CalEVV Live Solution Demonstration

Moderators: Tim Nyberg and Sean Dunham
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Tim Nyberg:

Wonderful. So, thank you everyone once again for joining us for today's CalEVV system overview and demonstration. My name is Tim Nyberg, I work for Sandata Technologies, and we are here representing the EVV Phase II program for the state of California, and we're going to be walking through today the EVV system that the state has selected, giving you a little bit of background over it and hopefully give you a little more information to understand what's coming up next for your program.

As we go through for today, we'll be covering a couple of different topics. We'll start at the high level, and walk through a bit of background and explanation on EVV, electronic visit verification, what it means, what it means to providers, and what it means specifically here in the state of California.

We'll be looking at and demonstrating the toolset that CalEVV will be using for their state-supplied solution, both from an agency vendor administrator standpoint, as well as from the caregivers' perspective, and we will be doing a live demonstration of the system for you here today.

At the end we will be taking questions for the presentation, I'm sure you have many. Before we go ahead and get started, I do want to walk through a little bit of etiquette because we do have so many folks on the line. And once again, thank you all for taking the time to attend. Because of the large audience, we will have the participants muted for today.

We want to capture your questions and we want to do so in such a way that we can make sure we respond to all of them. So today we will be using the Zoom

application's Question and Answer feature. So, on your Zoom UI that you use to register and access this presentation, there is both a Chat button and a Q&A button on that. We're going to be focusing on the Question and Answer (Q&A) for today.

So as we go through the presentation, if you have any questions, please type them into the Q&A a section of Zoom. We have moderators that will be monitoring those [and] answering them as we go.

And then we've reserved a fair bit of time at the end of the presentation today to come back around and walk through all of those questions and try and answer as many of them as we can. Given the size of today's audience, I'm not sure we're going to be able to get through all of those. But rest assured those that we don't address, now, we will have our answers provided to you, and that question-and-answer list will be shared by the departments through their EVV website.

As we go through once again, we will be doing a presentation. I will have everybody on mute.

And if there are any questions around closed-captioning, or ASL, please put them in the Q&A as well. But, just as a reminder, the ASL interpreter is on the video link.

Thank you very much for providing that service for us today, and the closed-captioning for Spanish language speakers is now enabled and I believe the link is posted as well.

And so with that, I think we're going to get started and head into the overview of our systems and what EVV means for the program.

So, at a high level, EVV, which simply stands for electronic visit verification, is a method by which information around a caregiver's visits and interactions with individual recipients of care is captured in parallel with the actual activities occurring.

As part of the 21st Century Cures Act, a federal law passed in 2016, directed all the states that are part of the Medicaid program [are now] required to use any EVV system to track the time and those visits for personal care services, which we'll be referring to as PCS as part of this, as well as for home health care services, HHCS, as we go forward.

So, based on the 21st Century Cures Act, we're putting into place on behalf of the State of California, a system to allow provider agencies, which we'll refer to here in California is agency vendors, to capture visit information at the time the visits were taking place, and then deliver that visit data up to the state for the Medicare and Medicaid Services.

As part of the EVV, there are a few data elements that are required to be captured explicitly under the 21st Century Cures Act, that we want to make sure are captured for every visit that occurs on behalf of Medicaid for those recipients, comes down to six key data elements that an EVV system must verify for every visit. First one is the type of service that was performed, the "what service happen at during the visit." Next one is, "who was the individual receiving that service." Three, "when did that service occur." Four, "where did that service occur," and we'll talk about that one a little more in a little more detail as we go. Five, "who was the individual providing that service," who was the caregiver that was delivering that service to the individual. And then six, the start and the end time of that visit.

So those are the six Cures-compliant data elements that every EVV visit needs to have in order to be compliant with the 21st Century Cures Act. As we go forward, the EVV system that the state is looking to provide is one that will capture those and today we're really going to discuss how those will be captured and give you a demonstration of them. But the EVV system that we're going to be talking about today is really focused on a telephonic mobile device smartphone, if you will, and computer-based system that allows agency vendors to electronically verify when those in-home visits occur.

Now EVV is going to be used here initially to focus on those home and community-based services under the PCS, so under the Personal Care Service umbrella, and verify that those individuals receiving services get those services and those six data elements are captured in accordance with the 21st Century Cures Act. One of the steps, and we will come back to this a little later on in the presentation, but all EVV vendor agencies will need to be registered. All of you that will need to use an EVV system and deliver those personal care services for home health, or excuse me personal care services for the Medicaid departments, will need to be registered by January 1, 2022 to either specify whether you're going to be using the state-supplied solution, and that's the solution we will demonstrate here today, or let us know that you're going to be using your own alternate EVV solution.

One of the key points we want to highlight here today is that the state and the departments that are responsible for implementing EVV have allowed there to be a choice that each individual agency vendor can make. You can determine for yourself whether you would choose to use the state-supplied solution, and that's the one we'll demonstrate for you here today, or, if you already have an EVV solution that your agency uses, you may continue to use that EVV solution and have that data delivered from your solution directly to the state program without your agency having to change any tools whatsoever.

We refer to that process as alternate ETV, and we will have a separate, focused Town Hall on that alternate EV interface and how those EVV data suppliers, those other companies that provide EVV services, can deliver their data through an interface to the state program. That Alternate EVV Town Hall will be coming up in the coming weeks. Today's Town Hall is focused on the state-supplied solution, and this is going to be the solution for agency vendors who do not have their own and wish to use the system that is supplied free-of-charge by the state.

That's the system we're going to show today.

Regardless of your decision, whether you're going to use one that your agency vendor already has, or whether you're going to use the state system, the PCS services will be implemented and live January 1, of 2022. Home Health, HHCS, will be live January 1, 2023.

So, that's the timeline that we're working on for both the PCS and the home health services. Obviously, PCS is a little more pressing so it we'll be focusing a little more on PCS now, but ultimately, for all agency vendors, regardless of whether you're PCS or HHCS or if your vendor agency supplies both types of services, know that PCS will be live and in place January of next year, and home health will be coming the following year in 2023.

So, as we get into our presentation today, we want to set a base set of key terminologies that we'll be using and referencing throughout today's conversations. Wherever possible, we're going to try and utilize the terminology that exists and is common here in California, to make sure that we're aligned, but here we wanted to walk through quickly what the terms represent as you see us demonstrate the system today.

So, I think the first one, perhaps the easiest one to understand, is vendors. You, the provider agencies, who are out there coordinating the delivery of care on behalf of the jurisdictional entities and ultimately the departments and organizing caregivers for the delivery of that care.

Throughout the course of today's presentation, we'll be referring to you obviously as vendors, but also potentially agency vendors. If we slip here and there, we may revert back to referring to them as providers. But wherever possible, we're going to try and focus on agency vendor to represent you, the entities that are responsible for that coordination and delivery of caregivers out to deliver care.

Recipients, otherwise known as members, the EVV system may occasionally refer to them as clients. These are the recipients of care; these are the individuals who we are

all here to help and are receiving the care delivered by caregivers, through your agency vendors, on behalf of the Medicaid programs.

Caregivers are those individuals who are tasked with going out and delivering the care. In today's presentation, we're going to be focusing on PCS caregivers, but knowing that nurses and LPNs represent the same sort of caregiver activity, at least in terms of EVV, for the home health program coming up later.

We do have jurisdictional entities. Different departments refer to them in different ways. They could be the regional centers or managed care organizations, but these are the entities generally responsible for coordinating the delivery of authorizations out to you, the agency vendors, on behalf of the Medicaid departments, and they are the ones who coordinate the delivery payment and organize the coverage and coordination of care through for the individuals and organize and engage the agency vendors to help support and deliver that care.

Finally, the last term that we're going to cover for today that will come up as part of our discussions a little bit, [is] an an individual provider.

So, this is a little bit of a variation on the agency vendors, but we know that here in California, and this is not uncommon, we have individuals who act both as their own agency vendor, receiving authorizations and submitting claims for payment, and also act as their caregivers. So, you can almost think of this as an agency vendor of one individual. The EVV system helps support those individual providers in some specific ways to make their use of EVV a little more streamlined and easy to interpret, so we wanted to call out the fact that while agency vendors are out there and we will be supporting them through the EVV system, the individual providers will also be supported in the state-supplied EVV tools as well.

And so with that, I think we're going to start looking at and getting into the EVV system itself.

When we start talking about the state-supplied CalEVV solution, we're going to break it into sort of two parts. Those folks at the agency vendor offices, those ones who are responsible for the administrative work associated with the agency vendor as a business, and then we'll focus on the individual caregivers, those caregivers who are out in the field, delivering care and interacting directly with the recipients and members out there.

So, we're going to start with the Administrative Tools. This takes the form of our CalEVV portal. It's a web-based portal where agency vendors who are using the same supplied solution, and their staff, can go and review all of their visits and see all of the data coming in from your caregivers around the visits that are being collected through the EVV system.

The CalEVV portal is a one-stop shop for the agency vendors to see the activity and, where necessary, make modifications or corrections to that data so that it can be then sent on to the state for the Medicaid program, and ensure that those visits that your caregiver staff are performing are accurate and aligned to authorizations and to the delivery of services as directed by your jurisdictional entities.

As we said, it is a web-based application, designed to really give you visibility into those specific areas of EVV and ensure that the visits that are captured are captured correctly, captured accurately, meet those six data elements that we were talking about earlier, and should there for any reason be situations where visits are missing data or have some problems, allows the administrators there in the agency vendor office to make corrections [and] make updates to bring those into compliance, so that they can then be sent on. The portal breaks down into a couple of different features that will see here in just a moment.

But as we step back and look at how you're going to get access to the CalEVV portal, for those of you who choose to use the state-supplied solution, as opposed to using your own choice of a EVV system external to this, will sign up and you'll

receive our in-depth system training to get access to your individual EVV, CalEVV, portal system.

In that training, you'll learn to: utilize all of the different features and functions, specifically around your creation and management of your members, those recipients of care; entry and management of your employer or caregiver records; always be able to run reports and have visibility into the activities that are going on within your agency vendor; and make sure that you can see and add new portal users.

So, you have the ability to add your own users to the system, add your own clients and caregivers in, run their reports and modify and manage permissions for those administrative users and those caregiver users, so that they can have only the amount of access that you, as the agency vendor, choose to give them. [The] system comes with several defaults, as we'll see here shortly, but you have that flexibility within your agency to modify those and restrict them down, should that be necessary.

The CalEVV portal also lets you get some information upon completion of that training. So, as you go through and you learn and you see the how the system works, at the combination of that training, you'll receive a welcome pack. That welcome packet contains additional information for your staff, support, and materials based on what you've just learned and experienced through the training, and then your specific details and credentials on how to access your individual account of the CalEVV portal.

Each and every agency vendor who uses the state's supplied solution will receive your own unique credentials and your own unique account for it. On the culmination of training, the welcome packet is how you will receive your keys to your kingdom, if you will.

So, at this point we've talked about what the EVV portal is, what it's intended to do, how it allows the agency vendors who choose to use it to enter data, to manage their

data, to run reports, and get visibility into EVV data, add users, [and] manage their access.

Next up, we're going to shift over to the actual demonstration of our systems. And for that, I'd like to introduce you to my colleague, Sean Dunham.

He is a product expert and demonstrator here at Sandata, and he's going to walk us through the EVV portal. Keep in mind this is for the administrative office users, how it's set up, and then we'll walk into some of the other aspects of the portal as we go as well.

So, Sean, if you're out there, I will stop sharing and let you share your screen so folks can see a live demonstration of the EVV solution.

Sean:

Great. Thank you, Tim can, can you hear me.

Tim:

I can, yes. Excellent. Okay, great.

Sean:

All right, let me share my screen.

Alright, thanks again, Tim, and good afternoon everyone. Like Tim said, my name is Sean Dunham, and I am from Sandata Technologies, and I am also the business analyst for the CalEVV implementation.

It's great to be talking to you all today and I'm very excited to show you how you will be able to collect the data in 2022.

I want to use some personas to drive the demo and make sure you understand who will use the systems and why, because I'm actually going to be showing you two systems today. So first I would like to introduce you to my friend and soon to be yours, Annie Agency. Annie works as a supervisor at the agency vendor, and she makes sure that her

caregivers are providing the right services, to the right members, in the expected timeframe. She can see visits being conducted in real time and can quickly review any issues with the visits, such as if they generate any exceptions.

Tim:

Hey Sean. Oh, go ahead. Sorry to cut you off. It looks like the Zoom has not shared your screen yet. There we go. It just showed up. Sorry to interrupt you.

Sean:

No problem. Thank you for pointing that out. Alright, great. So now you can see my screen, and what I'm going to do is I'm going to now go in and login as Annie Agency into the CalEVV portal, and I'm going to be adding a user. We will also add a client and employee and then later on we'll review visits and will also show reporting. So, the first thing I'm going to do is jump over to the application, and I'm going to log in.

When Annie logs in, the first place she is brought to is the dashboard. The dashboard is where I can see and she can see: Do I have any visits from unknown clients? Do I have any visits with no employees? If she does, then she can start investigating and making sure those gaps are addressed. If not, she can move to her first job, which is to enter some users into the CalEVV portal. From the left menu bar, I'm going to expand Security. Notice that I can manage users, but more importantly, I can add users to user roles. This is going to address multiple issues at once and we highly recommend using them. Using the role can streamline user access, and also ensure that everyone has the same privileges.

Please use the Roles functionality in the CalEVV portal. Once roles are defined, then I can add users to it. So, I'm going to go to Manage User Roles, and we will provide you with predefined roles, so that you can use those and make sure that they meet your agency vendor requirements. But once you've added users, once you've created these roles, you can then add them to the users.

And the way I would do that is if I want to create a new user; all I have to do is go to the Manage Users module and then create a user. So, I'm going to come over here and choose Manage Users, and I'm going to hit the big blue button over here to the right that says Create User.

First, I would enter the user's email address, which will then be used as their login credentials. So here I could type in their login information and enter it again. Anywhere you see the "required field" asterisk is where I'm going to need to enter those fields as required. I'm going to try and make my screen just a little bit bigger.

I know it's hard to see on a demonstration online. Here I need to make sure that I have the exact same email address, and so the system will tell me that. The next thing I want to do is I need to enter my last name, as well as the first name. Once I've done that, then I can assign the available roles. So, here I would add my name, and then I would be able to choose a role. That's the advantage of building these roles. I don't have to go down to the section right below which is assigned the privileges individually. It's going to be a lot easier using the role so I need to do is determine which roles I need for this particular user. So, this user is a system administrator, that I could come over here and look first here the admin and add that security admin role. If they also need the coordinator role, I could add that as well. I could add reporting, the ability to export reports, if they aren't part of those other Assigned Roles. I can, like I said, I can skip assigning privileges. Since you're using roles with those same privileges loaded into them. Then all I need to do after that is press Create User, and that user will get an email with instructions on how to log into the CalEVV portal.

Like I said, we highly recommend use these roles, it's going to make building users a lot easier than trying to assign privileges and it will also lock down the possibility that you don't have users using the same privileges. If they're all in the same role, they all have the same privileges.

Okay, the next job I want to do as an agency is I want to add clients to the CalEVV portal. So, from the left menu bar, I need to expand data entry and choose clients. I'm

not going to save that user because as you saw, I'm already in here. I am then brought to the search screen where I can search for existing clients based on the criteria listed. So, I could limit the criteria or I could just hit the search button and I could see all the clients that are available to me.

If I want to create a new client, all I have to do is go to the top right corner, just like Users, there is a big blue button right here that says Create client. So, I'm going to press that big blue button and be brought to the Create client screen.

Required fields are noted, just like on the user section, with an asterisk. And I didn't mention this earlier, but I want to mention that this entire application is ADA-compliant. So, I can hit the tab, and I can go down to the fields that way as well. I'll add the client's name. I'll add their Medicaid ID, which is the client identifier field, and also fill out the client "other" field, if the client has more than one identifier. So, I'm going to enter in the name, come over here to the Medicaid ID, enter in their client identifier, and then if I had another identifier I would enter here as well. Just going to enter in the same one. I can then log more information if I want to click that for this client as well. Note that language preference can be logged here as well. So, the default being English but the languages that the program is assigned to and can use will be here as well. On the right panel. I can enter one emergency contact for the client. So, I can define that relationship to that client, want to put in the mother, I can add all the mother's information for that client.

Below, I can add the specific payers for this client. I'll press Add New and then select the payer program, and service, along with the from date, and then press Add to save. So, here I can look for the payers, so if I choose the California WPCS, and then we'll get the program. If more than one is defined then I can select it (for this one I only have one) and then I can select the service that's associated with that payer program combination. So, I could choose personal care services and home.

I can enter in the client payer ID if I had it, and then the from data is the other required field in this, in this wizard. I just need to choose when was this payer program service

combination accepted. If it was November 1, I can put it there so I can back-date it I can future-date it. If I had an end date, I could put that as well, but I'm not going to put that so I just need to hit Add. Now you can see I've added that payer/program/service combination, right here. If I had another one, I could do the same thing. So, I could come back here, could be the same payer program, could be a different service.

So, I'm actually going to do respite for them as well. This also started on November 1. I'm going to hit Add. And now you can see two programs there, payer program services, defined for this client. The next few sections cover the address and phone numbers for the client, both allow for multiples. So, I can have a primary address as well as secondary addresses and a phone number, I can define multiple phone numbers. So, if I wanted to put home mobile work, other I could add those phone numbers as well.

When I finished those sections I can press save, and it knows I do have to enter an address, so I'm going to choose an address.

I am out here in Colorado, where it is going to start snowing tonight. Finally, pretty late pretty late in the year to get some snow out here in Colorado. It's been snowing in the mountains but not down where I am, which is a little bit north of Denver.

So, here again I can insert a phone number if I need to as well. I'm going to put in a home phone number. Hit Add, and now I've got a primary address and I've got as well, a phone number that I can reach a client on. Next thing I need to do is hit Save.

I'm going to press Save I'll get a message if this was successful or not. I'll get a quick warning here, "sure you want to save this one." I'm going to say okay, and success, the client was successfully created.

I can see that information I just entered. I can also create another client; I just have to click Create Client here. So, if I was Annie and I was entering in multiple clients today, and maybe had 12 I need to enter today, I can just continue, I wouldn't have to jump back out of the menu and jump back in and go back to the client search page. Yes, so navigate away from the page. I'm sorry, I didn't create client. That was my fault. You go

back and you'll see I can see all four now, I had three before I now have four. So, now that I've entered in my client, the next action I want to do as Annie is enter employees into the CalEVV portal.

So again, from the side menu, Data Entry was not expanded. It was shut like this. I would expand it, and then hit Employees, and like clients, I'm brought to the search grid where I can search for existing employees based on the criteria listed.

If I want to create a new employee, then all I have to do is, just like the other pages we saw, is go to the top right corner and hit that big blue button. So, I do a quick search here; I can see a couple of the employees I've already built. So, I'm going to hit Create employee to add another employee. Just like the client screen, I am brought to a page where the required fields are noted with an asterisk. I mentioned this, but I like to mention it again, this entire application is ADA compliant.

I'll add the employees name and any other data fields that I'll need for this employee. So, this is actually going to be Mary Caregiver, not Carrie Caregiver. I want to add Mary here. [I want to] verify I don't have any other required fields. While the email address is not required, I'm going to show you where it will be required, if I do a certain function. So, I filled out the basic information as far as required fields.

On the right panel here, I can enter the employment data. The most significant field in this section is the mobile user checkbox. Right here, enabling this checkbox will send an email to the employee or caregiver, like our friend Carrie Caregiver, and provide her login access to the Sandata Mobile Connect application on her smartphone.

So, be aware that the employee must have a valid email address listed on their profile, in order to send them the login information. So, if I checked off mobile user, I need to make sure that I fill in an email address if I try and save, I'm going to get a warning that tells me I cannot proceed without a valid email address. So, I need to make sure I have an email address if I'm going to use this functionality. Once I save, that caregiver will receive an email, and that will have the login information to get into Sandata Mobile

Connect, it would not be for this portal, it would be for the mobile application which I'll be showing shortly.

The next two sections cover primary address and phone number. When I finish these two sections, I can press save and then receive a message if the service was successful or not. And if we check off that mobile user checkbox, like I mentioned earlier, the Sandata Mobile Connect, or SMC, login information will be sent out to that caregiver. I'm going to turn it back over to Tim, so he can describe how to conduct visits with the CalEVV program.

Tim:

Excellent. Thank you, Sean. Let me start sharing my screen.

Sean:

I've got the slides right now Tim if you want.

Tim:

Oh, I'm sorry I just, I just pulled it over so I think we're okay. Totally fine.

Alright so as, as, Sean just talked about the EVV, CalEVV, web portal allows those administrative users in the office setting to view, enter, and manage the recipients that they are coordinating with delivery of care to, as well as the caregivers that are working on behalf of that agency vendor to deliver that care.

We're now going to switch over and look at the tools that the CalEVV system is going to supply for those caregivers. As Sean just mentioned, agencies create those caregivers within the, the web portal itself.

They have the option to specify that that caregiver is a mobile user. And by doing so, as he said, that will automatically generate the set of credentials for that caregiver to start using and be, have available to them, a set of mobile tools for their, their visit capture, and that's what we're going to look at now.

For EVV, the visit capture methods that the state's solution provides are twofold. We're going to look at both of them here, and then we're going to demonstrate the mobile app in just a moment.

The two methods that we're going to be focusing on our mobile visit verification through a smartphone or smart device and telephonic based visit capture. And we'll look at telephonic next, but the first one that we're focused on is really the primary method of capture, and that's through a mobile device. Sandata offers a free application, it's supported on both iOS and Android devices, free from the Google Play or iTunes App Store, that once a caregiver receives credentials through their email, just as Sean demonstrated earlier, they can then login directly to the Mobile Connect application and start capturing the details of that point of care information that we need for a complete EVV visit.

If you'll recall back to the beginning, the 21st Century Cures Act really focuses on six data elements: the individual, the service, the delivery, the caregiver, the date the location and the start and end times for that visit.

It's this mobile application that really allows those pieces of information to be captured at the point in time that the visit is occurring. The mobile application works both in a connected and disconnected, or offline, mode.

That means the app can work on a Wi-Fi network, it can work on a cellular network, or it can capture EVV visit data in a disconnected totally offline mode, and then transmit that data securely back to the EVV system when that device reconnects to a network or a cellular network at the caregiver's discretion.

The system captures the location of the visit, only at the start and at the completion of that visit. It does not track the caregiver outside of the visits and it does not track the caregiver's location, during the course of the visit. It only captures that snapshot information at the beginning and at the completion of the visit, and it no other times. It also supports multiple languages and we'll look at the language list here in just a

moment, to maximize the use and ease for the caregivers that are utilizing the app. We'll look at and demonstrate the Mobile Connect application here in just a moment.

Before we do, I wanted to focus and touch briefly on the other mechanism that we have for capturing those visits for the EVV system, and that's through our toll-free telephony system. Telephonic visit verification is available for every agency vendor who chooses to use the state solution and allows us to support caregivers who either don't have access to a mobile device for whatever reason, or might not be able to access it for this particular visit.

The caregivers will receive information around a toll-free telephone number, specific to your agency vendor, they'll simply dial that number from the member's or the recipient's phone and walk through an automated IVR script. The system itself uses the same technology as 911 systems to identify the member of the phone number and the location of care. That telephony system can be used separately as a standalone. You can have caregivers enter their visit data exclusively through telephonic visit verification. Or you can have them use the Mobile Connect application exclusively and only enter their visit data through the mobile app, or you can have them mix and match. We know and understand that there are situations out in the field that are unexpected.

So, the state supplied CalEVV solution allows those caregivers to start a visit in the Mobile Connect application and complete it on telephony, or vice versa. The most common situation there is starting a visit on your mobile device and then, as so often happens to many of us, our battery runs out. So, I no longer have my mobile device but I still need to complete my visit.

I can do so by simply dialing into the telephonic visit verification, end my visit on through telephony, and the system allows those to happen seamlessly with no problems or impacts to the caregiver or the agency vendor. Just like the mobile application, the telephonic system supports the same set of languages. In this case, through the recorded verbal prompts, so that caregivers in their own language can interact with the system seamlessly.

While we're going to demonstrate the mobile app here, in just a moment, I did want to walk through and highlight that as part of that telephonic delivery, the system is really focused on minimizing the amount of touch and minimizing the impact to your caregivers and their delivery of care. The telephony call, once you dial into that toll free number, is very short and very focused. We're not looking to collect large quantities of information from those caregivers. We want them to be able to clock in quickly and get to delivering care. At the completion of care, we want them to be able to clock out quickly and move on to their next job.

So, oftentimes when we're walking through, one of the things that we're just going to focus on is, enter your identifier, you as the individual caregiver. Keep in mind for the 21st Century Cures Act, we need to identify who the caregiver is. Every caregiver that Sean demonstrated being entered into the EVV portal earlier will receive their own ID. They will just enter that ID through the telephony system, and then once they have done so, the system will simply prompt them to clock in or clock out.

Once they make that choice, the system will acknowledge that the time that they have clocked in or clocked out, and allow them to hang up and finish that and go deliver care. If there are multiple services being provided the system before hanging up allows you to go through and do that for every one of the services, so that they can enter the different services that are being associated with the visit, and capture all of those in in one continuous timeframe so that the caregiver can then go back and focus on the area that they're there for, really, they're here to deliver quality care.

We want them to clock in quickly, focus on the care, focus on the recipient, and then when the visits complete quickly clock back out so that we can capture that information and move on to their next visit.

For those caregivers, we've talked about it briefly in both the SMC and the telephony systems, for the CalEVV program, there will be eight different languages that are supported for the program at launch. Each language that you see here on on the right side, will have prompts in the mobile app, verbal prompts or audio prompts through the

telephony system, as well as a quick reference guide, a one sheet reference that the caregivers can use for instruction and reminders on how to use those systems effectively in any of those languages that they choose. So, as you can see, English and Spanish will both be available as well. Traditional and simplified or Cantonese and Mandarin Chinese Vietnamese, Tagalog, Korean, and Arabic. Those are the languages available at launch for the program.

And those will come for the mobile device, the telephony system, as well as those quick reference guides that the caregivers can use to make sure that they're using either tool that they choose to use effectively.

So, at this point, I'm going to pause I'm going to hand it back over to Sean, now that we've gone through and looked at what the caregiver tools and options are.

Sean's going to take us through what the mobile application looks like, and then bring us back into the CalEVV web portal to see how that visit capture data that was captured on the mobile device is viewable in real time from the agency vendor's perspective.

So, with that, Sean, if you're there, I will stop sharing and let you share to show the life of Carrie Caregiver.

Sean:

Sounds great.

This time I'll actually hit the share button so you can see my screen. There we go. There we go.

Alright, so like Tim mentioned, it's time to introduce you to Carrie Caregiver. Carrie will be using the Sandata Mobile Connect application on her smartphone to capture the visit information, and then send it back to the CalEVV portal.

Not only can she start an unknown visit, which I'll show, but if the mobile device is unable to connect to a network, then SMC (Sandata Mobile Connect is also called

SMC) will go into a disconnected mode, and then will immediately send the data once a connection is re-established.

So I'm going to jump over to the mobile application. So, I have a smartphone right here, tablet, and I'm going to log in to the application right now. I know it looks black-screen's black right- now but it will show in one second. When I'm logging in, I have the opportunity, like I said, to conduct a visit. So, here I can look at my visits. The first thing I'm brought to is Upcoming, and then I can look at ones in the Past.

So, if I press the Past, I'm now controlling the mobile device, I can see I did a visit earlier for a member, and I can look at that information if I click that member's name, and see the client was David Morgan, the visit time. Actually, I did not enter in a call out time for this one.

And so, I ended up having to have that fixed by the CalEVV portal. I know this is very small lettering, I apologize I cannot make it any bigger, so if you are going to ask that question. I apologize, I can't. So hopefully you can see what I'm writing. Alright so I'm at my visits I'm going to click the three horizontal buttons or bars over there at the top left corner. That's going to allow me to choose the Clients menu that the Clients menu I mentioned earlier, I do have the ability to conduct an unknown visit. So, if, if I, let's say, a member just joined the program yesterday and they are not in the CallEVV the portal yet, Carrie can still conduct the visit.

It's really important that you don't waste the caregiver's time and you don't affect the client's care. You want to make sure you can get that care for them. So, Carrie can still conduct the visit, and then we can point that visit to it's correct information, after it's added in, by our friend Annie Agency.

So, all I have to do is hit that Start Unknown Visit button I then enter a client name that information will be sent to the CalEVV portal, and then Annie Agency can actually enter in the actual client information, and then fix the visit so that it's the right client. I do know my client identifier for the visit I want to do, so I'm going to enter that in and

find our client Mr. Bullock. So, I'm going to type in that right now. I'm going to hit the- so this is the client identifier that I mentioned earlier when we built the clients- and do a search for the client and I can find him, so there's Seth.

I can see all of Seth's information. I can see his address, phone number, and all I have to do here is press Start Visit. I'll get a message asking what service am I going to be providing and Seth is only set up for one service, so that's the only service that is displayed. So, I'm going to highlight the circle and hit start visit. Here's where I can determine the location for that client. So, I could say I was at the home, or I was in the community for this situation, I'm actually at the home. So, I'm clicking on home. I'm going to click Continue.

Now I get the message saying, "Do you want to start the visit?" It tells me the service, it tells me the location, and it tells me the clock-in is going to be at 4:53pm because, like I mentioned, I am in Mountain time. So, I'm going to say, "You sure you want to construct the visit?" I'm going to say yes. Once I do that I'm brought to a screen where I have choices. I could abandon this visit. I could change the service, let's say I chose the wrong service, or I could hit complete and do it and then complete the visit.

I also have the opportunity to enter a visit note. So, as I was meeting with Seth, I decided that he told me that he wanted another visit on the 17th so Seth is requesting another visit on 11/17. Here we go. So, I've got the visit there and I've got Seth's note.

What I'm going to do now is I'm going to actually jump back to the portal, the CalEVV portal, because I mentioned earlier that this is done in real time, so I can actually jump back to the portal. So, let me bring that up.

Let me make sure my session didn't go away. Good. Excellent. So, I'm at visit maintenance. We talked about earlier that visit maintenance is important. Visit maintenance is where I can see all the information about the visits that are being conducted on a daily basis, and this is going to be Annie Agency's best friend.

So, I'm going to do the date range of today, and I'm going to make sure I filter by all visits, because I want to see everything, and when hit the search button. As I scroll down, I can see here is the visit that I'm conducting right now, so right in real time. This visit was started two minutes ago, and it gives me all the information. So, I've got the client name; I've got the employee name of that the service, which is personal care services, I've got the visit date, as well as the call in date. I do not have a call out, so this is what we call that exception. This is the [saying] "the visit is not complete," and does not have all the EVV information that it needs.

So, I need to make sure that I complete the call out in order for that visit to move to what we call the verified state. Then, if you notice, this is the visit I just showed you earlier as well.

This is David Morgan, and his visit was done at 10am, and he did not have a call out on his mobile device. So, it ended up being fixed and adjusted by Annie Agency, and she put the adjusted time in and it was 10:30am. That's how you get the adjusted hours. I can look at the visit. So, if I click on Seth's name, I can see all the information for that visit, I can see the general information about the visit, so what time is it started, what agency is this for, what agency name is it, what's the payer/program/service combination, right here. If I wanted to change any of this information, I could click on it and that would get a little message saying I need to enter in a reason code for why I changed that information. It's really important that you log that information as to why you're doing things.

I can look at the client information. I mentioned earlier if this was an unknown visit, then all Annie would have to do is come in here and do a search for clients. So, if I hit the search button here, and then she would just have to choose the right client. So, it actually turned out to be Francis, so I can click off Francis and then save it, and then Francis would appear here in the client information section. So, this is a way that you can add the information manually if it wasn't collected in the field, and you're fixing the visit.

The employee tab as the all the employee information for Carrie, so it tells all the information that we would find within the application. If it's the wrong employee I could change it. So, if I have that permission, I could change the employee and do a search. Actually, it wasn't Carrie Caregiver, it was Brenda Biller, so I'm going to select Brenda.

The call log information is important because here is where I can see the call type. So, Tim talked about the different call types. We have telephonic visit verification. We also have mobile visit verification and that's what this was done, right, I used the mobile device to do the visit.

So, I ended up getting that visit done using the mobile visit. It tells me it's mobile [and] actually logged that GPS information, as well. All of our mobile visits log the GPS information. You can actually see that GPS information here. So, you can see where that was done and where that member is located. If I scroll down, you can actually see exactly where I conducted the visit, and pretty close, pretty close, so I'm actually right here, but pretty close. So, thanks to Google, able to get that information. You can see where the client was located and I can see the call in. That was the clock in.

When I do the clock out later, I'll also see that here as well. Here's that exceptions tab. So, we talked about that being so important.

This is really important because you can't get a visit verified, and then move it into a claim status, if you don't have all the exceptions cleared. So, here I've got a visit without an out call, of course, because I didn't do an out call yet, right, that makes sense.

[The] memo section: here's where you're going to see that memo that I wrote about Seth wanting a visit. That's not sent until the visit is closed, so I don't have the memo yet, but it will come over and you'll be able to see it there. I can see a history. If I changed anything, or did any changes to the visit, you know, that's where we're going to log that

history. It's really important to have that, that paper trail to understand if the visit was changed manually.

Alright, I'm going to jump back over to the mobile application. Give me one second while I launch that. Then we're going to go back and we're going to finish that visit. All right here we go. [I'll] jump back over to the apps, [and] bring up Sandata Mobile Connect. I'm going to log back in, and when I log back in, I'm going to be given those options that we showed that I was showing earlier where I've got the option to abandon the visit.

Let's say Carrie got busy and she actually had to move on to a different call and another caregiver is going to come in and conduct that visit. She could abandon the visit off her mobile device, and then move on to the next visit. There also is the is the option to complete the visit. So, those are the options. Alright, so let me login.

So, for some reason, it doesn't really show well for the password screen on this sharing, but I'm going to enter in the login and login. Alright, so I'm logging back in. I have those choices [of]: do I want to abandon visit or the resume the visit. I'm going to resume the visit.

You can see my note was not saved because I did not complete the visit in that same session, so I'm going to type it in. Seth is requesting a visit on 11/17. Alright, so I've got my notes here, and I'm going to now complete the visit. I'm going to hit the complete visit button.

It's going to select where did I conduct the clock out. So, this could happen right, you could have Carrie arrive, and she might be doing the clock in at the home but it could then move to a community, or vice versa, or both could be in the same place. In this situation, it is still the home, so I'm going to click home. I'm going to hit Continue. Here's where I'm verifying the information. So, Carrie is saying, "Is this accurate; did I clock in at this time and did I clock out at this time; [is the] location still the same…." Here's my visit note. I'm going to send now to the CalEVV portal, so I'm going to hit

confirm. Once I do that, then the visit is closed, and I should be able to go to the visits tab here, [called] my visits, and I'll see my past visits. So, here we go. I've got both my visits here.

All right, let's go back. Now, I want to go back in as Annie Agency, and I want to verify that visit information was correct and corrected correctly. So, I'm going to go over back to the application. I'm going to close this.

I'm going to hit Search one more time, because I have updated the information, and as you can see my information is now changed to a verified visit. So, my adjusted time in/time out are here.

[Looking at] "How much were the call hours?" So, I was only there eight minutes, but all the information that I wanted is here. If I click on the visit detail and I go that memo section, here's my note. All the information I needed was collected. If I go to the exceptions, I'm not going to see any exceptions anymore. I'm not going to see that red mark that says I've got an exception that I need to fix, because the call out has now been collected.

As you can see, I've got another visit down below here that does not have a out call, so this is one that is verified right now as incomplete, it's not ready.

I could go into this visit, and I could look at the exceptions and I could determine that this is a visit that needs to be fixed. So, this is something that Annie's going to be doing throughout the day. She's going to be looking at her visits, making sure that they were all collected correctly. If they weren't, she's going to contact the caregiver, and she's going to work out why information is missing or verify that something was changed and maybe this is something that she needs to further look into to make sure that this client is getting the care that they need.

I'm going to close that and just give you a good feel for visit maintenance, because like I mentioned earlier, this is where Annie's going to spend the most time.

Now, this is going to be her best friend. This is going to be the module where she can go in and look at visits. She can make sure and understand why the information wasn't collected and then fix it.

I'm going to go here again and just look at our visit that we just did and show the call log. So, I mentioned earlier, we collected it using MVV. So, here it is again, MVV. So, did both the call in and call out with a mobile device, and [we see] the locations that are recorded. I'm in the time zone, at which time zone I'm in, and it will tell where the call source is. So, that's really important when you're looking at the data. You know exactly where it was recorded, and you'll know that it was done in the CalEVV portal.

If there were any changes to this visit, then I could go in and make those changes, but there's no changes. There's no history because I have not changed anything here. If I go and look at another visit. We mentioned earlier David's visit. This visit actually had a manual call, right, I did a manual call to fix that. So, if I go over to the history, I'm going to see that I did put a reason why I had to enter in that, that time that call out time and the reason they put a reason code. These are all things that will be defined for your program, and it'll give an understanding what I did. I updated the adjusted hours, which is on this tab, so that I could make sure that it was collected correctly, and I did give a reason code when I changed that information.

So, I'll give you an example. Let's say that visit actually was 10:35am. Right, it's actually 10:35am. Here's where that reason code would be where I would say why. Why am I changing that? It's really important to have that trail to understand. I should not be changing visits. Manual calls are something that should be a rarity.

You should have your caregivers working hard to collect that information, using the telephone or using that Sandata Mobile Connect application. So, this should be a rarity, and because it's a rarity, we want to make sure that there's a paper trail and understanding of why this visit was manually touched. So, here are some of the examples of things you can do.

There can be legitimate reasons why you're not going to collect, you know, information. You know you could be unable, like Tim mentioned earlier. Maybe the phone died, and you don't have a telephone that you can call. So, there are situations that could happen. You may have a mobile app issue or you may have a telephony issue. So, there's things that you can justify if you are going to touch this manually, but your visits, typically, should be done using the devices. You're using what you need to connect those visits.

So, I'm not going to say those changes. This is really where Annie's going to hang out a lot. She wants to see all the visits she's doing. She wants to understand the information and wants to hit this verified piece. That's going to be important, because that's going to tell you that the visit has all the information collected. There are no exceptions. This one has an exception, which is it's missing out call.

Alright, so like I said it's Annie's job to review all the visits. She needs to make sure the exceptions are dealt with. She needs to make sure that a verified visit has all the required program information, and it means that Annie should not have to review it for any issues. So, Annie can start a review today, you know searching for visits, and she can go to visit details and see the data. I showed you how she can see the GPS coordinates.

Carrie can see it on the mobile device as well. If she's going to conduct a visit she can also see where that where that client is located. I can create a manual call though, if needed. So, if it comes down to you have to really create a manual call, [there's a] big blue button over here up in the top corner just like the other screens. Hit Create call. Here's where I can enter in the information for the client. So, find the client. I only have a couple here. So, select the client.

Move on. Select the employee. I just ended the search because I don't have a lot of data, but you can start entering the last name, you can enter the first name [etc]. So, this one's being done by Carrie.

This visit is one that happened, and because it's a manual call, I can't type in (now) [that it's] seven o'clock tonight. It won't allow me. It won't save, that because it hasn't happened yet. So, if I say "great" [to] all these things here, [and] I try and finish, it's going to give me a warning. You cannot have a call time in the future.

This is a manual fix for something that you didn't do before. Oh, you know what, actually it was at 7am. Okay, great. I can hit finish now and I won't get that warning because that's a visit that's happened in the past. So, the visit's been created, but I just created the call in time. So, this one's still is going to need some manual help. So, I'm going to come over here and look at the visits for today, hit the search button, and I can see here are the visits with exceptions. So, all the exceptions. This is one of the things that Annie is going to be focused on, too. I really am concerned about the ones that are problems that need to be fixed I can look at all visits if I want to, but exceptions are important and maybe I want to look at specific exception type. I want to look at the ones that are missing the out calls. These two are both missing out calls.

I can do a search here and I can pull that up. So, I want to come over here to my one I just manually created, and I want to finish that one out. I can actually do them on the call log page, here, and start entering the information here, as well. So, if you did have to do manual call, we have the ability to do that.

Alright, so we talked about how to create calls [and] how important it is for visit maintenance. We talked about the first place to go is the dashboard. Visit maintenance is going to be place that Annie spends most of her time.

We also talked about data entry. So, you have the ability to add clients and employees. We talked about security. There's also an online manual you can jump to look at. The bulk upload feature is being built right now. So, I don't have the ability to show you that.

Then, I want to talk about reports. So, one of the jobs that Annie wants to be able to do is run reports. So, she's going to choose the report module. She's going to come in here

and she has two choices: she can do daily reports or date range reports. For this report, I'm going to choose the active client report. This is going to be limited to a day. Like I said, if I try and change the date range here, it's going to immediately change it for both those days. So, let's take a look at today. Perfect. I can put in the timeframes. I can enter more parameters if I wanted to, if I only wanted to look at CAWPCS, I can do that as well. I'm going to hit run report, and it's going to load the report. Here's where I'm going to be able to see all those active clients.

So, she can choose active client report [and] run the report. You have the ability to download the report into multiple formats. So, you can do PDF, you can put it into Excel, put in Word, and you have the ability to make it XML.

So, we have multiple options to download this report if you needed to download it. I just did a PDF version of it right here so you can see that you can create that and it'll be downloaded locally on your machine, and then you can bring it up and print it out if you needed to etc.

Alright, so we've covered two, CalEVV users today. We covered Annie Agency, that works for the agency vendor and uses the CalEVV portal to review visit information and add users, add clients, add employees, review visits, [and] run reports.

We also spent a day in the life with Carrie Caregiver, who works with the agency vendor and conduct visits, using the SMC mobile application, and she could also conduct them using telephony.

So, [I] want to thank you again for the opportunity to show you the EV applications. I believe now it's time to open it up for questions.

Tim:

Excellent. Thank you, Sean. I tell you what, I'll just take the… if you want to just go to the very last one. There we go. I appreciate it. As Sean mentioned, hopefully you've you found the presentation informative. We try to cover here what the activities in the

state supplied CalEVV portal will look like, both from the office administrator perspective, as well as from the

caregivers out in the field. This is how the system is real time for the activities that the caregivers are performing, to allow your agency vendor staff to see and be able to monitor and assist with those activities where necessary.

We do want to take a bit of time here before the end of our meeting time together to answer some of the questions that have been going on. We've been monitoring the chat as we've been going. Thank you all very much for the active participation and the broad swath of questions across multiple different topics.

At this point, I'd like to bring Kristine Snyder on. She and some folks from the Sandata team have been monitoring and sort of curating the questions. Several of you have seen questions being answered live. We've tried to do that wherever possible, and then both Kristine and Clella Newcomb, from Sandata, have been curating these and we'll take a few here since we've got about 15-20 minutes left, to answer some of the top questions that came across.

Just as a reminder, any questions that we don't get to here live in the presentation, we will be capturing and sharing out as part of the recording going forward through the department's EVV websites.

So, Clella, Kristine, are you out there and do you have questions that we can address here today?

Kristine:

Hi, thank you, Tim. Kristine, here. Can you hear me all right?

Tim:

I can indeed Thank you.

Kristine:

Fantastic. So, as Tim mentioned, we'll get through as many of these questions as we can with the time remaining here, and any questions we do not get to are being captured and those answers will be provided out through the DHCS website.

One of the questions that came in today is: "Many times our home health lvns will start their shift meeting at the child's doctor's office, school, or a local park, [and] not the home address of the service. How does this work?" With the electronic visit verification, as Sean demonstrated. you can use Sandata Mobile Connect for capture on your mobile device. So, it can go with you wherever that service starts, and wherever it ends. So, whether that's a home or community-based service that you are providing, you can go ahead and log the start and end of that visit, wherever it occurs. That's either through mobile connect or telephony.

Tim:

Excellent, thank you.

Kristine:

Absolutely. We've got quite a few more here.

The next question: "As far as mobile devices are concerned, can it be an iPad; what other tablets may be used with the system, Amazon Fire, etc?"

So, the Sandata Mobile Connect application can be used with either Android or iOS operating systems. So, if you have a smart device, whether it's an iPad or as Sean was using, a galaxy tablet, either of those will work.

The technical information, regarding what model and devices, is something that we can work with to post in the frequently asked questions or information on the DHCS website. The key thing to keep in mind is that the smart device must have GPS enabled on it in order to be able to capture that visit.

Okay, another question here is: "Home health care services will be implemented 1/1/2023. Do we have to register by 1/1/2021, or can we wait on the registration?"

Here, in the next week or so, you're going to be receiving the communication for providers of personal care services to register in the provider self-registration portal. If you do not provide personal care services, then implementation of EVV will come for you at a later time. The 1/1/2022 date is for providers of personal care services.

Tim:

And that's a great one to clarify, Kristine. We know that there are agency vendors out there who deliver both PCS and home health. In those situations, just the PCS portion will be enabled, and so just that portion would be captured and covered as part of on this implementation, with the home health coming on in 2023 years as we described.

Kristine:

Absolutely. Thank you, Tim.

Another question that we have that came in here: "Will agencies using a third-party application be able to utilize this agency level portal, specifically to viewer correct their data, after it has been transmitted."

This is a very important distinction to make about agencies who choose to use a third party, or an alternate EVV system. All management, capturing and management of your visit data, would be done specifically in your third-party system. When that information is sent to the CalEVV Aggregator, it will be viewable to you but in a read-only mode. All management of your data takes place in your selected third-party system.

So that's key to keep in mind as you make your decision have to use your third-party system [or] to use the state provided system, moving forward.

Tim:

Kristine, while you're bringing up the next question, just to add a little bit more to that, that's 100% correct. Those choosing to use their own EVV solutions, all of those edits [that you may need to make] that's [in] that system that your agency vendor decides to use. That is your system of choice You don't need to use the CalEVV solution, here. We will have more details on that interface and more information about how agency vendors who choose to do that can get support [and], can get access and visibility into the data they provide to the state, and details about that interface for their EVV supplier, in an upcoming alternate EVV-focused Town Hall, whereas this one focused on CalEVV and the state supplied solution. We will have a corresponding one focused on that interface for those agencies who choose to use their own EVV solution.

Kristine:

Alright, there's another question that came in: "When will we get our login credentials to the system?" This is also information that you'll be receiving by email or from your jurisdictional entities in weeks to come.

Before you receive credentials to EVV, there's an initial training course that you will take in a learning management system that you'll be provided a link to, and that initial training course this is going to give you the basics of what you would need when you have those credentials. [This includes] how you log in and the first few things that you would want to do once you log in and it's a general overview of EVV.

So, once you take that initial training course in the learning management system, then you'll be provided with the next steps to go in and download that welcome packet that we spoke of earlier in the webinar, which has your initial username and initial temporary password to log into the system, as well as your account number.

So, once you have those credentials, at that point, you can take additional training, as needed. There are short snippets of videos that will be provided to you in a video

library that you can access throughout the life of the program. Then you'd be off and running with those credentials.

Tim:

Great point.

Kristine:

There are several questions here regarding if there is the ability to upload client information into the portal. Tim, do you want to speak more on that?

Tim:

Sure, and that's a great point. Sean touched on it briefly, but I think it's worth going into a little bit more detail. So, we understand that agency vendors come in lots of different shapes and sizes. It's important to realize and remember that the state supplied EVV solution, the CalEVV portal, if your agency vendor chooses to use that, is free of charge. The state is providing that as a Cures compliant option, if you don't have your own EVV system. But, that EVV system is not intended to supplant or replace the agency management tools that your agency vendors already use. It's intended to be as small of a footprint as we can get away with, while still meeting the 21st Century Cures Act compliance and having oversight and visibility capabilities delivered to your agency vendor.

One of the ways that we know that provider agencies want to be able to use this, [is] likely, if your agency is of any size, you probably are already storing your caregiver information and your recipient member information in another agency management or other tool that you're using on a day-to-day basis. The EVV system is not meant to supplant that or replace it.

We want to provide options for your agency to be able to pull data quickly out of your existing system and load it in without having to do manual typing and entry.

As Sean showed today, the manual typing and entry is pretty lightweight and pretty easy to do, but if you have a lot of an individual recipients or a lot of caregivers, that can still become a daunting and burdensome task. One of the features that is going to be available for the state supplied solution…. We want to provide you, the agency vendors, with several options for how to get data into the system, you will always have that capability to manually enter it, as Sean demonstrated earlier. We'll also provide a capability, you saw the button there, (it's not available for the demonstration here today) but [you will] have an ability to allow you to pull that data for your recipients or for your caregivers, put it into a an Excel spreadsheet, and then use that

Bulk Upload feature to import the data that came out of that spreadsheet [and] have that loaded directly into the EVV system for you. So, you can pull data from your source system, and have it uploaded through a special excel sheet that will be provided as part of the state solution.

If there are on agency vendors out there that are a little bigger or a little more tech forward or have more complex agency management system, we actually have some programmatic interfaces, where those agency management systems can export and programmatically deliver that recipient and that caregiver information directly to the EVV system and have it loaded without the agency ever doing anything. It would all happen under the covers between your agency management system and the CalEVV portal system.

Those are both going to be options that are available to agency vendors who choose to use the state solution. Should you choose to engage either of those, both of them will have a training associated with them through the training that Kristine was just talking about. Should you choose to engage the option where your agency management system would directly send data to the CalEVV portal, we would engage with a little more information and a little more support where we can make sure that the testing between your agency management system and the CalEVV portal is done so that the data that's

handed across and transported under the scenes is accurate and consistent and is displayed in the CalEVV portal correctly.

So, we're trying to provide numerous options for you the agency vendors to be able to load and manage that recipient data and a caregiver data in the way that is most flexible and most accommodating to your agency specific needs, your technical acumen, and your size.

So, we are about five minutes away from being done, and we do have a couple of next steps. So, thank you once again for everyone who has provided a question, fear not for the many that didn't get their questions specifically answered. This is the beginning of those conversations, certainly not the end. All of the questions in the Q&A section will be captured. We'll be compiling the answers for those and the responses will be disseminated out through the department's EVV websites.

Should you have any ongoing questions, specifically around the EVV program or its policies, there is an email address available for those questions to be directed to.

Kristine, I don't want to mangle it, so I'm going to throw to you to make sure we get it right, because I want to make sure that it goes to the right channel. That address will also be included in the materials that we share after the meeting.

Kristine:

I'm going to go ahead and post that in the chat now as well. It is: EVV@dhcs.ca.gov.

Tim:

Perfect. So, evv@dhcs.ca.gov, thank you very much.

All right, well thank you once again for your time, your participation, your questions, and your interactions today. I think this was very good, and as we talked about, a great first step.

As we noted earlier on, upcoming next steps and next activities: you, as the agency vendors, need to make those decisions around your choices for EVV solutions for the PCS program.

If you are a PCS agency vendor [you will want to consider]: will you be using the CalEVV free-for-you, state-provided solution [or] do you have your own existing EVV solution that your agency already uses? [You will want to] determine which one is the right choice for you.

You will also hear later on this month [that] the agency vendor registration portal will be coming. Watch for communications on that self-registration portal, and that's where your information as a PCS provider will be captured and that choice around whether you're going to use the state-supplied, CalEVV portal, or whether you'll use your own EVV solution will be recorded there, as well.

Once you've got that, you'll need to register and indicate that choice, and that will be the mechanism by which we start engaging for the next steps.

Also, as we mentioned previously, upcoming here we will have more information around an Alternate EVV-focused Town Hall, very similar to this one, but focused for specifically those agency vendors who know that they're going to be using an alternate EV solution, and how that data and how that engagement between Sandata and our systems will engage directly with your EVV data supplier to get that data across and make sure it's reflected for the CalEVV program. So, be on the lookout for that one coming up, as well.

Kristine, any other parting thoughts or comments before we close out today's session?

Kristine:

I think you covered everything, Tim, and the biggest thing of course is that more communication will be coming out in the weeks to come, so please keep an eye out in your emails on the DHCS EVV webpage. You'll be kept up to date with the latest, and thank you everyone for your time today.

END