

State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAASS
DIRECTOR



GAVIN NEWSOM
GOVERNOR

DATE: July 21, 2022

ALL PLAN LETTER 22-014

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: ELECTRONIC VISIT VERIFICATION IMPLEMENTATION
REQUIREMENTS

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with direction regarding the implementation of the federally mandated Electronic Visit Verification (EVV) requirements.

BACKGROUND:

Section 12006(a) of the 21st Century Cures Act, signed into law on December 13, 2016, added section 1903(l) to the Social Security Act (the Act), which mandates states to require the use of EVV for Medicaid-funded personal care services (PCS) and home health care services (HHCS) for in-home visits by a provider.¹ EVV is required for PCS and HHCS provided under all Medicaid authorities, including the State Plan and waivers issued under sections 1905(a)(24), 1915(b), 1915(c), 1915(i), 1915(j), 1915(k), 1905(a)(7) of the Act or under section 1115.

State law also requires implementation of EVV in accordance with the Welfare and Institutions Code (WIC), section 14043.51 Assembly Bill 133 (Committee on Budget, Chapter 133, Statutes of 2021)² that specifically does the following:

- Authorizes the Department of Health Care Services (DHCS) to implement an EVV System as required by federal law, in collaboration with other governmental entities;
- Requires providers rendering Medi-Cal services subject to EVV to comply with EVV requirements established by DHCS and partners³ or be subject to non-compliance actions;

¹ Section 12006(a) of the CURES Act is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051618.pdf>

² Legislation is searchable at: <https://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>

³ As defined in WIC section 14043.51(a)(3), partners include, but are not limited to, the California Department of Social Services, the California Department of Developmental Services

- Authorizes DHCS and its partners to implement the EVV System through Provider Bulletins and Letters, such as this one; and
- Allows DHCS to recover from MCPs any or all Federal Financial Participation lost due to an MCP's non-compliance with the EVV requirements.

California implemented EVV for PCS on January 1, 2022, and is required to implement EVV for HHCS by January 1, 2023.

EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. As a result, this program will aid in reducing fraud, waste, and abuse. The EVV program must verify each 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.

The definition of "personal care services" is not uniform across all the authorities under which it can be covered as a Medi-Cal benefit. In general, however, it consists of services supporting individuals with their activities of daily living, such as movement, bathing, dressing, toileting, and personal hygiene. PCS can also offer support for instrumental activities of daily living, such as meal preparation, money management, shopping, and telephone use.

POLICY:

MCPs must implement EVV requirements for HHCS by January 1, 2023.

MCPs are required to implement EVV for all Medi-Cal PCS and HHCS that are delivered during in-home visits by a provider.⁴ This includes, but is not limited to, PCS and HHCS delivered as part of Community-Based Adult Services (CBAS)⁵, Whole Child Model and Community Supports – personal care and homemaker services, respite services, day habilitation programs – and all other HHCS programs covered under the

(DDS), the California Department of Public Health, the California Department of Aging, and the Office of Systems Integration. Additional information and guidance can be found on the DHCS EVV Website, available at: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>, and the DDS EVV Website, available at: <https://www.dds.ca.gov/services/evv/>. State law is searchable at: <https://leginfo.legislature.ca.gov/>.

⁴ See the CalAIM 1115 Approval Letter and Special Terms and Conditions Section 21 (CBAS-Emergency Remote Services [ERS]) and 25 (Home and Community Based Services EVV system), available at: <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Approval-Letter-and-STCs.pdf>. DHCS is planning to implement EVV for CBAS-ERS January 1, 2023.

⁵ The 1115 Waiver, approved by the Centers of Medicare and Medicaid Services on January 1, 2022, authorizes California to provide CBAS-ERS. ERS personal care and home health care provided in the home are subject to EVV requirements. Further guidance specific to in-home CBAS-ERS will be forthcoming.

contract between DHCS and the MCPs. Implementation of EVV is only required for PCS and HHCS delivered in a member's home, including visits that begin in the community and end in the home (or vice versa).

DHCS defines a "live-in caregiver" as a caregiver that 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 and HHCS. Please see the List of EVV Provider Type, Procedure, and Place of Service Codes on the DHCS EVV Website to determine which providers will be impacted by EVV requirements.⁶

EXCLUSIONS:

The following services are not subject to EVV requirements:

- HHCS or PCS that do not require an in-home visit are not subject to EVV requirements.
- HHCS or PCS provided in congregate residential settings where 24-hour service is available are not subject to the EVV requirements.
- HHCS or PCS rendered by an individual living in the member's residence does not constitute an "in-home visit" and is not subject to EVV requirements.
- Any services rendered through the Program of All-Inclusive Care for the Elderly.
- HHCS or PCS that are provided to inpatients or residents of a hospital, nursing facility including skilled nursing facility or residence of nursing facility, intermediate care facility for individuals with intellectual disabilities, or an institution for mental diseases.
- Durable Medical Equipment is not subject to EVV requirements.

STATE EVV VENDOR:

The State of California contracted with Sandata Technologies, LLC (Sandata) to provide a state-sponsored EVV system. Sandata is providing California with an EVV system that includes the ability to capture data elements during the visit, data portals that allow providers to view and report on visit activity, and an EVV Aggregator to provide California with EVV program oversight and analytics. The EVV Aggregator will also receive data from providers that choose to use their existing EVV system, support California's Open EVV model, and provide a meaningful data and analytics dashboard. Additionally, training videos for the Aggregator and the Business Intelligence tool will be available online, which demonstrate functionality and capabilities.

MCPs are not required to use the state-contracted EVV system. However, use of the Sandata EVV system is free to MCPs, and their Subcontractors and Network Providers,

⁶ The EVV Provider Type, Procedure, and Place of Service Codes is available at: <https://www.dhcs.ca.gov/Documents/EVV-Provider-Types-and-Codes.pdf>.

to use for capturing and transmitting required EVV data components to the EVV Aggregator. If a Knox-Keene licensed MCP chooses to contract with a different EVV vendor, the resulting administrative service agreement must be filed with the Department of Managed Health Care.

All Medi-Cal PCS and HHCS providers must capture and transmit the following six mandatory data components:

- 1) The type of service performed;
- 2) The individual receiving the service;
- 3) The date of the service;
- 4) The location of service delivery;
- 5) The individual providing the service; and
- 6) The time the service begins and ends.

All Network Providers are required to comply with the EVV requirements when rendering PCS and HHCS, subject to federal EVV requirements. MCPs must monitor their Network Providers to ensure compliance with these requirements in accordance with the established guidelines below:

- Monitor providers for compliance with the EVV requirements and CalEVV Information Notice(s), and alert DHCS to any compliance issues.
- Supply providers with technical assistance and training on EVV compliance.
- Require providers to comply with an approved corrective action plan.
- Deny payment if the provider is not complying with EVV requirements and arrange for the participants to receive services from a provider who does comply.⁷

When a Network Provider is identified as non-compliant with these requirements, the MCP must not authorize the Network Provider to perform services and/or withhold the payment. If a non-compliant Network Provider is the employee of a subcontractor, the specific Network Provider will not be able to provide Medi-Cal PCS and HHCS services.

EVV SYSTEM - PROVIDER SELF-REGISTRATION AND TRAINING:

⁷ See the Center for Medicaid and CHIP Services (CMCS) EVV Informational Bulletin (May 16, 2018), available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051618.pdf>. Please also note that federal guidance highlights that “nothing in section 1903(l) can be construed to limit provider selection, to constrain beneficiaries’ choice of caregiver, or to impede the way care is delivered

MCPs must ensure that their applicable Network Providers and Subcontractors complete the self-registration process to gain access to the state-sponsored EVV system and EVV Aggregator. All MCPs must require providers of Community Supports – Personal Care and Homemaker Services, Respite Services, and Day Habilitation Programs to register no later than October 19, 2022. Once registered, Network Providers and Subcontractors will gain access to extensive training and technical assistance, including self-guided learning modules and EVV system demonstrations, provided by Sandata. DHCS will allow PCS providers up to 90 calendar days from the date of this letter, or by October 19, 2022, whichever is later, to ensure the providers are registered, trained, using an EVV system and submitting EVV visit data. MCPs must ensure that their Network Provider(s) and Subcontractor(s) subject to CalEVV requirements are registered in the online self-registration portal, are trained on how to operate the solution, and capture the six data elements with each in-home visit. MCPs are expected to comply with EVV requirements for Community Supports once they have elected to offer and implemented Personal Care and Homemaker Services, Recuperative Care (Medical Respite), and Day Habilitation programs.

Information on the self-registration portal and the link can be found on the DHCS website at: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>

ALTERNATE EVV SYSTEM:

MCPs and their Network Providers have the option to implement EVV requirements using an alternate EVV system. Any alternate EVV system must comply with all business requirements and technical specifications, including the ability to capture and transmit the required data elements to the EVV Aggregator. MCPs, their Subcontractors, and Network Providers who choose to use an alternate EVV system are required to register in the EVV self-registration portal and must participate in state-sponsored training provided by Sandata.

BILLING AND CLAIMS

All claims for PCS and HHCS services must be submitted with allowable Current Procedural Terminology or Healthcare Common Procedure Coding System codes as outlined in the Medi-Cal Provider Manual. MCPs and/or providers must also indicate the proper Place of Service Code or Revenue Code on claims and/or encounters to indicate the rendering of PCS or HHCS in a member's home.

DHCS MONITORING:

DHCS will monitor MCPs' implementation of EVV through existing data reporting mechanisms, including reviewing encounter data, and will include EVV implementation and requirements in the scope of the annual medical audit.

POLICIES AND PROCEDURES:

The requirements contained in this APL, including future updates or revisions to this APL, will necessitate changes to MCPs' Policies and Procedures (P&Ps). MCPs must submit updated P&Ps addressing all EVV requirements to their Managed Care Operations Division (MCO) contract manager within 90 days of the release of this APL. The email submission to DHCS must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. All EVV requirements must be communicated by each MCP to all Subcontractors and Network Providers required to comply with EVV requirements. MCP case managers and service providers must be able to demonstrate to DHCS their compliance with the EVV requirements. If an MCP uses an alternate EVV system, it cannot require additional expenditures or effort by participants.⁸ This means that participants won't be expected to pay additional fees if the participant's provider is using an alternate EVV system.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

For more information about the EVV requirements, the EVV system, or the EVV self-registration portal, please visit the [DHCS EVV webpage](#) or contact DHCS at EVV@dhcs.ca.gov.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

⁸ This is in line with federal guidance that suggests using multiple approaches for notifying and training individual recipients of PCS/HHCS and their families on EVV. See the EVV CMCS Information Bulletin (May 16, 2018) for more information.