

Illinois Department of Healthcare and Family Services (HFS) Electronic Visit Verification (EVV) Communication

Date: December 9, 2025

To: Personal Care Service (PCS) and Home Health Care Service (HHCS) Providers

Re: December 2025 Illinois Electronic Visit Verification (EVV) Updates

In lieu of a December 2025 quarterly Illinois EVV Townhall webinar, Illinois Department of Healthcare and Family Services (HFS) is sharing the below updates with EVV in-scope provider agencies.

For Illinois Department on Aging (IDoA) and Illinois Department of Human Services (DHS) – Division of Rehabilitation Services (DRS) Providers

March 2, 2026, HHAeXchange (HHA) Go-live

- HHA has posted a [recording](#) and [slides](#) for the December 2, 2025, Informational session to the [HHA Illinois Information page for IDoA and DRS](#);
- Community Care Program (CCP) and Home Services Program (HSP) Homemaker or Home Health Care Service (HHCS) provider agencies planning to integrate third-party EVV vendors with HHA should register for the **January 27, 2026, EDI Training: [here](#)**;
- **ALL** CCP and HSP Homemaker and HHCS provider agencies should register for the **February 3, 2026, System Setup & Data Readiness Training: [here](#)**;
- CCP EVV policy questions should be submitted to Aging.EVV.Support@Illinois.gov;
- HSP EVV policy questions should be submitted to DHS.EVV@Illinois.gov.

For HHCS or Personal Care Service (PCS) provider agencies billing HFS, DHS -Division of Developmental Disabilities (DDD), and Division of Specialized Care for Children (DSCC)

Compliance Action Plans (CAPs)

- HFS, DSCC, and DDD distributed non-compliance letters and requests for CAP submissions from late October 2025 through early November 2025 to HHCS and

PCS provider agencies either 1) under 75% overall visit compliance for the July 1, 2025, to September 30, 2025, State Fiscal Year (SFY) quarter, or 2) billing for services subject to EVV requirements without using EVV;

- Failure to submit and receive CAP approval by the timeframes specified by DSCC, DDD, or HFS will result in a referral to HFS Office of Inspector General (OIG) for investigation.

REMINDER: Full Caregiver Social Security Numbers (SSNs) Are Required

- Provider agencies were required to ensure tracking of full caregiver SSNs within HHA by 10/17/2024;
- Please see the [07/26/2024 HFS Provider Notice](#) regarding this requirement;
- Please see [HHA guidance](#) to EDI and HHA users on tracking full caregiver SSNs within HHA or transmitting full caregiver SSNs to HHA from third-party EVV systems.

For All HHCS and PCS Provider Agencies

September 19, 2025, Illinois EVV Townhall and DRS/IDoA Informational Session Questions & Answers (Q&A)

Question	Answer
Technical Questions	
Are claims produced via EVV aggregation and HHA, or are they managed independently?	Currently, claims are managed independently.
What do we do about issues with EVV in rural areas where there is little to no service and clients do not have a home phone/landline?	For providers using the HHAeXchange (HHA) mobile application, utilizing the offline mode of the mobile application will not impact compliance. If using a third-party vendor, please confirm this functionality with your vendor.
What should we do if we are using the Enterprise version of HHA, and what is the step to transfer to the Illinois version of HHA?	The free State-sponsored version of HHA has gone live for DSCC, DDD, and HFS (State Plan Medicaid) provider agencies . HHA will go live for IDoA and DRS provider agencies on March 2, 2026. If HHA has gone live for your provider agency, you've determined that you'd like to transition, and your contract is set to terminate for Enterprise, you can submit a ticket requesting to go to the State-sponsored version.

What should we do if we already integrated our third-party EVV vendor with HHA, but we want to start using the free HHA version instead since the third-party vendor contract is set to expire next year?	Please submit a ticket to HHA to let HHA know (1) that you would like to switch and (2) when you would like the switch to occur. You'll also need to coordinate with your current vendor to ensure they turn off the API at that time as well.
How do I get the customer ID for HHA?	When you are logged into your HHA portal, click on the person icon in the upper right-hand corner. The customer ID is the six-digit number located next to your agency name.
Our clinicians say the HHA mobile application is always offline, and they can't see their schedules. What should we do?	Please submit a ticket to HHA with specific details of the situation caregivers are facing, and HHA will provide guidance on resolution.
How do we turn on mobile access again after we have entered a caregiver again due to a change in email address?	Please reference this Knowledge Base article for instructions.
How does the State's exchange of data with HHA work?	State agencies transmit to HHA the customer demographics, the provider demographics based on IMPACT enrollment, and the service authorizations (when applicable). MCOs also transmit service authorizations to HHA when applicable. Transmission of this data assists HHA in diverting data to appropriate provider and payer portals.
What should we do if the GPS on the HHA mobile application does not work? Our caregivers use the app and cannot clock in or out because the GPS says they are not at the participant's home, and we end up having to enter visits manually.	<p>HHA users can adjust "home" coordinates either directly within the HHA system or within the HHA mobile app. EDI providers should consult with their third-party vendors on how to adjust "home coordinates" within their system.</p> <p>Provider agencies may submit a ticket to HHA for additional guidance as needed.</p>
Provider Agencies with Third-Party Vendors	
How do we integrate our third-party software?	Please refer to the " Getting Started Checklist " for a step by step on how to integrate a third-party EVV vendor with HHA for EVV aggregation.
Our agency is unable to successfully integrate our third-party EVV system with	Use of EVV is a State and Federal requirement. Provider agencies are allowed

<p>HHA. Can we instead use timesheets or take pictures of EVV captures in our third-party system?</p>	<p>to use third-party EVV vendors capable of capturing all six visit elements required under the 21st Century Cures Act and successfully integrating with HHA.</p> <p>If your agency and third-party EVV vendor are struggling to complete integration activities, please submit a ticket to HHA.</p>
<p>What is an example of an Authentication Header and Account Header when sending API requests?</p>	<p>Please visit the API Knowledge Base for helpful information about these topics. If your question is not answered here, please submit a ticket to HHA.</p>
<p>Managed Care Organization (MCO) Authorizations</p>	
<p>We are serving MCO customers and the MCO has not transmitted an accurate authorization to HHA. HHA tells us to contact the MCO for resolution and the MCO is non-responsive.</p>	<p>The MCOs are responsible for successful transmission of authorizations to HHA. Please use the MCO Contact List available on the HFS EVV website for outreach to MCOs regarding MCO authorizations. If you have not heard back from an MCO for assist within a couple of business days, forward the communication to HFS.EVV@illinois.gov for escalation to the MCO Account Manager.</p> <p>Provider agencies, whether using the free HHAeXchange solution or transmitting data from a third-party EVV system, will always have a portal within HHAeXchange, which provider agencies can log into and manually place customers when there are issues with absent or rejected MCO authorizations. This was discussed during the June 16, 2025, Townhall webinar.</p>
<p>If providers refuse to register with EVV, can Managed Care Plans deny claims?</p>	<p>Use of EVV is a State and Federal requirement for Medicaid-funded PCS and HHCS providers. MCOs outline EVV requirements within their provider agreements and as such, may elect to no longer utilize providers unwilling to use EVV. Continued non-compliance with EVV requirements will result in a referral to HFS Office of Inspector General (OIG) for investigation.</p>

Provider Compliance Monitoring and State EVV Policies	
How do I see the report on our compliance for EVV?	All provider agencies, regardless of whether they use a third-party vendor, have portals with HHAeXchange and the ability to run reports. If you currently do not have access to your portal in HHAeXchange, please reach out to your agency's administrator to request that you be offered portal access. Additionally, HHAeXchange disseminates monthly "Know Your Numbers" reports to provider agency admin contacts. You can learn more about compliance reports by reviewing the HHAeXchange training webinars at their Illinois Information page .
Do we have to provide a time sheet for a missed clock in/out?	Provider agencies are expected to track a visit edit reason, and provider agencies are encouraged to review the EVV compliance policy for each operating agency (i.e., IDoA, DRS, HFS, DDD, DSCC) to ensure what is required is occurring.
When did the EVV Exemption rule for live-in caretakers go into effect?	Live-in Caregiver Exemptions are only available to personal support workers (PSWs) providing services to persons within the Division of Developmental Disabilities (DDD) waiver. DDD went live with EVV on 09/01/2023.
How does it affect our compliance when we edit a shift due to making it billable overtime (OT)? We have to change it after the shift is worked, but we are not changing the time.	If the time originally entered by the provider is not being altered, then there would be no manual edit, which means compliance would not be negatively impacted.
If we are editing a shift for payer type and not changing the time, does this go against our compliance?	No, that does not count against compliance.
If the caregiver cannot clock in or out, is the provider agency administrator allowed to manually clock in and out for the caregiver?	Yes, manual visit entry is allowed; however, it will negatively impact compliance, so these cases should be minimal.
The State previously sent out info that we could no longer use WellSky due to the	WellSky may be utilized. Previously, WellSky was not prioritizing integration with HHAX, and the State issued a deadline for

system not being compliant. Has that changed?	use of the free HHA solution in the interim (see 06/07/2024 Provider Notice).
How does a system wide outage impact compliance?	<p>HHA has not experienced re-occurring system outages. However, Illinois and other states keep compliance thresholds under 100% to account for technical issues, such as system outages. Illinois' 75% compliance threshold allows for a buffer.</p> <p>When a provider agency needs to manually edit a visit due to a system outage, the provider agency should cite the outage as the visit edit reason. Using a system outage for the visit edit reason will allow HHA to identify non-compliant visits due to system outages and relay those visits to the State.</p>
When will the policies for the compliance threshold of 75% overall visit compliance each quarter go into effect?	All revised EVV policies using quarterly, rather than year to date, percentages for EVV compliance will become effective April 1, 2026; therefore, a 75% or greater EVV quarterly compliance percentage will be required for April 1, 2026, to June 30, 2026, and beyond. State payers (HFS, DSCC, DDD, IDoA, and DRS) will relay updated policy to impacted provider agencies.
DRS and IDoA	
We currently have a contract for the HHA Enterprise version. Is that considered a third-party system? Do we need to integrate with the free version of HHA?	Enterprise is not considered a third-party system. Enterprise accounts will be linked to their contracts on the March 2, 2026, go-live date.
Is Sandata a third-party EVV vendor?	Yes, Sandata is considered a third-party vendor when integrating with HHA.
We are a provider agency that offers both home health care services and homemaker services, operating under one Medicaid provider number and using two different EMR systems. HHA previously told us we can only use one API credential, but that will not work with two different EMR systems. What should we do?	HHA can accommodate this scenario. Please be detailed when submitting the ticket that includes who your vendors are for each set of services and that you need both to be sending visits at the same time.

Can you please clarify whether provider agencies that serve DRS customers and have third-party vendors will transmit visit data to Sandata or HHA for aggregation?	Provider agencies serving DRS customers will transmit visit data to HHA when go-live occurs on March 2, 2026.
I'm a provider agency with under ten caregivers, and we currently use Sandata at no cost. Will we continue to use Sandata on March 2, 2026?	No, your agency will transition to using the free HHA solution for EVV by go-live for DRS/IDoA on March 2, 2026.
When HHA goes live, what data points does HHA receive? Will HHA get actual clock in/out time stamps, scheduled hours (Start time and End time), actual pay/bill override hours? How close to the scheduled start and end times do our Employees need to be when clocking in and out? Will we be compliant if we make edits to the visit? Does HHA receive geo data from the alt-EVV provider (i.e., non HHA system pushing EVV data to HHA)?	The current specifications are available at that API Knowledge Base link presented during the September Townhall webinar . That contains all the required fields HHAeXchange needs to populate the system. Geo-location is included in there as well.
What is HHA LMS?	HHA uses a Learning Management System (LMS) called HHAeXchange University to support provider agencies through onboarding to the HHA system. This LMS houses training videos and courses on various topics related to the portal. Throughout the onboarding process, but especially nearing March 2026 go-live, HHA will be giving instructions on getting into the LMS.
Does the free HHA solution include being able to export (a) Home Healthcare Aid's service hours for payroll and (b) billing reports for IDoA billing to eCCPIS and ANSI 837 for MCO Billing?	Payroll and billing will not be in scope as of the March 2, 2026, go-live date. Billing may be considered in the future. IDoA and DRS provider agencies should continue with current billing processes until further notice.
When can IDoA and DRS provider agencies add clients to HHA?	DRS and IDoA providers not currently using HHA will be able to add customers after completing a Provider Enrollment Form and the getting started steps to obtain a provider agency portal within HHA, which will occur closer to March 2, 2026, go-live.
Our agency only offers S5130 services, and our third-party vendor is not transmitting	You likely were linked to one or multiple payers early, which is why you are receiving

visit data to HHA. HHA tells us it won't transmit because MCOs, DRS, and IDoA are not live, so we are confused what the expectations are as far as being compliant. The data fails to sync to a valid authorization. Any insight, or is that accurate info they are providing? Asking to be clear because monthly, we get a 0% compliance email.	those reports. They will not apply to your agency until the March 2026 go-live date for IDoA/DRS. At that time, your vendor will be able to transmit your visits successfully, and the report will populate.
For homecare agencies, if we edit a caregiver's shift (i.e., meaning the caregiver clocked out late by 15 minutes, and we changed it to the scheduled time) would that be a compliance issue? We would not manually clock them out, since we would just edit the time when they are late clocking out for any reason.	Any manual entry, including a manual change to an electronic entry, counts against an agency's compliance.
If a provider agency offers HHCS and S5130 services, do they need to complete two attestations for HHA?	No, if you are already integrated with HHA for HHCS, your vendor will simply be able to start sending data for the additional services/payers as of the March 2, 2026, go-live date.
We often support clients in the community, like meeting them for shopping or dropping them off for special recreation activities, which means we must log off away from the client's home. Is that ok, or are services limited to only being provided in the home?	For State payers that allow service provision in the community, HHA will address with provider agencies during training how to document service provision in the community. For free HHA users, caregivers can utilize the "community" feature when logging service provision to customers in the community (see HHA Mobile App Guide). HHA's API specifications outline for third-party vendors' fields to utilize for identifying community vs. home visits. If EDI provider agencies have additional questions after review, they may submit a ticket to HHA TCC for guidance.
If a caregiver utilizes a client's phone for clocking in/clocking out, does that take place of the geo tracking/GPS requirement since it is expected to be done with the client's home phone?	The State recommends use of EVV mobile applications capable of capturing GPS location at the start and end of service delivery as the method of choice for visit verification. Provider agencies using HHA or a third-party vendor should have caregivers download mobile applications

	<p>on their cell phones or tablets. EVV mobile applications are capable of offline mode. An alternative to capturing GPS location through an EVV mobile application is Interactive Voice Response (IVR), which requires the caregiver to check-in and check-out using a landline or cellular device located at the customer's home and belonging to the customer. State payers will release updated EVV policies addressing whether their programs allow IVR and, if so, what the required processes are for validating that phone lines used belong to customers.</p>
Who will send monthly compliance reports to IDoA and DRS provider agencies?	<p>HHA transmits the monthly “Know Your Numbers” (KYN) compliance reports on the 15th of every month to provider agency representatives with administrator profiles in HHA. The provider representative who completed enrollment with HHA has access to add additional administrative staff within their HHA portal. All provider agencies, whether using the free HHA solution or a third-party vendor for EVV, will have portals in HHA and the ability to run point-in-time compliance reports. This will be covered by HHA in training.</p>
What will be the max GPS radius for the HHA mobile app?	<p>The GPS range in the HHA mobile app is 500 feet. Provider agencies using HHA that have clinicians encountering issues, such as inaccurate “home” coordinates, can adjust “home” coordinates either directly within the HHA system or within the HHA mobile app. EDI providers should consult with their third-party vendors on how to adjust “home coordinates” within their systems.</p>
What role does HHA play compared to DRS and IDoA in supporting provider agencies with EVV implementation?	<p>The role of HHA Technical Customer Care (TCC) is to support providers on matters regarding the functionality of the HHA system. TCC offers technical guidance for provider onboarding and for ongoing system usage. Providers should outreach IDoA and DRS on EVV policy matters or</p>

	when they feel they are not receiving adequate technical assistance from HHA TCC.
What is the process for a mismatch of linked information (auth units, service codes)?	When the provider agency encounters an issue related to an inaccurate or absent authorization, the provider agency should contact the payer (MCO , IDoA , or DRS). HHA TCC cannot assist with conflicts between what the payer told the provider agency is authorized and what the payer transmitted to HHA. HHA will cover in training the option of provider driven placement (i.e., provider agency manually links member to payer) for a provider agency to utilize while the provider agency awaits a corrected authorization from the respective payer.
Are SSNs required to be entered in the system for customers and caregivers?	Yes. HHA users must include full caregiver SSNs in caregiver profiles within HHA, and EDI providers must transmit caregiver profiles with full SSNs to HHA. See past HHA guidance on this requirement. HHA will cover this requirement in training for IDoA and DRS provider agencies.
We've emailed ILsupport@hhaexchange.com several times for assistance with obtaining login credentials and have not received a response?	Please call the HHA support line at 1-646-821-8784. If you encounter concerns regarding lack of adequate assistance from HHA by phone or email, please notify IDoA or DRS for escalation.
Which MCOs are in scope for IDoA and DRS provider agencies?	<ul style="list-style-type: none"> • Aetna HealthChoice • Aetna MMAI/DSNP - DUALS • BCBS • CountyCare • Humana • Meridian (Wellcare) • Molina
Is there a limit to use the number of customers that can be service for an agency to qualify to use the free HHA solution?	No. There are no customer/population limits for using the HHA State solution.
Can the clock in/clock out app be visible in other languages for caregivers that prefer other languages?	Yes, the HHA mobile app does allow language preferences when signing up.

We registered with HHA from the beginning; however, as the administrator, I am unable to log back in to the portal as we've transitioned to a third-party vendor. Do we have to re-register to be onboard with IDOA and DRS?	You should not need to re-register. Please call the HHA support line at 1-646-821-8784. One of the Technical Customer Care representatives will be able to assist you.
Can the caregivers do free training also?	Provider Agencies will be responsible for training their caregivers on using HHA EVV. The upcoming training sessions will provide you with resources and training materials to use to set up and train your caregivers.
Will the homecare aides be able to use the 1-800 number to capture their visits in the customer's home?	Using the application on a mobile device to capture check in and check out times is the preferred method. Provider agencies with concerns regarding a caregiver's ability to use the mobile application should reach out to IDoA or DRS for guidance.
Will we be able to transfer all the data from the EVV system we are using now?	You do not need to send historic data to the HFS aggregator, only data from 03/02/2026 and forward. Your current visit data will be retained in the EVV system you are using.
When using the free EVV version, can workers document that ADLs were done?	Yes, caregivers will be able to document tasks using the free EVV tools.
I had a demo with HHAeXchange a few months ago and received a quote. Is this system the same system but at no cost?	There are two HHA products, the Enterprise solution and the free State solution. The Enterprise solution has features that are not included in the free State solution.
How do I access my HHA portal? Do I do that by filling out the Provider Enrollment Form?	Yes, the enrollment form will need to be completed to get access to your portal. Portal access will be granted in January of 2026 for IDoA and DRS providers.
What about service codes for transport? The only service code I see for IDoA is S5130?	Transport services are not subject to EVV requirements. Only personal care services (PCS) and home health care services (HHCS) are subject to EVV requirements. PCS include homemaker services (i.e., S5130).
A caregiver reportedly doesn't need internet connection for clock in and out via the HHA mobile application. What do we do if caregivers report concerns using offline mode?	Yes, HHA does allow for offline mode. if your caregiver experiences issues, please reach out HHA Technical support for assistance.