TMHP

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP

A STATE MEDICAID CONTRACTOR

EVV Proprietary System Compliance Method – PSO Certification

For Proprietary System Business Rules

Effective 08/24/2026

EVV Proprietary System Operator (PSO)
Certification Form

This Certification Form is a required compliance method component for all program providers or financial management services agencies (FMSAs) requesting approval to use an EVV Proprietary System (PS) that has been evaluated for compliance with EVV requirements through an Operational Readiness Review (ORR).

The program provider or FMSA certifies that the statements listed below are true and correct. Further, the program provider or FMSA acknowledges that the Texas Health and Human Services Commission (HHSC) and its claims administrator, the Texas Medicaid and Healthcare Partnership (TMHP), have relied on these certifications to approve the program provider's or FMSA's use of the EVV PS known as [EVV Proprietary Software Name] to electronically document and verify the data elements for a service delivery visit.

1. [Legal Entity Name]'s EVV Proprietary System complies with all requirements governing EVV in state and federal laws, the HHSC EVV Policy Handbook, and agreements for EVV Proprietary System evaluation, approval, and business operations, including compliance with required EVV Business Rules for Proprietary Systems, as they may be amended from time to time, throughout all approved operational periods.

2. [Legal Entity Name]'s EVV Proprietary System will capture visits for only the following national provider identifiers (NPIs) and atypical provider identifiers (APIs): [All NPIs/APIs].

3. [Legal Entity Name] will ensure all System Users of the EVV Proprietary System will complete mandatory system training before using the EVV Proprietary System and will provide ongoing and annual system training.

4. [Legal Entity Name] will notify HHSC and TMHP of any changes that may impact its compliance with EVV requirements or the EVV Proprietary System's compliance with EVV requirements, including changes to the Signature Authority and Signature Authority contact information, according to the notification timeframes outlined in the EVV Policy Handbook.

[Legal Entity Name]

Program Provider or FMSA Legal Entity Name

Name of Signature Authority *(printed)*

Signature *(stamped signatures not accepted)*

Date