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**Frequently Asked Questions (FAQ)
Electronic Visit Verification (EVV) Phase II
Last updated: October 2022**

Note: Updates to this FAQ document will be posted as they become available.

EVV Requirements, Background, and Implementation

1. Q: What does Section 12006(a) of the 21st Century Cures Act require?

A: [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 provided under Social Security Act sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and 1115; and HHCS provided under Social Security Act section 1905(a)(7), per [Medicaid.gov](#).

2. Q: What does the EVV system have to verify?

A: The Social Security Act 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, the items 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
- the time the service begins and ends

3. Q: When does the Federal Government require states to implement EVV?

A: Pursuant to Subsection (l) of Section 1903 of the Social Security Act (SSA) (42 U.S.C. 1396b), all states will have implemented EVV for Medicaid-funded PCS by January 2020 and HHCS by January 1, 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 was implemented on January 1, 2022. HHCS implementation is required by January 1, 2023.

4. Q: What is the difference between EVV Phase I and Phase II?

A: California is implementing EVV in two phases:

- Phase I is focused on the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs that currently use the Case Management Payrolling & Information Systems (CMIPS) and Electronic Timesheet and Telephonic Timesheet Systems. California Phase I EVV is on a different timetable and more information regarding implementation can be obtained on the [CDSS EVV Website](#).
- Phase II is focused on identifying either an existing system or a new system to implement EVV for non-CMIPS and agency personal care services, and self-directed and agency home health services. For more information, please visit the [DHCS EVV website](#).

5. Q: Where is the timeline for specific programs, i.e., AIDS waiver? Habilitation services for HCBA, services being provided under Medi-Cal managed health care for ILOS?

A: Implementation of EVV for PCS happened at the same time for all Medi-Cal funded programs. The same is true for implementation of EVV for HHCS. The date of implementation for EVV is dependent on the type of service provided, regardless of the waiver or program under which it is offered. PCS implementation was January 1, 2022, and HHCS implementation is January 1, 2023. The Managed Care Community Supports program, formerly known as In Lieu of Services, implemented January 1, 2022 and has new implementation phases every 6 months.

6. Q: I understand Home Health providers are not until 2023. Are Home Health providers both skilled nursing services and Home Health aide visits? Are we required to start the EVV process for the home health aide visits in 2022?

A: HHCS includes both skilled nursing and home health aide services provided through a Home Health Agency. HHCS is expected to be implemented by January 1, 2023. Please refer to the [Provider Type and Codes Document](#) for clarification of the PCS services subject to EVV effective January 1, 2022.

7. Q: There are many nurses (RNs and LVNs) who are Independent Providers and are not hired by home health agencies, but they are providing personal care. Do they need to start EVV services 2022 or 2023?

A: PCS are subject to EVV and was implemented on January 1, 2022. Please refer to the [Provider Type and Codes Document](#) for clarification of the PCS services subject to EVV.

8. Q: Will you use the GPS on EVV?

A: Yes. The Cures Act requires that “location” be captured at check-in and check-out, and the CalEVV system will use GPS to determine location. However, GPS data will only be collected for check-in and check-out. There will be no continuous tracking and the application does not take photos. DHCS will use GPS information only for program integrity.

9. Q: Is EVV required for individual telehealth and group telehealth visits? Does the GPS work for telehealth services?

A: EVV is not required for telehealth services.

10. Q: Do live-in caregivers need to use the EVV system?

A: Live-in caregivers, which may impact some Individual Nurse Providers, are not subject to EVV requirements. In accordance with federal guidance released on August 8, 2019, DHCS developed the following definition of live-in caregivers, “A caregiver is considered a ‘Live-in Caregiver’ if the caregiver regularly remains in the recipient’s home for more than 24 hours at a time, during which they are available to provide any of the authorized PCS or HHCS.”

11. Q: How are individual providers being signed up?

A: Direct care service providers of PCS are required to complete the Provider Self-Registration process for the CalEVV system as soon as possible due to PCS being implemented January 1, 2022. Please visit our DHCS EVV website for more information regarding the Provider Self-Registration process.

12. Q: Will there be any penalties for non-compliance?

A: WIC section 14043.51(d) allows DHCS to take any of the following actions to address the noncompliance of a provider:

- Providing technical assistance on compliance.
- Requiring an approved corrective action plan.
- Recovering associated overpayments.
- Imposing enrollment or monetary sanctions.
- Taking any other remedial action, as deemed appropriate.

Roles and Responsibilities, Provider Types and Service Codes

1. Q: What are the service codes impacted by EVV?

A: Please refer to the [Provider Type and Codes Document](#) posted on the [DHCS EVV website](#). Please note that DHCS may amend this document at any time due to federal requirements.

2. Q: We only provide transportation to medical appointments - will EVV be required?

A: Attendant care providers rendering services for medical transportation trips and appointments are not subject to electronic visit verification (EVV). EVV is only applicable to PCS and/or HHCS in the recipient's home. For more information, please refer to the [Provider Type and Codes Document](#) posted on the [DHCS EVV website](#).

3. Q: Are medical visits subject to EVV requirements?

A: No, medical visits at a doctor's office or hospital are not subject to EVV requirements.

4. Q: Are Applied Behavioral Therapy (ABA) services subject to EVV requirements?

A: No, ABA is not subject to EVV requirements.

5. Q: Can you clarify if Home Health providers are inclusive to Hospice agencies?

A: Hospice services are not subject to EVV requirements.

6. Q: What will be the HCBA Waiver Agencies role within the EVV model?

A: PCS and HHCS provided in the home through the Home and Community-Based Alternatives (HCBA) waiver program are subject to EVV requirements.

The Waiver Agencies will serve as jurisdictional entities and will assist the state in provider monitoring ensuring that providers are adhering to EVV requirements. In some limited situations, the Waiver Agencies may also provide direct care services to HCBA waiver recipients. In these situations, the staff rendering direct care services will be subject to EVV requirements.

7. Q: Our agency is multi-faceted. We are a direct provider of care; we are an AIDS Waiver Agency, an HCBA Waiver Agency, and a CCT provider etc. Will there be one self-registration required for each type of provider or is it all in one application?

A: The agency will only need to complete the self-registration process once but must identify each department and jurisdictional entity for which they provide services separately. Provider Agencies of PCS are required to have [registered](#) in the Provider Self-Registration portal as of January 1, 2022. A Quick Reference Guide is linked below and can also be found on the [DHCS EVV website](#).

[Quick Reference Guide \(QRG\) - Registering in the EVV Self-Registration Portal](#)

Accessing the CalEVV Solution

1. Q: How do you collect the client information (who is the individual receiving services) using the telephone method?

A: In the CalEVV system, client information is collected by staff entering a number unique to each client. That number is a randomly assigned 6-digit number created when the provider agency enters a client's record into the CalEVV system. A randomly assigned number is used to protect the personally identifiable information of the beneficiary.

2. Q: Will the CalEVV solution be available in Spanish and other languages?

A: Yes, the CalEVV solution will be available to caregivers in the mobile app and by phone in several languages, including, but not limited to, Spanish, Mandarin Chinese, Cantonese, Vietnamese, Tagalog, Korean, Arabic, and Armenian.

3. Q: Is the company ID used to log in to EVV system tied to the NPI number?

A: Yes, the CalEVV ID is used to log into the system. The CalEVV ID is linked to a National Provider Identifier (NPI), Vendor ID or other department specific identifier providers are already using.

4. Q: Will the nurses have to enter the recipient's name daily when they visit or is there a master list we can upload for all the nurses that are going to visit the recipients that specific day?

A: If the provider agency uses the scheduling feature available in CalEVV, caregivers/nurses will have the recipient's name automatically populate on the mobile application when they start their visit. Caregivers/nurses will need to identify the recipient in the system before starting each visit by searching for either the recipient's Medicaid ID (UCI or CIN) or their Client ID.

5. Q: For home health, it is now required to have a separate "visit" for patients that require IV administration. Will two EVV entries be required for those patients, one for the HH visit and one for the IV portion for the visit?

A: HHCS are expected to be implemented by January 1, 2023. Please visit the [DHCS EVV website](#) to verify which provider types and codes are subject to EVV. Each visit during which a service subject to EVV is provided must be documented in the CalEVV solution independently.

6. Q: When a recipient moves to another waiver agency area, will the recipient information be changed automatically when the waiver agency is changed in MedCompass?

A: The EVV system operates separately from those systems currently utilized for case management and billing. Thus, information in those systems will not be automatically populated to the CalEVV solution and will need to be updated manually.

7. Q: What happens if a caregiver forgets to check-in or makes an error in the CalEVV system, how do they correct this issue?

A: The CalEVV system will allow for manual correction of errors and/or missed check-ins/check-outs. The process for correcting this data is referenced [here](#) for your convenience. Please reference our [informational videos on visit maintenance](#).

8. Q: What validation is built in the system to verify that the provider status is active, meaning the license is not expired?

A: EVV is not an enrollment system, so there is no validation.

Using an Alternate EVV Vendor

1. Q: Question: if our software program for data collection collects EVV already, do we still need to use DHCS system?

A: No, however all providers will complete self-registration regardless of the EVV solution they're using. Provider agencies may opt to use an alternative EVV solution; however, the alternate solution must meet all the EVV technical, business and reporting requirements. Links to the technical specifications and business requirements are posted on the [DHCS EVV website](#) under Alternate EVV Specifications. All EVV providers must adhere to the 21st Century Cures Act and collect/report all required data elements.

2. Q: What are the fees for third party option?

A: Fees for a 3rd party option are determined/dependent upon the 3rd party vendor.

3. Q: If our agency is using a 3rd party vendor to collect the data, is a landline required for that EVV capture? Is this landline requirement only applicable to the Sandata system?

A: Whether or not a landline is required for a 3rd party vendor system will be dependent upon that system or vendor. More information regarding Alternate EVV Vendor technical specifications and business requirements is posted on the [DHCS EVV website](#).

Training and Outreach

1. Q: Are the EVV Stakeholder Engagement Webinars recorded and will they be offered again? How can we access the information presented for later use?

A: Not all Informational Webinars have been recorded, but the ones that were are located in the Stakeholder Engagement / Informational Webinar section. All slide decks are posted to the [DHCS EVV website](#) under the Stakeholder Engagement / Informational Webinar section. For EVV information and updates, including upcoming trainings and webinars, please visit the [DHCS EVV website](#). Please email EVV@dhcs.ca.gov with any specific requests.

2. Q: Is there now a link available to the Sandata Application demonstration?

A: The Sandata Application demonstrations were released the weeks of November 10 and 15, 2021. A recording is available on the [DHCS EVV website](#).

3. Q: When will training for the CalEVV system be available for providers?

A: Provider agency administrator and office staff are able to take live webinar training sessions starting September 28, 2022. Please sign up to attend live webinar training at <https://go.oncehub.com/CalEVVProviderTraining>. HHCS providers will gain access to extensive training and technical assistance, including self-guided learning modules and EVV system demonstrations, provided by Sandata. The following [CalEVV video library](#) can be accessed at any time by staff or as a refresher to current staff on ensuring provider compliance.

Stakeholder Engagements / Informational Webinars

1. Q: Does CalEVV accept a Token Device placed in the home as an acceptable method of EVV? I saw the Mobile EVV and IVR listed, but no reference to use of Token devices that generate a one-time code for clock in/out that is interpreted into a date/time

A: CalEVV is not using a fixed object device, or FOB, for capturing EVV at this time. The preferred method of visit capture in CalEVV is the mobile application. For provider agencies using an Alternate EVV solution, check with your Alternate solution company.”

2. Q: Would a regional center vendor be considered a jurisdictional entity?

A: A regional center vendor is considered a provider agency. The regional center is the jurisdictional entity.

3. Q: When were we required to start using the CalEVV solution?

A: For PCS, the start date was January 1, 2022. For HHCS, the start date will be January 1, 2023.

4. Q: I'm an Alternate EVV agency and I don't have my credentials for me or my vendor.

A: If your Alternate EVV vendor has completed testing and the provider has not received their credentials within 5 business days, they should contact customer support with their CalEVV ID and their EVV vendor name. For Alternate EVV assistance please call or email your Customer Support team at 1-855-943-6069 or CAAltEVV@sandata.com.

5. Q: I didn't get my CalEVV ID after completing the Registration portal

A: Check spam filter/folder for email sending CalEVVDoNotReply@Sandata.com. If no email is received by the next day, please contact CalEVV support. For technical assistance please call or email your Customer Support team at 1-855-943-6070 or CACustomerCare@sandata.com.

6. Q: If we do not provide PCS and only provide services for participants under the HCBA waiver program should we still register?

A: Yes, if you are not providing PCS, but are providing HHCS through the HCBA waiver, you will be subject to EVV requirements effective January 1, 2023. HHCS which will be implemented by Jan 1, 2023. As of September 8, 2022, HHCS providers were able and encouraged to register in the EVV self-registration portal located on the [DHCS EVV website](#).

7. Q: Do I need to complete all seven modules for training before I get my credentials?

A: If you are an Administrator for your provider agency as identified during self-registration, you will receive an email with the link for the two required courses you must complete: System Overview and Security. Once you complete those courses, you will receive a certificate of completion." their staff should take the courses that are relevant to their role in the agency.

8. Q: Are there credits/funding to aide with equipping staff with data devices/data plans which would allow them to properly check in for EVV?

A: Provider Agencies are responsible for equipping staff with appropriate communication/data devices to properly utilize EVV.

9. Q: Do caregivers need to sign in and out if they live in the client's home?

A: Live-in caregivers are not subject to EVV requirements. In accordance with federal guidance released on August 8, 2019, DHCS developed the following definition of live-in caregivers, "A caregiver is considered a 'Live-in Caregiver' if the caregiver regularly remains in the recipient's home for more than 24 hours at a time, during which they are available to provide any of the authorized PCS or HHCS.

10. Q: Should providers who do not deliver PCS wait to register for HHCS?

A: As of September 8, 2022, HHCS providers were able and encouraged to register in the EVV self-registration portal located on the [DHCS EVV website](#). HHCS providers will need to be in compliance with EVV requirements by January 1, 2023.

11. Q: Does this apply to Medicare Medical Home Health Care Agencies?

A: Medicare Medical Home Health Care Agencies are not required to utilize CalEVV.

12. Q: We have several different sub codes due to different rates, for example overtime, holiday, etc. How will this impact our EVV?

A: This will not impact EVV. Caregivers will log in at the beginning of their shift and log out at the end of their shift, regardless of sub-codes. Providers will follow their same billing processes.

13. Q: I am a Site Director for a Multipurpose Senior Services Program (MSSP) Site. We do not provide care directly. We contract with a care agency. Do we need to register?

A: MSSP Sites do not register in the CalEVV portal. Only those Agencies that provide direct care in the beneficiary's home. Please ensure the Care Agency providing services registers in the CalEVV Portal. Please visit our DHCS EVV webpage for the link to register under the Provider Self-Registration Portal heading.

14. Q: I'm a MSSP site with vendors. Do I need to have a Sandata administrator at my agency?

A: All MSSP sites are jurisdictional entities and are responsible for verifying that their invoiced PCS took place.

15. Q: MSSP sites have not been making home visits since COVID19, when we do resume visits will the care managers need to document home visits using EVV?

A: The EVV requirement is applicable to PCS that only are reimbursed under waiver service PCS codes 3.2 and 5.1.

16. Q: For personal care attendants, is it necessary to check out for shifts longer than 24 hours and then check back in?

A: Yes, personal care attendants would be required to check out after completing a visit and then will be required to check back in the next day. However, live-in personal care attendants are not subject to EVV requirements. In accordance with federal guidance released on August 8, 2019, DHCS developed the following definition of live-in caregivers, “A caregiver is considered a ‘Live-in Caregiver’ if the caregiver regularly remains in the recipient’s home for more than 24 hours at a time, during which they are available to provide any of the authorized PCS or HHCS.”

17. Q: If we have offices in different states, but utilize the same tax identification number, do we have to re-register?

A: CalEVV is only for California providers. If you are providing services in California and are associated with one of the state departments and provide PCS / HHCS services, then you will need to register. DHCS providers will register using their NPI.

18. Q: Do habilitation service providers need to start using EVV services on January 1, 2022?

A: Habilitation services fall under HHCS which is anticipated to be implemented by January 1, 2023.

19. Q: Is the self-registration portal available? If so, can the link be provided?

A: The self-registration portal is available for both PCS and HHCS providers to [register](#). Please refer to our [DHCS EVV website](#) with more information on Self-Registration process.

20. Q: How long do we have to make corrections?

A: All Corrections (known as Exceptions) need to be corrected immediately to allow for a visit claim to count. Agency Administrators are responsible for working with their caregivers to clear any exceptions.

21. Q: How does the GPS get activated when someone uses the telephone to call in instead of the app?

A: When a provider calls in using Telephony, the number associated to the beneficiary will be recorded. There is no GPS associated with the telephony call. We collect the location using the Home/Community selection.

22. Q: Can we use both the CalEVV and Alternate EVV system?

A: Yes, but the provider agency would have to set up two different accounts.

23. Q: What if a caregiver meets the client at a doctor's office for an appointment and not at their home? How will the caregiver set begin and end time?

A: The Caregiver will be able to begin the services on the Sandata Mobile Connect (SMC) application via mobile device. If the provider doesn't have the SMC application and uses telephony, then the provider will be required to input a manual entry for the start and end time.

24. Q: What percentage of data is required to be captured electronically to stay in compliance? Taking into consideration manual entries that arise.

A: California has not set threshold compliance percentages. Whenever possible and barring emergencies, the state expects visits to be captured electronically and not manually entered.

25. Q: What day of the month does a provider need to send the data to CalEVV to comply? Before billing? After billing?

A: When a Caregiver completes a visit in the CalEVV system, the EVV visit data will be automatically uploaded into the CalEVV aggregator. Providers will continue to bill according to their current program guidelines.

26. Q: How will a jurisdictional entity know if their contracted provider agencies have completed self-registration in the portal?

A: JE's will have access to the CalEVV aggregator and will be able to view their registered providers and their associated EVV data.