



Quick Reference Guide (QRG)

Registering in the CalEVV Provider Self-Registration Portal For Regional Center Providers

Only one representative should register on behalf of the provider agency and provider agencies should register only once.

To register in the Provider Self-Registration Portal:

1. **Click** the link below to navigate to the Self-Registration Portal.
<https://vendorregistration.calevv.com>

California EVV Phase II Provider (Vendor) Self-Registration Form

This EVV Self Registration form must be completed by California Providers (Vendors) that will use Electronic Visit Verification (EVV) for the California EVV Phase II Program. EVV is required per the 21st Century Cures Act. If you are a provider of Personal Care Services (PCS) or Home Health Care Services (HHCS) for programs and services listed in the 'Help'/'Payer and Services Included in the California EVV Phase II Project' section on the navigation pane to your left, you must complete this form.

The information gathered on this form is required for the California EVV Phase II EVV Project implementation, including if you intend to use the State Supplied EVV system (known as CalEVV system) or an alternate EVV system. You may have already been asked to provide this information, but you will also need to complete this form.

Please note that you will not be able to save the form unless all required fields are completed. Additional information about each field on the form is available in the 'Help' section on the navigation page.

There are 5 areas which you will need to fill out: Basic Information, Provider Identifiers, Address, Agency Contact Information and Additional Information. This guide will take you through each area.

- a. Required fields are indicated with an *.
- b. Hover over a field with your cursor to get definitions and help on what you need to enter in that field.
- c. This guide is geared towards vendored providers at a regional center.

2. Basic Information

Basic Information

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PROVIDER AGENCY NAME *

PROGRAMS (SELECT ONE OR MORE) *

select one or more

SERVICE TYPES *

select one

APPROXIMATE # OF PROGRAM RECIPIENTS *

APPROXIMATE # OF CAREGIVERS/STAFF *

Select all services that you provide through a regional center.

↓

- a. **Provider Agency Name:** This is the name of the provider agency you're entering the registration for. If you are not an agency (perhaps the parent of a consumer) this is your name as it appears in the regional center vendor records.
- b. **Service Types:** Select the appropriate drop-down
 - Personal care services: 'PCS only'
 - Home health care services: 'HHCS only'
 - Both personal care and home health care services: 'PCS and HHCS'.
 - If you are unsure of which to choose, please review the [Guidance regarding Service Codes Subject to EVV](#) for reference.
- c. **Programs (Select One or More):** Click on the drop-down arrow and select as many services as your provider agency provides care under.
 - For services through a regional center, only select services beginning with "DDS-RC".
- d. **Approximate # of Program Recipients:** Enter the number of about how many consumers your provider agency serves.
- e. **Approximate # of Caregivers/Staff:** Enter the number of about how many staff or Direct Support Professionals (DSPs) you have working with your consumers.

3. Provider Identifier

Provider Identifiers

The Provider Identifiers section of this form will collect all your unique identifiers per California Department. These identifiers are used by your jurisdictions in billing. You are required to enter at least one identifier. Please provide account information for each contracted service you provide to the State of California. You will be able to manage these identifiers in the CalEVV system or CalEVV Aggregator system after program launch.

Department	Jurisdictional Entity / Jurisdiction	Identifier Type	Identifier	ADD
<p><i>NOTE: A minimum of one Provider Identifier must be added.</i></p>				

Address

- Click the ‘ADD’ button to add your provider identifier(s).
- You must add at least one provider identifier, but you should add as many identifiers as your provider agency has with all the regional centers you work with, and for as many vendorizations you have subject to EVV. See below for an example or what to enter in each area.

Add Provider Identifier

DEPARTMENT *
DDS via Regional Center

JURISDICTIONAL ENTITY / JURISDICTION *

IDENTIFIER TYPE *
DDS Vendor ID

IDENTIFIER *

SUBMIT

CANCEL

For Regional Center services

Regional Center Name











For Regional Center Services

Vendor ID Number

- c. **Department:** For providers of regional centers, click on the drop-down arrow and select “DDS via Regional Center”.
- d. **Jurisdictional Entity/Jurisdiction:** **Click** on the drop-down arrow and select one of the regional centers you work with.
- e. **Identifier Type:** For providers at regional centers, click on the drop-down arrow and always select ‘DDS Vendor ID’.
- f. **Identifier:** Type in your vendor number (vendor ID). This is the same number assigned to you by your regional center, or courtesy regional center, that you use to invoice in eBilling. Your vendor number (vendor ID) is usually two letters followed by four numbers (for example: AA1234).
 - o If you do not know your vendor number (vendor ID), contact your regional center.
- g. **Click ‘Submit’** to save your entry.
- h. Repeat this process by selecting the ‘ADD’ button until all the regional centers you work with are listed with all of the vendor numbers (vendor IDs) you have subject to EVV.
 - i. See the example below. This provider works with three regional centers and has five different vendor numbers (vendor IDs).
 - ii. The provider in this situation would add five provider identifier records, one for each regional center and vendor number (vendor ID) association.
 - 1. Westside with vendor number 1
 - 2. Westside with vendor number 2
 - 3. Orange County with number 3
 - 4. Orange County with vendor number 4
 - 5. San Gabriel/Pomona with vendor number 5

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Department	Jurisdictional Entity / Jurisdiction	Identifier Type	Identifier	ADD
DDS via Regional Center	Westside	DDS Vendor ID	AA0001	 
DDS via Regional Center	Westside	DDS Vendor ID	AA0002	 
DDS via Regional Center	Orange County	DDS Vendor ID	AA0003	 
DDS via Regional Center	Orange County	DDS Vendor ID	AA0004	 
DDS via Regional Center	San Gabriel/Pomona	DDS Vendor ID	AA0005	 

4. Address

Address

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

CA

ZIP CODE

COUNTY

#####-#### OR #####

select one

- Enter the address street, city, state and zip code for the provider agency. If you are not an agency (perhaps the parent of a consumer) this is your address as it appears in the regional center vendor records.

5. Agency Contact Information

Agency Contact Information ^

PROVIDER AGENCY PHONE *

###-###-####

PROVIDER AGENCY ADMINISTRATOR EMAIL *

jDoe@example.com

PROVIDER AGENCY ADMINISTRATOR FIRST NAME *

PROVIDER AGENCY ADMINISTRATOR LAST NAME *

- a. This 'Agency Contact' will receive all the initial set up emails. The Agency Contact:
 - Will have initial overview and security training to complete.
 - Will be the administrator of the CalEVV account until or unless they designate others to have that role in the provider's CalEVV account.
 - Should be someone at your provider agency who will be able to complete the above tasks on behalf of the agency.
- b. Enter the phone number, email, first and last name of the contact person at the provider agency. If you are not an agency (perhaps the parent of a consumer) this is your contact information where you can be reached.

6. Additional Information

Additional Information ^

For the California EVV Phase II Program, providers have the option to use CalEVV (the State provided EVV system) or an alternate EVV system.

If you will be using the CalEVV system, you can provide your member and caregiver information using CalEVV's data entry tool; via upload from your Agency Management system; or using an Excel spreadsheet tool which will be provided.

For Provider Agencies wishing to use an alternate EVV system, please select "NO" and specify the Software Vendor who will be collecting and transmitting your visit data.

WILL YOUR AGENCY BE USING CALEVV TO ELECTRONICALLY COLLECT VISIT DATA? *

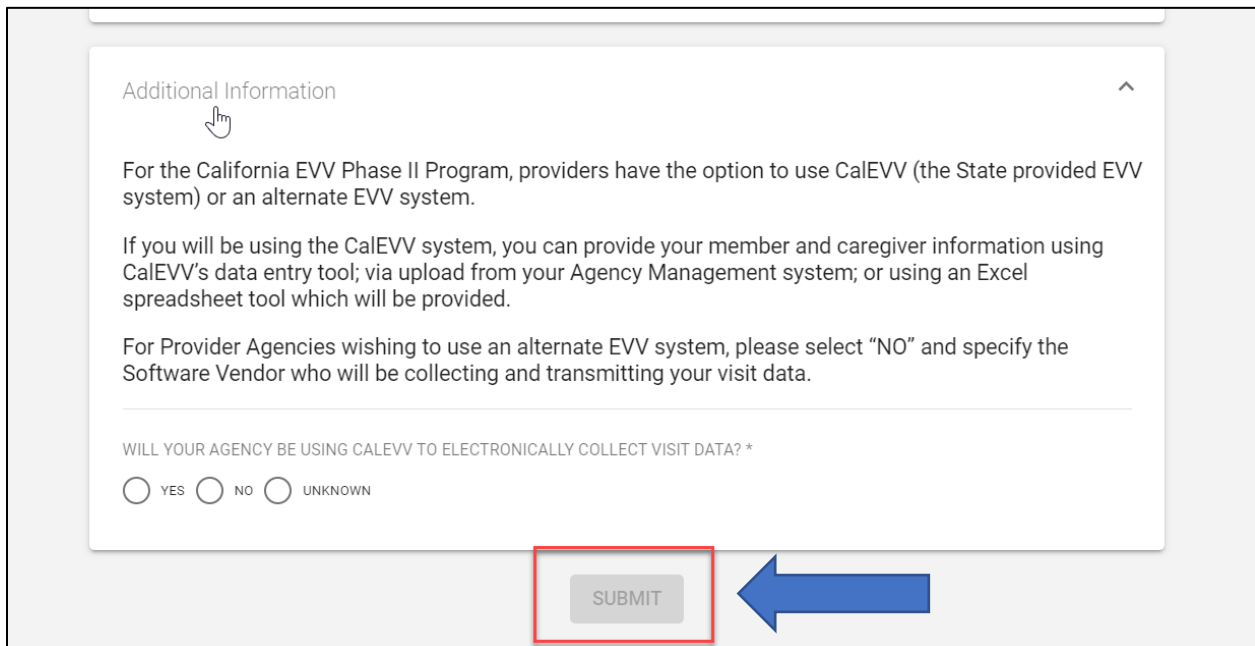
☐ YES ☐ NO ☐ UNKNOWN

- a. This is where you will indicate if you'll use the CalEVV system or an Alternate EVV system to collect your EVV data.
 - i. If you currently have a timekeeping, payroll or case management system, you may already be collecting the required six data points

needed for EVV. For more information on the six EVV data points required by the Cures Act, review the [DDS FAQs linked here](#).

- b. If your provider agency is going to use the CalEVV system, **click 'Yes'**.
- c. If your provider agency is going to use an Alternate EVV system, **click 'No'**.
 - i. If you selected 'No', you will be prompted to enter information about which Alternate EVV system you will use.
 - ii. Enter the name of the system and any contact information you have for that system in the 100-character space.
- d. If you select 'Unknown' the registration portal will prompt you to think through your options and make a final 'Yes' or 'No' decision. If you are still unsure, it will accept 'Unknown' as your answer.

7. **Click 'Submit'.**



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WILL YOUR AGENCY BE USING CALEVV TO ELECTRONICALLY COLLECT VISIT DATA? *

☐ YES ☐ NO ☐ UNKNOWN

SUBMIT

- a. Once you click Submit, your system generated CalEVV Identifier will show on the screen. **Save your CalEVV Identifier.** The CalEVV Identifier will also be emailed to the email address entered under Agency Contact.

NOTE: Keep your CalEVV Identifier in a place where you will find it later. It is the ID that uniquely identifies you as a provider in the CalEVV system. You will need this CalEVV Identifier to access available training and complete your on-boarding process.

