

CalEVV

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.

To register in the Provider Self-Registration Portal:

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) 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

Select all services that you provide through a regional center.

The screenshot shows a registration form titled "Basic Information" with a scroll-up arrow in the top right. The form contains the following fields:

- PROVIDER AGENCY NAME *
- SERVICE TYPES * (dropdown menu with "select one" selected)
- PROGRAMS (SELECT ONE OR MORE) * (dropdown menu with "select one or more" selected)
- APPROXIMATE # OF PROGRAM RECIPIENTS *
- APPROXIMATE # OF CAREGIVERS/STAFF *

A blue arrow points from the callout box to the PROGRAMS dropdown menu.

- 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** ‘PCS’. For a list of personal care services (PCS) who are required to self-register at this time, review the [DDS FAQs linked here](#).
- c. Programs (Select One or More): **Click** on the drop-down arrow and select as many services as your provider agency provides care under.
 - i. 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

NOTE: A minimum of one Provider Identifier must be added.

Address

- a. **Click** the ‘**ADD**’ button to add your Provider Identifier(s).
- b. 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. See below for an example.

Add Provider Identifier

DEPARTMENT *
 DDS via Regional Center ▼ For Regional Center services

JURISDICTIONAL ENTITY / JURISDICTION * ▼ Regional Center Name

IDENTIFIER TYPE *
 DDS Vendor ID ▼ For Regional Center Services

IDENTIFIER * ▼ 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 ID number. This is the same number you use at the regional center you selected. It is usually two alpha characters followed by four numbers (for example: AA#####).
 - i. If you do not know your vendor ID number, 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 IDs you have with them.
 - i. An example is below. A provider who works with three regional centers and has five different vendor ID numbers. The provider in this situation would add five Provider Identifier records, one for each regional center and vendor ID association.
 1. Westside with vendor ID #1
 2. Westside with vendor ID #2
 3. Orange County with vendor ID #3
 4. Orange County with vendor ID #4
 5. San Gabriel/Pomona with vendor ID #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

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

COUNTY

select one

- a. 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.
 - i. If you're provider agency is using CalEVV, this Agency Contact:
 1. Will have initial overview and security training to complete.
 2. Will be the administrator of the CalEVV account until or unless they designate others to have that role in the provider's CalEVV account.
 3. Should be someone at your provider agency who will be able to complete the above tasks on behalf of the agency.
 - ii. If you're provider agency will be using an Alternate EVV system, this Agency Contact will be the main contact until that system is set up.
- 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? *

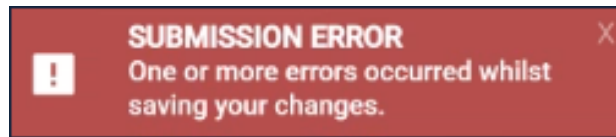
YES NO UNKNOWN

SUBMIT

- a. Once you click Submit, your system generated CalEVV Identifier will show on the screen. 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.

If you receive an error message, please review the information you have entered for registration and resubmit.



If you have questions regarding the CalEVV Provider (vendor) Self-Registration Portal form or the CalEVV program, **click** the **'Help'** section in the form menu.

