift worked and the last end time of the last shift worked. The Units billed for the claim line will be for all units worked on that date of service. • In 2026, ProviderOne will be able to accommodate claim submission for distinct shifts worked on a single date of service. For agencies who choose to submit claim lines for distinct shifts, rounding must not exceed the sum total of all shifts together for that date of service.
1.3.7	Capture the correct number of hours worked for shifts that occur on the first day of Daylight-Saving Time (23 hours) and during the first day of Standard Time (25 hours).

1.4. Non-Functional Requirements

The following non-functional requirements describe certain performance or quality attributes of an EVV system.

Item #	Non-Functional Requirement
1.4.1	The EVV system must comply with the 21st Century Cures Act.
1.4.2	The EVV system must comply with additional State regulations, such as published WAC specific to EVV requirements.
1.4.3	Home Care Agency and CDE staff and caregiver employees must receive training on HIPAA compliance and protection of EVV PHI data.
1.4.4	EVV software vendor staff must receive training on HIPAA compliance and protection of EVV PHI data.
1.4.5	A caregiver employee who works for more than one Home Care Agency or CDE must be rostered by each Home Care Agency pr CDE where they are employed.
1.4.6	The EVV system should be user-friendly with basic literacy levels.
1.4.7	The EVV system should be accessible to users with disabilities.
1.4.8	Home Care Agencies and CDE may use their EVV system to capture and document tasks completed.
1.4.9	Home Care Agencies and CDE may use their EVV system for timekeeping and processing payroll. However, ProviderOne is not an official employer recordkeeping system. All applicable employee-employer records must be maintained by the Home Care Agency or CDE employer.
1.4.10	Home Care Agencies and CDE may electronically report client verification of tasks provided and received, regardless of whether tasks are captured electronically or on paper.

2. EVV in ProviderOne

In accordance with the Electronic Visit Verification requirements, the Consumer Directed Employer and Home Care Agencies must include EVV data elements in claim submissions to ProviderOne. The ProviderOne system aggregates EVV data during the claims submission process.

ProviderOne has system edits which apply to claims submitted for payment; system edits will appear as error or remark codes on the claim and Remittance Advice. Electronic Visit Verification related edits were set as 'Pay and Report' through 2025. A 'Pay and Report' edit status means that if the presence or lack of data on a claim submitted does not meet criteria specific to a specific edit, the system records the instance for subsequent reporting but does not prevent payment from being issued.

Starting in 2026 ProviderOne edits for all claims subject to Electronic Visit Verification requirements will be set to deny claims submitted without required elements. This will include claims submitted after 1/1/2026 with dates of service prior to 1/1/2026. The timeline below shows the dates that each specific edit status will be shifted from "Pay and Report" to "Deny".

Edit/Error Number	Edit/Error Description	Date Edit is set to Deny Status	Associated Remark Code on the Remittance Advice
32010	Missing Start-End Time of Service	April 1, 2026	**N890** Electronic Visit Verification Data Element Requirements were not met.
32013	Start Time Greater Than End Time	April 1, 2026	**N890** Electronic Visit Verification Data Element Requirements were not met.
32020	Missing Start-End Geo Location	July 1, 2026	**N890** Electronic Visit Verification Data Element Requirements were not met.
32030	Missing Client-Provider Proximity Indicator at Start Time	N/A – Optional Field, No Edit	N/A
32035	Missing Client-Provider Proximity Indicator at End Time	N/A – Optional Field, No Edit	N/A
32040	Missing Servicing Provider	January 1, 2026	**N290** Missing/Incomplete/Invalid rendering provider primary identifier.

Edit/Error Number	Edit/Error Description	Date Edit is set to Deny Status	Associated Remark Code on the Remittance Advice
32041	Invalid Servicing Provider	January 1, 2026	**N290** Missing/Incomplete/Invalid rendering provider primary identifier.
32060	Claimed Units exceed time span	April 1, 2026	**N820** Electronic Visit Verification System units do not meet requirements of visit.
32061	Claimed units for Servicing Provider exceed 96 units for date of service	January 1, 2026	**N640** Exceeds number/frequency approved/allowed within time period.

For more information, including submission of claims via Direct Data Entry (DDE) and .DAT file upload, please see the EVV Resources section for links to the ProviderOne for Social Services Billing Guides.

3. Manual Claims Indicator

EVV systems must be able to capture and report the following reason codes for any EVV data element not collected electronically. DSHS reserves the ability to add, modify, delete, or end-date Manual Claims Indicators.

Code	Manual Claims Indicator Description	Start Date	End Date
SPST01	Servicing provider unable/prevented from logging correct Start Time	1/1/2019	12/31/2999
SPET01	Servicing provider unable/prevented from logging correct End Time	1/1/2019	12/31/2999
SPEV01	Servicing provider unable/prevented from using EVV system	1/1/2019	12/31/2999
EVSF01	EVV system failure	1/1/2019	12/31/2999
BPEV01	Billing Provider claims data received electronically	10/25/2025	12/31/2025
CLSD01	Client unable/prevented from electronically verifying service delivery	1/1/2019	10/25/2025

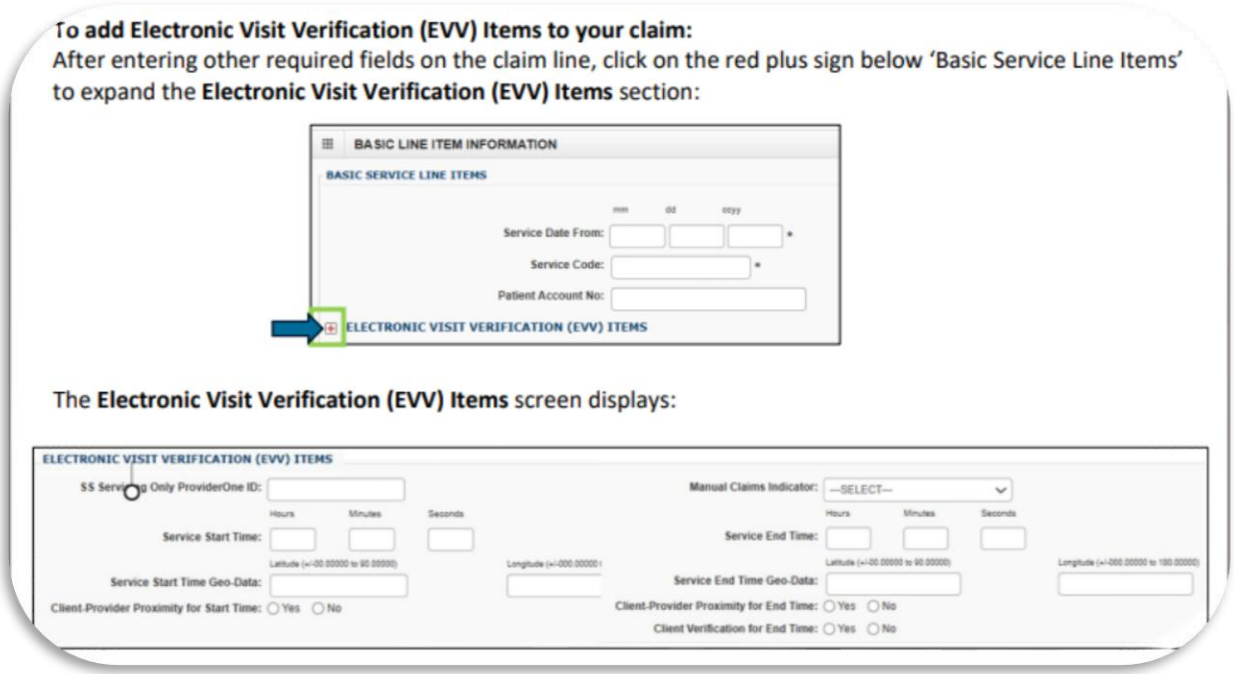
Enter a Manual Claim Indicator to indicate an EVV element on a claim submission was not collected electronically, or that the data was collected electronically and the claim was not submitted via .DAT file upload. If edits to any EVV element are needed, agency provider staff will need to review the claim submission file generated by the EVV system to ensure the appropriate Manual Claim Indicator is entered on the claim submission file before it is submitted to ProviderOne. Adding a Manual Claim Indicator does not mean the claim can be submitted without all required EVV elements; entry of the code indicates the general reason why an element was not collected electronically. ProviderOne will deny claims submitted without all required EVV elements according to the edit dates set forth in Section 2.

Possible scenarios where a Manual Claim Indicator might be necessary include the following examples:

- Caregiver employee was unable to clock in for shift start and called agency office to report starting their shift.
- Cell service is unavailable, so caregiver employee called agency office to report shift end time and location.
- Care is provided to a client in a rural area and there is no signal available.
- EVV data was collected electronically however the claim file submission/adjustment/resubmission is Direct Data Entry in ProviderOne and not via .DAT file upload.

In situations such as these examples, an agency employee will need to review the resulting files from the EVV system, such as the .DAT report, to visually verify all EVV elements are present on the claim and ensure the appropriate Manual Claim Indicator is entered in the correct spot before submitting the file to ProviderOne as a claim submission. If a time, location, or ID entry for any claim line has been added manually by the home care agency or CDE staff as the result of one of the above example scenarios, or a similar instance wherein any EVV element was not collected electronically, both the EVV element (i.e. time, location, SSSOP ID) and the Manual Claim Indicator must appear on the claim submission. See the .DAT file layout (link in Resource section) for where to enter each EVV element and any applicable Manual Claim Indicator.

For billing providers who elect to submit claims using the Direct Data Entry (DDE) submission method, ProviderOne prompts for the entry of a Manual Claim Indicator when adding EVV elements. This is reviewed in the ProviderOne for Social Services: Billing and Resource Guide at section **Submit Social Service Claims (non-medical)**. Page 92 is excerpted here. In the dropdown box for **Manual Claims Indicator**, select the code **BPEV01**, if applicable, which indicates that the EVV data elements were collected electronically by the agency's EVV system, and the claim is being submitted using the DDE method.



4. EVV Resources

Resource information related to Electronic Visit Verification requirements can be found at the links listed here.
DSHS EVV Website - https://www.dshs.wa.gov/altsa/stakeholders/electronic-visit-verification
EVV Resources - https://www.dshs.wa.gov/altsa/stakeholders/home-care-agency-evv-resources

- EVV Desk Aid
- Provider Roster Template (rev. 03/2024)
- ProviderOne Roster Template Layout and Instructions (rev. 10/2024)
- Bulk Enrollment Checklist
- Instructions to Retrieve Servicing Provider IDs in ProviderOne (rev. 07/2026)
- ProviderOne Roster Upload Process (rev. 10/2024)

Program information and resources can be found in the following **Management Bulletins**.

MB#	ISSUE DATE	SUBJECT
H21-041	05/28/2021	Home Care Agency EVV System *Note: Supersedes H20-092*
H23-084 Amended	05/03/2024	Home Care Agency and Consumer Directed Employer Caregiver Employee Risk-Based Screening
H24-045	07/31/2024	Electronic Visit Verification (EVV) Compliant Rostering and Claim Submission Recommendations
H25-064	12/10/2025	Updated Electronic Visit Verification (EVV) Systems Requirements Guide and ProviderOne EVV Edit Schedule

ProviderOne
ProviderOne Social Services Resources
ProviderOne for Social Services: Billing and Resource Guide
Additional Resources - For DAT batch file upload:

- **Sample Excel file before .dat file conversion**
- **Appendix C: DAT file format specification table**

Federal References
Section 12006(a) of the 21st Century Cures Act
https://www.medicaid.gov/medicaid/home-community-based-services/guidance/electronic-visit-verification-evv

5. Glossary

Term	Definition
Billing Provider	A person, business, or a facility that has contracted with the Department of Social and Health Service (DSHS) to provide services to Medicaid-eligible clients under programs administered by DSHS. A home care agency and the CDE are examples of billing providers.
Edit	Edits are rules set up in ProviderOne that check the claim to verify required elements are present. If the claim does not meet the edit rule, the claim may go into error.
Electronic Visit Verification (EVV)	A federal requirement from the 21st Century Cures Act, passed by Congress in 2016, and mandated to be in place by January 1, 2021. This means that EVV is required for all Medicaid funded in-home personal care services, respite care services, and home health care services as a verification that care services were provided. The elements required for EVV compliance are six specific data elements collected and submitted electronically, which serve as verification that services were provided in the allowed setting.
Manual Claim Indicator	A code which indicates the general reason why a data element was not collected electronically, such as the data element was captured outside of the system or after the time-of-service delivery, and was administratively entered by agency staff. When entering claims data using the DDE method, select the code which indicates that all EVV elements were collected electronically, if applicable.
ProviderOne	Washington's Medicaid Management Information System (MMIS), a provider payment processing system, for medical and social service providers. Each billing provider must have a ProviderOne account in order to submit claims and receive payment for services.
Roster (Rostering)	The method to associate a home care agency or CDE's caregiver employee in the Social Service Servicing Only domain type to the agency's ProviderOne domain and obtain the Social Service Servicing Only ProviderOne ID number. This is done by submitting the Roster Template to ProviderOne for processing.
Roster Template	An excel document filled out and submitted by the Home Care Agency or CDE to complete caregiver employee rostering in ProviderOne. This template is provided by Health Care Authority and is posted online at the EVV Resources page.
Social Service Servicing Only ProviderOne ID	The number assigned in ProviderOne to the caregiver employees of home care agencies and the Consumer Directed Employer during the rostering process. This 9-digit number must be included on claims submitted for payment to meet the EVV required claim element *Individual who provided the service*.