



CalEVR

Quick Reference Guide (QRG)

Registering in the CalEVR Provider Self-Registration Portal For Providers of Regional Center Services



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:

Click the link below to navigate to the Self-Registration Portal.

<https://vendorregistration.calevv.com>

California Electronic Visit Verification - CalEVV Provider Self-Registration Form

This CalEVV self-registration form must be completed by California providers who are required to comply with 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 on the *Provider Types and Codes* document located on the [Department of Health Care Services EVV website](#), you are required to self-register.

The information gathered on this form is required for CalEVV implementation and to create your CalEVV account. This includes how you intend to collect your EVV visit data, using the state supplied EVV system (known as CalEVV) or an alternate EVV system of your choosing that meets state requirements.

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 pane to the left.

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

For more detailed information on how to fill out a field, click the 'Help' button on the left-hand side in the Provider Self-Registration portal.

1. Basic Information

Basic Information ^

PROVIDER AGENCY NAME *

- 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. This can also be the name of your business if you are a provider in the Self-Determination Program.

Add all the Vendors
IDs subject to EVV for
each regional center

2. Provider Identifier

Provider Identifiers ^

The Provider Identifiers section of this form will collect all your unique identifiers for each California Department. For more information on provider identifiers, please visit the Help Page. You are required to enter at least one identifier. Please provide identifiers for each contracted service you provide. If there are more than one associated with the provider, please repeat this process by selecting the 'ADD' button until all the departments, jurisdictional entities, and provider identifiers you have that are subject to EVV are listed. Providers can add multiple entries and have an ability to add/edit provider identifier(s) once you have access to your account.

Department	Jurisdictional Entity / Jurisdiction	Identifier Type	Identifier	ADD
				ADD

NOTE: DHCS Fee For Service (FFS) providers and Individual Nurse Providers (INP) (who do not associate with HCBA waiver and/or CCS program) will register under DHCS via MCP as their Department, DHCS as their Jurisdictional Entity/Jurisdiction, and add their NPI number used for billing.

- 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, and for as many vendorizations you have subject to EVV. See below for an example of what to enter in each area.

Add Provider Identifier

<p>DEPARTMENT *</p> <p>DDS via Regional Center</p> <hr/> <p>JURISDICTIONAL ENTITY / JURISDICTION *</p> <hr/> <p>IDENTIFIER TYPE *</p> <p>DDS Vendor ID</p> <hr/> <p>IDENTIFIER *</p> <hr/>	<p>➔</p> <p>➔</p> <p>➔</p> <p>➔</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">For Regional Center services</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">Regional Center Name</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">For Regional Center Services</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">Vendor ID Number</div>
--	-------------------------------------	---

SUBMIT

CANCEL

- c. **Department:** For providers of regional center services, 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).
 - If you do not know your vendor number (vendor ID), contact your regional center.
 - If you are a provider in the Self-Determination Program, contact the Financial Management Services provider you work with and request the vendor number (vendor ID) you should enter.
- 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

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
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	

3. 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. This can also

be the address of your business if you are a provider in the Self-Determination Program.

4. Agency Contact Information

Agency Contact Information ^

The agency contact is the initial point of contact and is the individual who will be responsible for the completion of the on-boarding process. For more information about the agency contact, please see the Help section on the navigation pane to your left.

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. This can also be the contact information for the person at your business who will serve as the administrator if you are a provider in the Self-Determination Program.

5. 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.

6. **Click 'Submit'.**

Additional Information

Providers have the option to use CalEVV (the free of cost state supplied EVV system) or an alternate EVV system of your choosing which meet state requirements.

Providers using the CalEVV system will have access to training on how to use the system including how to enter data into the system, how caregiving staff record EVV visit information and how to assure the EVV visit information is accurate.

Providers 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? *

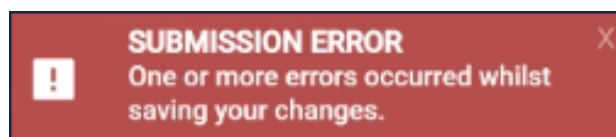
YES NO UNKNOWN

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.

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.