



FAQS ABOUT ELECTRONIC VISIT VERIFICATION (EVV)

EVV Terminology

Term	Definition
EVV	Electronic Visit Verification
CalEVV System	The state supplied EVV data collection system available to provider agencies
CalEVV Aggregator	The system that collects and stores all EVV data sent by providers through CalEVV and Alternate EVV Systems
Alternate EVV System	Companies collecting and sending EVV data on behalf of provider agencies
Provider Agency	The employer of the staff providing the direct service
Jurisdictional Entity (JE)	The local entity with the direct relationship with the state; for DDS, that is the regional centers
PCS	Personal Care Services
HHCS	Home Health Care Services

General Information

Q1. What is electronic visit verification (EVV)?

A1. EVV is a part of the 21st Century Cures Act enacted in 2016. The federal government put EVV into place to help ensure people are receiving 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 and HHCS 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 in an individual's home, 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 was January 1, 2022. HHCS and Self-Determination Program service implementation was January 1, 2023.

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

A5. EVV applies to PCS and HHCS funded by the Department of Developmental Services (DDS) and provided through regional centers.

Those PCS services are:

- Respite, 465, 862, 864 and 310
- Supported Living, 896
- Personal Assistance, 062
- Home Maker Services, 858, 860 and 313
- Community Living Supports, 320

Those HHCS services are:

- Nursing, 460, 742, 744 and 361
- And agencies providing:
 - Home Health, 854, 856 and 359
 - Speech Therapy, 707
 - Speech, Hearing and Language, 372
 - Occupational Therapy, 773 and 375
 - Physical Therapy, 772 and 376

Guidance regarding services and service codes can be found at [EVV Guidance RC Service Codes \(ca.gov\)](#).

Q6. Does EVV apply to early intervention services provided to children ages 0-3 in the Early Start program?

A6. No. Services provided to children in the Early Start program are governed and funded by Part C of the Individuals with Disabilities Education Act (IDEA). These services are not funded through a Medicaid Waiver.

Q7. Does EVV apply to services in the Self-Determination Program (SDP)?

A7. Yes. Any regional center service that provides PCS or HHCS are subject to the EVV requirement. For a full list of regional center PCS and HHCS services and service codes see above answer.

Q8. Are there other exemptions for EVV?

A8. Yes. If the staff person providing services lives with the individual receiving services, that staff will not be subject to the EVV requirement for services to that individual. For EVV, that staff person is considered a “live-in staff”.

Guidance regarding “live-in staff” and the attestation form for the live-in exemption can be found:

- English
 - [EVV Guidance Live-in Caregiver Exemption and Attestation](#)
 - [EVV Live-in Caregiver Provider Attestation Form](#)
- Spanish
 - [EVV Guidance Live-in Caregiver Exemption and Attestation-Spanish.docx](#)
 - [EVV Live-in Caregiver Provider Attestation Form\(es\)](#).

Q9. Who is providing the state’s EVV system/solution?

A9. The state has contracted with Sandata Technologies, LLC to provide the state’s EVV data collection solution; called CalEVV. Sandata Technologies, LLC also provides the CalEVV Aggregator where EVV data from CalEVV and other Alternate EVV systems send EVV data.

For technical assistance with any of the Sandata contracted products, please contact them at (855) 943-6070 or by Email: CACustomerCare@sandata.com

Related to Individuals Receiving Services

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 your services. For EVV, that individual is considered a “live-in staff”.

For more information, please see the guidance documents regarding the live-in staff exemption linked above under General Information, question number 8.

Q2. What if I live in a rural area and there is no cell coverage or access to the internet?

A2. The State’s EVV system, called CalEVV, allows staff to use either an app on their cell phone or a telephone to call in visit information. If your provider is not using CalEVV, talk with them about how they are collecting your EVV visit data when there is no cell coverage or access to the internet.

Q3. Can EVV be implemented in ways that minimize privacy concerns, particularly around the need to capture location information through the EVV system?

A3. Services provided in your home, including those that start or stop in your home, are subject to EVV requirements. Electronically capturing the location in which the service is started and stopped is sufficient for meeting the minimum requirements specified in the Cures Act.

Q4. Will the EVV requirement change my services?

A4. No. The EVV requirement does not change how your services are provided, where you receive services, or who provides them to you.

Provider Related

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

A1. DDS has been hosting frequent webinars and office hours where current and upcoming activities are provided. Previous webinar materials and any upcoming Office Hours registration links can be found at this link under the [“Meetings” tab on the EVV webpage](#).

Provider agencies looking for training on CalEVV please check this link: [CalEVV Training Videos](#) and for providers of CalEVV Aggregator please check the [Alternate EVV Vendors tab](#) on the EVV Webpage for more resources.

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 are in-home supportive services (IHSS) implementing the EVV system during different timeframes than the regional centers?

A2. IHSS is leveraging their electronic timesheet system for EVV and therefore is on a different timetable than regional centers and other state programs. For more information about the EVV implementation process for IHSS, please 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. Providers can use the state’s provided EVV system, called CalEVV or another EVV system of their choosing to collect EVV visit 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 CalEVV Aggregator.

System specifications needed to send data to the CalEVV Aggregator via an Alternate EVV system can be found under the [“Alternate EVV Vendors” tab on the EVV webpage](#).

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

A4. The State has 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 people throughout the visit. 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 individuals 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.

Q7. We provide SLS services in a 24/7 group residential setting with multiple staff working with multiple individuals but not necessarily according to a scheduled time. How does EVV apply to this type of situation?

A7. Until such a time that regulations are developed by DDS regarding these type of scenarios in residential settings, please reference the CMS guidance via FAQs linked here: <https://www.medicaid.gov/federal-policy-guidance/downloads/faq051618.pdf>.

Q8. What if the services provided under EVV designated service codes are not provided in the individual's home?

A8. EVV visit capture is required for services that take place in the individual's home including those that start and/or stop in the individual's home.

Q9. Does CalEVV replace, or communicate with, eBilling, or will those tasks be combined?

A9: No, CalEVV does not replace or communicate with eBilling. The eBilling system for payment and the EVV system for visit verification are separate entities serving separate purposes. As a provider, you will select to use the state data collection tool or another tool which meets the EVV collections requirements. Additionally, you will bill through eBilling for services rendered.

Q10: Is EVV required for telehealth visits?

A10: EVV is not required for telehealth services.

Q11: What happens if I self-registered, but I am now told I do not need to comply with EVV?

A11: Email Sandata at CACustomerCare@sandata.com, or call Sandata at (855) 943-6070, and request for your account to be inactivated. Provide the name of your agency and your CalEVV ID number received after completing self-registration (the CalEVV ID number is a 6-digit number beginning with 10#####).

Q12: Can EVV data entries be edited in case there was an emergency or error?

A12: If needed, EVV entries can be edited. However, the goal is to capture the 6 data points electronically, not manually.

Q13. We have been utilizing EVV and submitting data as required. Why am I receiving the correspondence from a Regional Center stating that we are not registered?

A13: It is most likely that you completed self-registration only listing one regional center or listing a Tax ID number rather than your vendor number, or vendor ID. Providers are required and responsible to make sure all vendor IDs and all regional centers are in their account. To update your account, please reference this guide: [Quick Reference Guide to Manage Provider Identifiers](#).

Q14: My Alternate EVV vendor is asking for HCPCS codes, where can I find the codes?

A14: The HCPCS codes can be found starting on page 22 in the Alternative Vendor Specification document linked here: [California \(CalEVV\) EVV Vendor Solutions Specifications v2.7 – Sandata Technologies \(zendesk.com\)](#).

Self-Determination Program - General

Q1. How does the implementation of Electronic Visit Verification (EVV) work with the Self-Determination program (SDP)?

A1: EVV will not change how SDP services are delivered. The Financial Management Service (FMS) provider should work with SDP participants and providers to identify if there are any steps to take. To learn more about EVV in SDP please review this newsletter linked here: [Electronic Visit Verification \(EVV\) Newsletter July 2021](#)

Q2: I am in the Sole Employer model, and I choose to be fully responsible for EVV. What steps do I take next?

A2: If you decide to not use the system your FMS is providing for EVV and choose to be responsible for EVV, you have some decisions to make.

- You can choose to use the free state system called CalEVV to collect, monitor and maintain EVV visit data, or
- You can choose to obtain your own third-party system also known as an Alternate EVV system to collect and maintain EVV visit data.
 - The Alternate EVV system you choose will be required to go through certification and approval with the state's contractor to verify if it is compatible for EVV compliance.

If you choose to be fully responsible for EVV, please be aware that your staff will still need to use the FMS system to log and in and out so that they can be paid. Please reach out to the Department's EVV inbox for more information on how to get started or visit our [EVV website](#) under the "Self-Determination" tab to begin the process as a 'provider'.

Self-Determination Program - Provider Related

Q1. How do I know who is the employer of record and why is that important for EVV?

A1: The employer of record is the agency or person responsible for the direct staff providing the service to the SDP participant. It is important to know who the employer of record is because they will be required to monitor and maintain EVV compliance in SDP. In some cases, the direct staff providing the service can also be their own employer of record. Below is an explanation of the employer of record for each FMS model.

- Bill payer services, where a vendor, an agency or a company is the employer of record, the vendor, agency, or company is responsible for EVV compliance.
- Sole Employer Services, where the SDP participant or their legal representative is the employer of record, the SDP participant can choose to use the EVV system provided by their selected FMS, or they can choose to be fully responsible for EVV.
- Co-Employer Services, where the FMS provider is the employer of record for the direct staff, the FMS is responsible for EVV compliance.

Please Note: The EVV visit record must be tied to the FMS vendor number under which that service is invoiced to the regional center.

Please see the directive issued on August 3, 2023 for more information about the employer of record and provider compliance linked here: [Electronic Visit Verification - Provider Compliance in the Self-Determination Program](#).

For more information about how EVV data flows and the employer of record in the SDP, please review the recording below: [Recording of EVV Data Flow](#)

Q2. What is the first step I need to take for EVV in SDP?

A2: Please contact your FMS, they will guide you with the steps to take for EVV compliance.

- Together you will identify the service codes that apply to you or the SDP participant, and are subject to EVV, in accordance with the [directive issued July 8, 2022](#).
- Second, check if any of the direct staff providing the service qualify for the Live-in Caregiver exemption, [directive issued January 28, 2022](#).
- Third, decide who is responsible to monitor and maintain EVV compliance and how EVV will be collected. Some FMS providers already have an electronic system in place that can collect EVV visits. You may or may not have to take any further steps for EVV.
- The final step is to register **ONLY** if you are required to register. Please follow your FMS guidance or reach out to the Department's EVV email inbox for more information and support at EVV@dds.ca.gov.

Q3. I am a provider in the Bill Payer model, what are my next steps for EVV compliance?

A3: If you are the employer of record under the Bill Payer Model, connect with the FMS your SDP participant uses to pay you. The FMS has an agreement for you to sign and return to them which also provides you with information you'll need to register. Check out the [EVV website](#) under 'Provider' tab and follow the steps and use the tools there to self-register and complete on-boarding as a provider.

However, if you are already registered for EVV for traditional services, you will just need to add the FMS vendor ID into your account. Please review this quick guide in how to add vendor IDs in your account: [Quick Reference Guide to Manage Provider Identifiers](#)

Q4. Services under service code 320 and 310, which require EVV, are not always used for personal care or home health care services. Do I need to do EVV?

A4: Yes. DDS reviewed the federal definitions of personal care and home health care services in comparison with the service code descriptions in the SDP waiver which guided DDS to identify the service codes which are subject to EVV.

Q5. I am Independent Facilitator what is my role in EVV?

A5: As an Independent Facilitator, please work with the FMS to help the SDP participant understand the process of EVV.

