Electronic Visit Verification

October 2026 Office Hours:

EVV Requirements for the Quality Incentive Program

October 14, 2026

October 28, 2026

DDS Department of Developmental Services







Housekeeping



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en “Spanish” y seleccione "Mute original audio.”



ASL interpreters have been “Spotlighted” and Zoom's live closed captioning is active



This meeting is being recorded



Materials will be available online on our DDS EVV website after the meeting.



Submit written comment via email to: EVV@dds.ca.gov

Zoom Tips

Participants: Please use "Q&A" for questions or comments. You may use the Raise Hand feature during the Q&A session.

- Chat is disabled for participants.
- Click on "React" to participate in real time.
- Features will vary based on the version of Zoom and device you are using.
- Some Zoom features are not available for telephone-only participants.

Agenda

- Electronic Visit Verification (EVV) Service Codes
- Provider Compliance in EVV
- Claims Matching Process for EVV Compliance
- Questions & Answers



Electronic Visit Verification Service Codes

Personal Care Services (PCS):

- 465 Participant-Directed Respite Service, Family Member
- 862 In-Home Respite Services, Agency
- 864 In-Home Respite Worker
- 896 Supported Living Services
- 858 Homemaker
- 860 Homemaker Service
- 062 Personal Assistance
- 320 Community Living Supports
- 313 Homemaker
- 310 Respite

Home Health Care Services (HHCS):

- 460 Participant-Directed Nursing Services
- 742 Licensed Vocational Nurse
- 744 Registered Nurse
- 361 Skilled Nursing
- 854 Home Health, Agency
- 856 Home Health Aide
- 707 Speech Pathology
- 773 Occupational Therapy
- 772 Physical Therapy
- 359 Home Health Aide
- 372 Speech, Hearing and Language
- 375 Occupational Therapy
- 376 Physical Therapy

Provider Compliance in EVV



What is Cure's Act Compliance?

Cure's Act compliance means that every time a provider bills their regional center for services they provide, they have the following data to support each visit with the person receiving services:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the services; and,
- Time the service begins and ends.

Exemptions

An exemption from the EVV program means you are not required

to participate in EVV if you meet specific eligibility criteria.

More Information about the Live-in Caregiver exemption and other exemptions will be pulled from federal guidance and communicated via a directive.

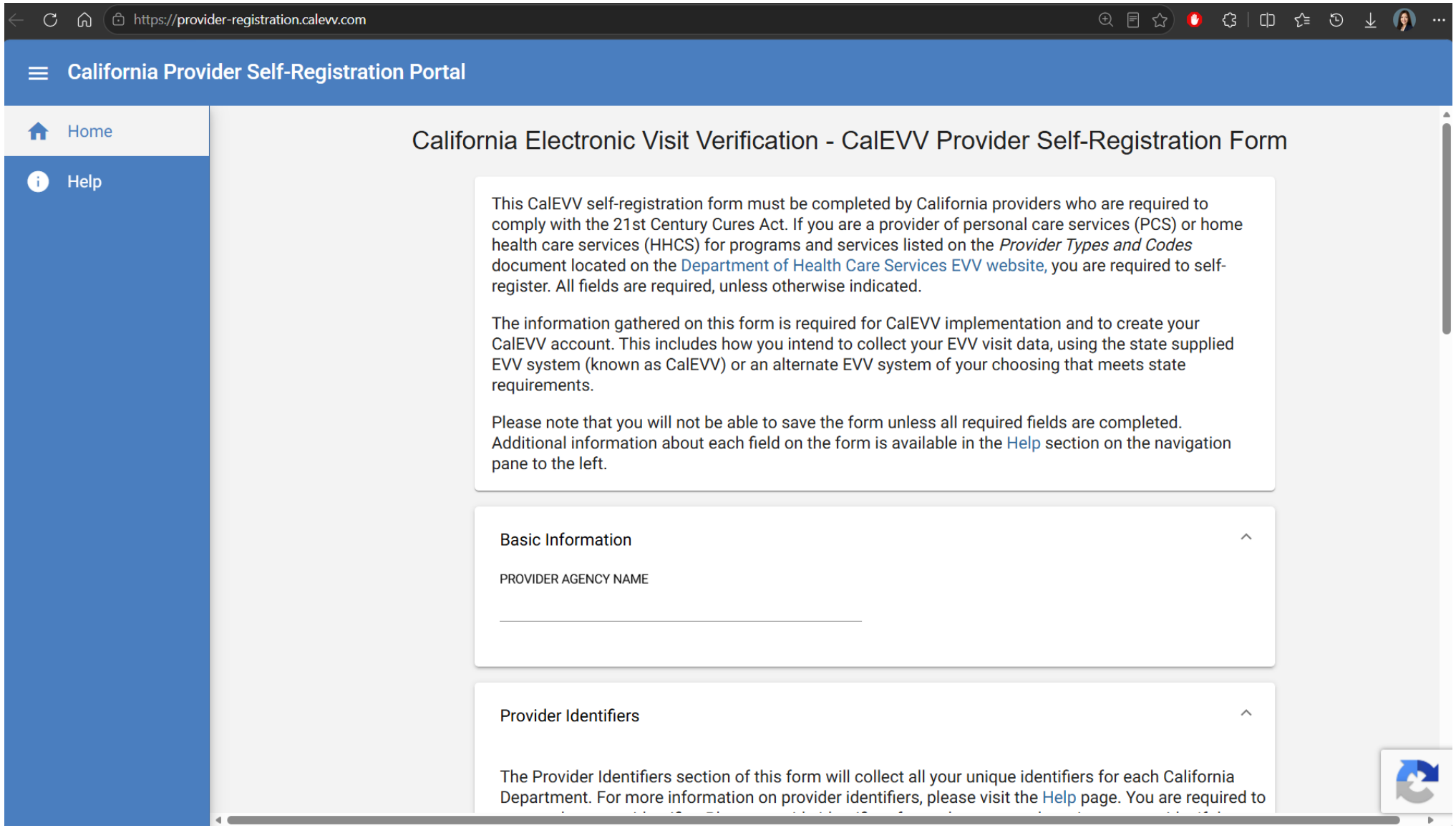
We will have that information posted to the EVV website soon.

Self-registration

Providers who provide services that require EVV must complete self-registration.

- Link to the self-registration portal is available on the **DDS EVV website** under the “Providers” tab, or visit https://provider-registration.calevv.com
- Use the HELP section tab in the self-registration portal for more information on how to self-register.
- Please follow the steps listed on our website on how to complete self-registration and enter data to your account once you are registered.

Self-registration Portal



Data Entry in EVV

Providers must review and maintain accurate data in their CalEVV or Aggregator accounts (for Alternate EVV providers).

Those include:

- Client information and their authorized services
- Employee information
- Provider Identifiers

If any of these data elements are missing or inaccurate for an EVV visit, the EVV visit information will not match to billing data and the provider will be out of compliance with EVV.

Resources are available on our EVV website for both CalEVV and Alternate EVV systems in how to make sure data is entered accurately.

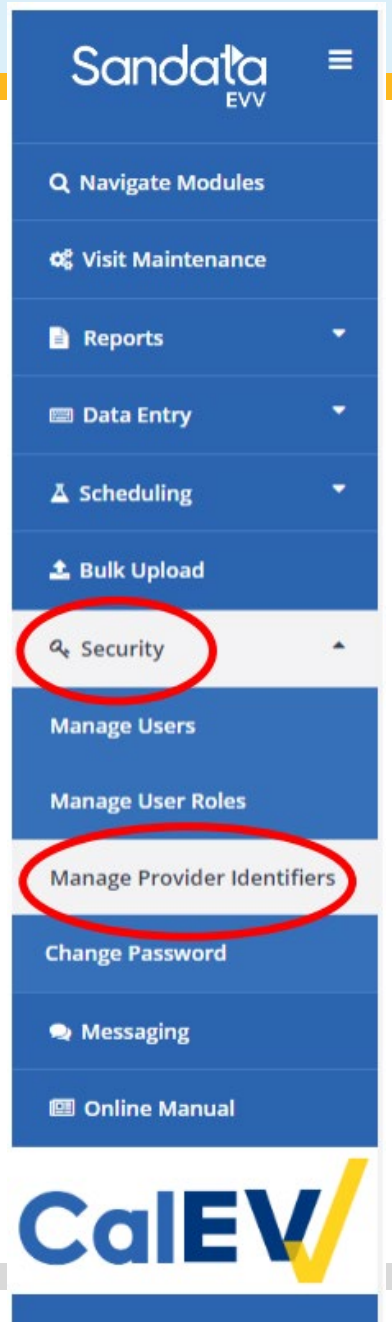
Provider Identifiers in EVV

Providers must make sure that all provider identifiers are accurately entered and maintained in their CalEVV or Aggregator accounts.

- A provider identifier is the vendor number (ID) assigned by the regional center to each provider/provider agency.
  - 6 characters that usually start with two letters followed by four numbers (example: AB1234)
  - You may have **more than one** provider identifier for EVV. Make sure they are **all** added to your account.
- Required so EVV visits are linked correctly from the provider's EVV account to the provider's billing sent to the regional center.

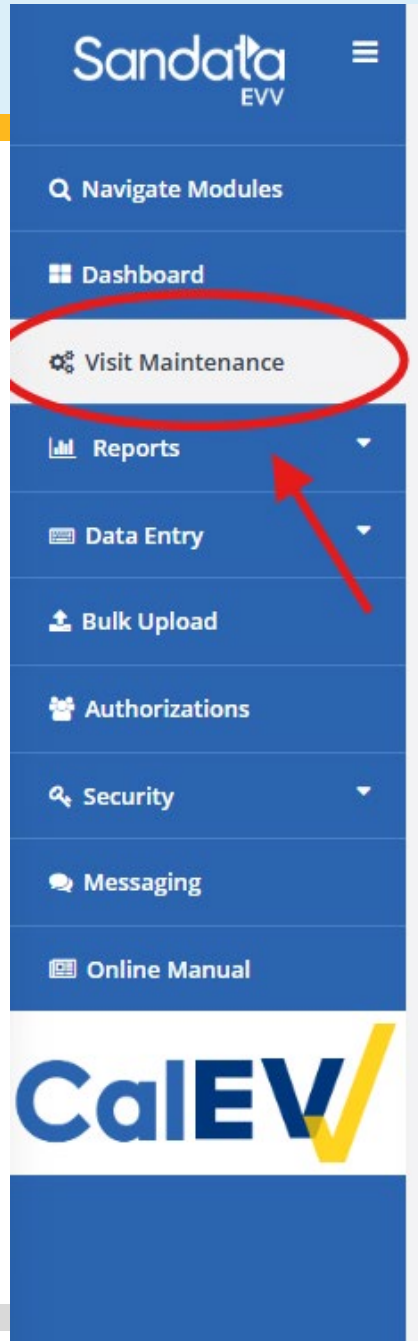
Managing Provider Identifiers

- **Only the administrator(s) of the CalEVV or Aggregator account can edit provider identifiers.**
- Steps:
  1) Log into CalEVV or Aggregator account
  2) Go to “Security” menu
  3) Click on “Manage Provider Identifiers”

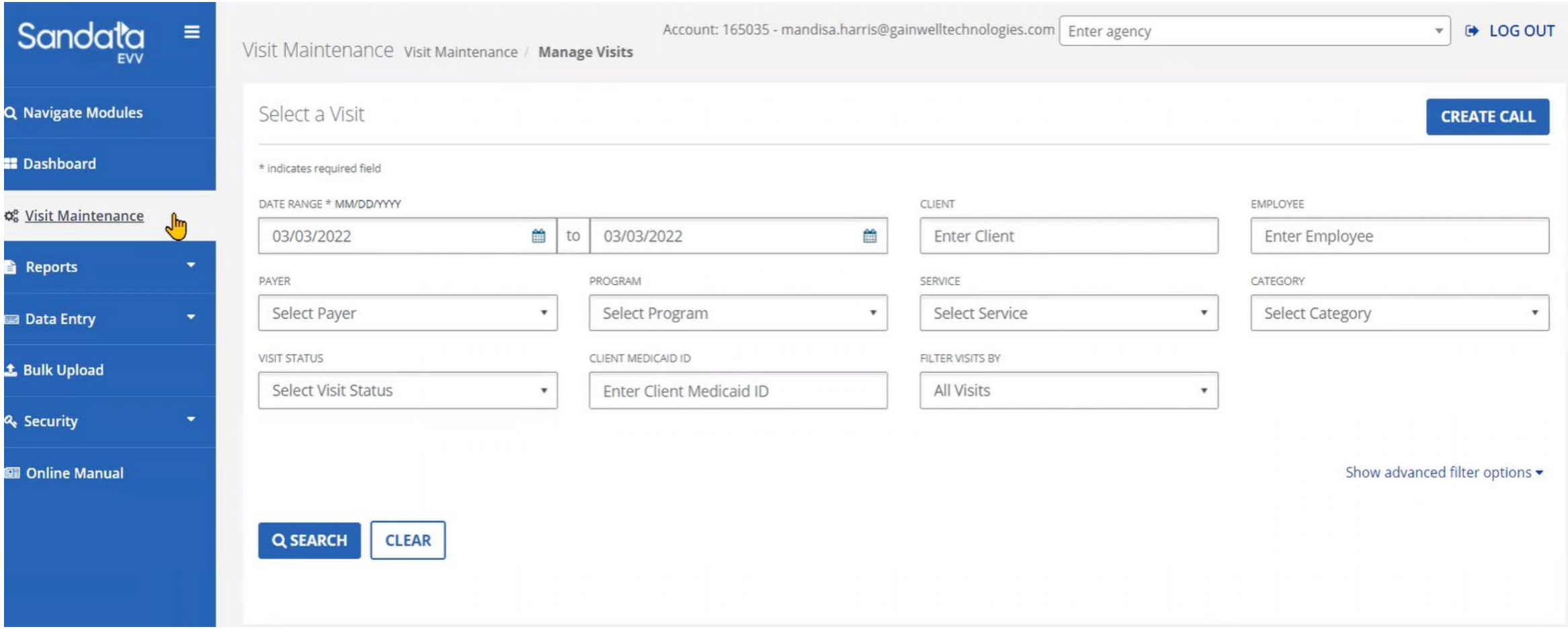


Reviewing and Verifying Visits

- **Prior to billing, providers must go into their CalEVV or Aggregator account to confirm their visits are Cures Act compliant.**
- Steps:
  1) Log into CalEVV or Aggregator account
  2) CalEVV users go to “Visit Maintenance”
  3) Aggregator users to go “Visit Review”



Visit Maintenance Screen



Verified Visits

- **A visit is <u>compliant</u> when it is in "Verified" status.**
- Verified = visit contains all required EVV data elements.

Client Name	Employee Name	Service	Visit Date	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Visit Status	Do Not Bill	Group Visit Code	Units	Actions
Jerry, Tom	Jones, Steve	RC In-Home Respite Worker 864	01/04/2026	08:00 AM	12:00 PM	04:00	08:00 AM	12:00 PM		Verified	☐		1	✎

Incomplete Visits

- **A visit in "Incomplete" status is <u>not compliant</u>.**
- Incomplete = visit has an error because a required EVV data element is missing or incorrect.
- The error will appear as a red dot.
- A visit can have more than one error.
- Visit errors must be reviewed and corrected **before billing.**

Client Name	Employee Name	Service	Visit Date	Call In	Call Out	Call Hours	Adjusted In	Adjusted Out	Adjusted Hours	Visit Status	Do Not Bill	Group Visit Code	Units	Actions
John, Test	Jones, Steve	RC In-Home Respite Worker 864	01/04/2026	08:00 AM	05:00 PM	09:00	08:00 AM	05:00 PM		Incomplete	☐		1	✎

Achieving Compliance with EVV

If your services require EVV, start using EVV **now**.

The Department's EVV website provides step-by-step instructions for compliance with EVV.



Setup

~Service Codes
~Exemptions
~CalEVV or Alternate EVV
~Self-Registration
~Enter/Send:

- Vendor # & RC
- Client Records
- Employee Records



Data Capture

~Train Employees
~Add EVV requirements to business practices
~Employees capture EVV data



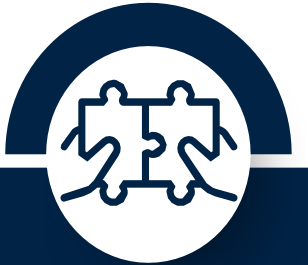
Verify Data

~Check EVV data to match services delivered
~Check EVV data is in a 'verified' status in the system



Submit Claims

~Submit claims for payment to the RC as normally done
~Remember EVV does not replace current billing processes



Claims Matching

~Claim is paid
~Claim is matched to EVV data
~If a match, the status changes to 'processed' in the system

Claims Matching Process for EVV Compliance



Required Elements of a Matched Claim



If any of the items above are not correctly entered in your EVV system, the claim for services will not match to information in the EVV system.

Be sure you have the correct:

- Regional center(s)
- Vendor number(s)
- UCI (Unique Client Identifier) for every person you work with
- Authorized service code

Fix any ‘incomplete’ visits so they are ‘verified’ prior to billing the regional center.

Example 1: Provider A

Provider A provides Supported Living Service (SLS) to 10 individuals. Before billing the regional center, the provider checks their EVV visit data for all 10 individuals for whom they plan to bill.

10 Individuals receiving SLS services



9 individuals have verified EVV visits in the month. All visits in the month are in the system.

1 individual received services, but EVV visits are missing

No correction

The missing service remains unmatched.

(9 ÷ 10) x 100 = **90% Match Rate**

Provider added missing visits

Manually adds accurate dates, times, caregivers and service code. Visits verify and match.

(10 ÷ 10) x 100 = **100% Match Rate**

EVV match rate = (number of individuals receiving services with verified visits ÷ total number of individuals expected to be billed for services received) x 100

Example 2: Provider B with Exemptions

Provider B provides respite to 100 individuals. Before billing the regional center, the provider checks their EVV visit data for all 100 individuals for whom they plan to bill.

100 individuals total **25 are exempt from EVV**

75 individuals require EVV

63 individuals have verified EVV visits



12 individuals received services, but EVV visits are missing/not verified

No correction

Missing visits are not entered or visits are not verified

(63 ÷ 75) x 100 = **84% Match Rate**

Provider corrects or adds 12 missing records

Adds missing visits or corrects caregiver, date or time. All 75 clients then have matching verified visits.

(75 ÷ 75) x 100 = **100% Match Rate**

EVV match rate = (number of individuals receiving services with verified visits ÷ total number of individuals expected to be billed for services received) x 100

Who to Contact for Help?

- For questions related to EVV please visit the Department's EVV website or contact your regional center. You can also contact the Department.

  Email: EVV@dds.ca.gov

- For technical assistance, please contact the Sandata customer care team:

  Email: CACustomerCare@sandata.com

  Phone: (855) 943-6070

- For technical assistance related to using an alternate EVV system, please contact the Sandata alternate EVV customer care team:

  Email: CAAltEVV@sandata.com

  Phone: (855) 943-6069

Q&A

