



FAQS ABOUT ELECTRONIC VISIT VERIFICATION (EVV)

General Information

Q1. What is electronic visit verification (EVV)?

A1. EVV is a part of the 21st Century Cures Act enacted in 2016. EVV was put into place to help ensure people are getting the services in their home that they need and are entitled to.

Q2. What does the 21st Century Cures Act require?

A2. [Section 12006\(a\) of the 21st Century Cures Act \(the Cures Act\)](#), mandates that states implement EVV for all Medicaid personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver, per [Medicaid.gov](#).

Q3. What information does the EVV system have to verify?

A3. SSA section 1903(l)(5)(A) provides that the system must be able to electronically verify, with respect to visits conducted as part of PCS or HHCS, the data points below.

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

Q4. When does the Federal Government require states to implement EVV?

A4. Pursuant to Subsection (l) of Section 1903 of the Social Security Act (SSA) (42 U.S.C. 1396b), all states must implement EVV for Medicaid-funded PCS by January 2020 and HHCS by January 2023. In accordance with federal provisions, the State submitted a Good Faith Effort Exemption (GFE) request on October 2, 2019 to the Centers for Medicare & Medicaid Services (CMS) to extend the EVV implementation date for PCS to January 1, 2021. On October 22, 2019, CMS approved the State's GFE request for PCS, and California's GFE approval letter from CMS is available on the [EVV CMS GFE Webpage](#).

PCS implementation is expected by January 1, 2022. HHCS implementation is expected by January 1, 2023.

Q5. Which regional center services and service codes does EVV apply to?

A5. EVV applies to PCS funded by the Department of Developmental Services (DDS) and provided through regional center vendors. Those are:

- Respite, 465, 862 and 864
- Supported Living, 896
- Personal Assistance, 062
- Home Maker Services, 858 and 860

Additionally, EVV applies to HHCS funded by DDS and provided through regional center vendors. Those are:

- Nursing, 460, 742 and 744
- Home Health, 854 and 856
- Speech Therapy, 707
- Occupational Therapy, 773
- Physical Therapy, 772

Q6. Does EVV apply to services in the Self-Determination Program (SDP)?

A6. Yes. Any regional center service that provides PCS or HHCS would be covered under the EVV requirement. More information about which SDP service codes will be provided as the state continues to implement EVV Phase II.

Consumer Related

Q1. If the staff person that provides my personal care or home health services lives with me, will they have to do EVV?

A1. No. If the individual providing your services lives with you, they will not be subject to the EVV requirement. For EVV, that individual is considered a “live-in caregiver”.

Q2. What is the definition of a “live-in caregiver”?

A2. The Department of Health Care Services (DHCS) has developed a definition of live-in caregivers in accordance with federal guidance released on August 8, 2019.

“A caregiver is considered a ‘Live-in Caregiver’ if the caregiver regularly remains in the recipient’s home for more than 24 hours at a time, during which they are available to provide any of the authorized personal care services.”

Q3. What if I live in a rural area and there is no cell coverage or access to the internet?

A3. The State is exploring how to implement EVV for those that don’t have access to the internet.

Q4. Can EVV be implemented in ways that minimize privacy concerns, particularly around the need to capture location information through the EVV system?

A4. Services either starting or stopping in your home are subject to EVV requirements and electronically capturing the location in which the service is started and stopped is sufficient for meeting the minimum requirements specified in the Cures Act.

Provider Related

Q1. When can Providers expect to receive information and training regarding the required use of the new EVV system?

A1. Throughout EVV implementation, DDS will be hosting frequent webinars where current activities and upcoming timeframes are provided. Previous webinar materials and any upcoming webinar registration links can be found under the [“Meetings” tab on the EVV webpage](#). Additionally, anyone who would like an email notification when DDS has updates regarding EVV, can request to be put on the notification list by emailing EVV@dds.ca.gov.

Q2. Why is In Home Supportive Services (IHSS) implementing the EVV system effective November 1, 2019?

A2. IHSS is leveraging their electronic timesheet system for EVV and therefore is on a different timetable than regional centers and other programs. For more information about the EVV implementation process go to the [CDSS EVV Webpage](#).

Q3. Will the State provide an EVV system for providers to use or will providers have to secure their own EVV system?

A3. The State has chosen to implement the open vendor model for the collection and reporting of Phase II EVV data. That allows providers a variety of choices in how they choose to collect EVV data. Providers are able to subscribe to the state provided EVV system, called CalEVV; subscribe to another EVV system of their choosing; or leverage their existing software products for the collection and verification of EVV data.

If providers choose their own EVV system, the system must comply with the requirements noted in the “General Information”, question number 3 above and be able to transmit that data to the state’s aggregator system, called CalEVV Aggregator.

Q4. What measures will be taken to secure privacy and confidentiality of data?

A4. The State will have safeguards in place to ensure individual’s private information will remain confidential and protected. All federal and state requirements around privacy such as HIPAA remain intact. EVV only verifies the six data elements required by law.

Q5. Do EVV data collection systems have to use Global Positioning System (GPS)?

A5. No. The 21st Century Cures Act requires that location is collected for each EVV visit, and the state's EVV solution, called CalEVV, collects GPS coordinates at the start of the visit and end of the visit when using the mobile application. The application is not collecting GPS data outside of visit start and stop time. The application does not track caregivers or consumers ongoing. GPS coordinates are stored in the CalEVV system as part of the visit information and are informational only.

GPS is one method to electronically capture the location of service delivery at check-in and check-out. Other EVV data collection systems may collect the location requirement of EVV using another method.

Q6. Is EVV causing Recipients to be homebound?

A6. California's approach to EVV will not change how services are provided nor where services are delivered. Pursuant to Public Law 114-115 Sec 12006 (c)(3), EVV shall not limit the service provided, constrain an individual's choice of caregiver, or impede the way care is delivered.

