

EVV Survey for PCS Agency Stakeholders

Please provide the following information for your Agency:

* 1. Agency Name:

* 2. Tax ID:

* 3. County – Doing Business In (Please select all that apply):

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt
- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

*** 4. Please provide your name, title, and email address:**

Survey Respondent
Name:

Survey Respondent Title:

Survey Respondent Email
Address:

*** 5. Agency Provider Type(s) (Please check all that apply):**

- 30 - Personal Care Services - Provider Agency
- 48 - Home and Community Based Services Waiver for the Frail Elderly ("FE")
- 58 - Waiver for Persons with Physical Disabilities ("PD")
- 83 - Personal Care Services – Intermediary Service Organization

*** 6. How do you access the web? (Please check all that apply):**

- High Speed Internet
- Dial Up Connection
- Other (please specify):

*** 7. Are you using a computerized application to schedule your personal care attendants?**

- Yes
- No

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*** 8. Which computerized application are you using to schedule your personal care attendants?**

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* 9. Are you familiar with what an Electronic Visit Verification (EVV) is or does?

Yes

No

* 10. Are there HIPAA privacy and security concerns that you have with adoption of an EVV system?

Yes

No

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* 11. What are your concerns about HIPAA privacy and security with adopting an EVV system?

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* 12. Are you currently using an EVV or similar system?

Yes

No

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* 13. What EVV system are you using?

* 14. Does the EVV system use global positioning system (GPS) or alternative electronic location tracking application to verify visits?

- Yes
- No
- Unknown

* 15. What data elements does the EVV system collect? (Please check all that apply.)

- the type of service performed
- the individual receiving the service
- the date of the service
- the location of service delivery
- the individual providing the service
- the time the service begins and ends

* 16. What functionality does the EVV system have? (Please check all that apply.)

- Scheduling
- Reporting
- Claims Submission
- Authorization
- Other (please specify)

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17. Please provide any additional comments:

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Thank you for participating. Your answers have been recorded.