

DATE: November 28, 2023

POLICY LETTER: 23-005

TO: Home and Community-Based Alternatives (HCBA) Waiver Agencies

SUBJECT: California Electronic Visit Verification (CalEVV) Implementation

I. PURPOSE

The purpose of this Policy Letter (PL) is to provide instruction and guidance to HCBA Waiver Agencies on the implementation of the federally mandated Electronic Visit Verification (EVV) requirements. Enforcement and authority of this PL is pursuant to Welfare & Institutions Code (WIC) sections 14132.991(b) and 14043.51(f).

II. 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 under all Medicaid authorities provided under the State plan (or under waivers), including services provided under section 1905(a)(24), 1915(b), 1915(c), 1915(i), 1915(j), 1915(k), 1905(a)(7) of the Act or under section 1115.

State Medi-Cal law requires implementation of EVV in accordance with the WIC section 14043.51.² Providers rendering Medi-Cal services, subject to EVV, shall comply with requirements as established by the DHCS and its partners, which include HCBA Waiver Agencies, relating to electronic verification of those services.

CalEVV implemented PCS on January 1, 2022, and HHCS on January 1, 2023. In California, the EVV program has been implemented separately for two populations: (1) agency providers of PCS and HHCS, and (2) individual providers following the self-directed model who provide Waiver Personal Care Services (WPCS) and/or In-Home Supportive Services (IHSS).

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

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



EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. 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, date of the service, location of service delivery, individual providing the service, and time the service begins and ends.

The definition of “PCS” is not uniform across the authorities under which it can be covered as a Medi-Cal benefit. In general, however, it consists of in-home services supporting individuals with their activities of daily living (ADLs) such as movement, bathing, dressing, toileting, transferring and personal hygiene. PCS can offer support for instrumental activities of daily living (IADLs), such as meal preparation, money management, shopping, paramedical services, and telephone use. Services supporting ADLs or services supporting both ADLs and IADLs provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115.

The definition of “HHCS” includes nursing and home health aide services as well as medical supplies, equipment, and appliances that require an in-home visit. The delivery, set-up, and/or instruction on the use of medical supplies, equipment or appliances do not constitute an “in-home visit.”³

STATE EVV VENDOR

The State of California contracted with Sandata Technologies, LLC (Sandata) to provide a state-sponsored CalEVV system. Sandata is providing California with an EVV system that includes the ability to capture the six (6) mandated data elements during the visit. Providers are able to access their CalEVV data portal to view and report on visit activity. The CalEVV Aggregator will 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 to assist with program oversight. Additionally, training videos, which demonstrate functionality and capabilities for the Aggregator and the BI tool, are available online on DHCS EVV website.

PCS and HHCS impacted providers are subject to EVV requirements regardless of the EVV system used. The Sandata CalEVV system is free to all providers for capturing and transmitting required EVV data elements to the CalEVV Aggregator.

To be compliant with federal and state requirements, all Medi-Cal in-home PCS and HHCS providers, including but not limited to those performing services under

³ Centers for Medicare & Medicaid Services Informational Bulletin - <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080819-2.pdf>,

the HCBA Waiver, must be registered in the CalEVV system and capture and transmit the following six (6) mandatory data elements:

- 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.

EVV SYSTEM - PROVIDER SELF-REGISTRATION⁴

PCS and HHCS providers for the HCBA Waiver beneficiaries, served by the Waiver Agencies, must complete the self-registration process to gain access to the state-sponsored CalEVV system. Once registered, providers will gain access to extensive training and technical assistance, including self-guided learning modules and CalEVV system demonstrations provided by Sandata. HCBA Waiver Agencies should ensure that the PCS and HHCS provider(s) subject to CalEVV requirements, are registered in the online self-registration portal, trained on how to operate the solution and able to capture the six (6) data elements with each in-home visit.

ALTERNATE EVV SYSTEM

PCS and HHCS 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 six (6) data elements to the CalEVV Aggregator. Providers who choose to use an alternate EVV system are required to register in the CalEVV self-registration portal and must participate in state sponsored training provided by Sandata.

III. POLICY

Implementation of EVV is required for all HCBA Waiver PCS and HHCS providers who render services in a member's home, including visits that begin in the community and end in the home (or vice versa) as of January 1, 2023. This includes but is not limited to services covered by the HCBA Waiver that qualify as PCS and HHCS, such as agency-provided WPCS, agency-provided paramedical services, home care, and in-home nursing services. Please see the list of EVV

⁴ Information on the self-registration portal and the link can be found on the DHCS EVV website: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>

Provider Types and Codes⁵ on the DHCS EVV website to determine which providers are impacted by EVV requirements.

Individual WPCS providers and IHSS providers following the self-directed model and that receive payment directly from the state will not submit EVV data using CalEVV. Individual WPCS and IHSS providers must comply with the IHSS EVV requirements published on the California Department of Social Services (CDSS) EVV website and submit EVV data utilizing the IHSS EVV Mobile Application, the IHSS Electronic Services Portal, or the IHSS Telephone Timesheet System.⁶ WPCS providers employed by personal care agencies must comply with EVV requirements using CalEVV.

EXCLUSIONS⁷

The following services are not subject to EVV requirements:

- HHCS or PCS that do not require an in-home visit;
- HHCS or PCS provided in congregate residential settings where 24-hour service is available;
- HHCS or PCS that are provided by a “Live-in Caregiver”, which may impact some Individual Nurse Providers (INP) or Private Duty Nursing (PDN);
- Services rendered through:
 - Program of All-Inclusive Care for the Elderly (PACE);
 - Hospice services;
 - California Community Transitions (CCT) program;
 - Genetically Handicapped Persons Program (GHPP);
 - Assisted Living Wavier (ALW);
 - Applied Behavioral Analysis (ABA);
 - Behavioral Health or individuals with intellectual disabilities, or an institution for mental diseases;
 - Doula Services;
 - Community Health Workers (CHW).
- HHCS or PCS provided to inpatients or residents of a hospital, long term care includes but not limited to skilled nursing facility (SNFs) both freestanding and hospital-based SNFs, subacute facilities, pediatric subacute facilities, and intermediate care facilities; and/or
- In-home delivery and setup of Durable Medical Equipment.

⁵ The EVV Provider Types and Codes document is available at:

<https://www.dhcs.ca.gov/provgovpart/Documents/EVV-Provider-Types-and-Codes-November.pdf>

⁶ For more information regarding EVV requirements for independent WPCS providers, refer to the CDSS website: [Electronic Visit Verification \(EVV\) Help - IHSS](#), or contact EVV@dss.ca.gov.

⁷ See DHCS EVV website, <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>, for more information on exclusions and live in caregivers.

ROLES AND RESPONSIBILITIES

HCBA Waiver Agencies

HCBA Waiver Agencies must ensure that impacted providers receive communication and guidance provided by DHCS. Additionally, HCBA Waiver Agencies must assist the state in an initial effort to ensure impacted providers are registered in the CalEVV system. HCBA Waiver Agencies are able to assist DHCS with ongoing efforts around monitoring EVV providers with the following:

- 1) Ensure providers are capturing all six (6) mandatory data elements via the Aggregator and Business Intelligence (BI) tool, also known as DOMO;
- 2) Provide technical assistance on program compliance based on reports generated through the Aggregator and BI tools;
- 3) Alert DHCS if HCBA Waiver Agencies become aware of the impacted providers are not being enrolled in CalEVV or are not submitting the mandatory data elements;
- 4) Disseminate DHCS communications to all impacted EVV providers to ensure information is received;
- 5) Alert DHCS if any issues arise regarding a participant's health or safety while an EVV compliant provider is identified and approved to provide HCBA Waiver services to the participant.

DHCS

- 1) Provide technical assistance on CalEVV onboarding, training, and submitting Cures-compliant data;
- 2) Provide training on the Aggregator and BI tools;
- 3) Provide regular communication on EVV updates;
- 4) Ensure providers are in compliance with EVV requirements.

DHCS reserves the right to take any of the following actions to address non-compliant HCBA providers:

- 1) Provide technical assistance on EVV program compliance;
- 2) Develop and issue non-compliant letter and notification to identified HCBA providers who are out of compliance;
- 3) Defer the approval of treatment authorization requests if EVV requirements are not met; and/or
- 4) Enforce any other remedial action, as deemed appropriate.

BILLING AND CLAIMS

All claims for PCS and HHCS services must be submitted with the allowable Current Procedural Terminology or Healthcare Common Procedure Coding System codes as outlined in the Medi-Cal Provider Manual. Providers must also

indicate the proper Place of Service Code or Revenue Code on claims to indicate the rendering of PCS or HHCS in an HCBA Waiver participant's home.

For more information regarding this PL, EVV requirements, CalEVV system, or CalEVV self-registration portal, visit the DHCS EVV website or contact DHCS EVV team at EVV@dhcs.ca.gov. Questions regarding HCBA program specific policies and procedures should be sent to the HCBA Contract Management Team for Waiver Agencies, or HCBAAlternatives@dhcs.ca.gov for non-Waiver Agency individuals or entities.

Sincerely,

ORIGINAL SIGNED BY,

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services