Frequently Asked Questions (FAQ)
California Electronic Visit Verification (CalEVV)
Last updated: January 2024

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

EVV Requirements and Background

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 (SSA) sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and 1115; and HHCS provided under SSA section 1905(a)(7), per [Medicaid.gov]().

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

   A: The SSA 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; and
   - 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 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, and HHCS was implemented on January 1, 2023.

4. **Q: What is the difference between EVV Phase I (CMIPS) and Phase II (CalEVV)?**

   A: California is implementing EVV in two phases:
   - Case Management Information and Payrolling Systems (CMIPS) is focused on the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs that currently use the CMIPS and Electronic Timesheet and

Telephonic Timesheet Systems. CMIPS (California Phase I EVV) is on a different timetable and more information regarding implementation can be obtained on the [California Department of Social Services (CDSS) EVV website](#).

- CalEVV is focused on identifying either an existing system or a new system to implement EVV for non-CMIPS and agency PCS, and self-directed and agency HHCS. For more information, please visit the [DHCS EVV website](#).

5. **Q: Are there credits/funding to aid 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 (plans) to properly utilize EVV.

6. **Q: Will you use the Global Positioning System (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.

7. **Q: How does the GPS get activated when someone uses the telephone to call-in instead of the Sandata Mobile Connect (SMC) application (app)?**

    A: When a provider calls in using Telephonic Visit Verification (TVV), the number associated to the member will be recorded. There is no GPS associated with the telephony call. CalEVV collects the location using the Home/Community selection.

8. **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 excluding emergencies, the state expects visits to be captured electronically and not manually entered.

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

    A: Welfare and Institutions Code (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; and
    - 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: Are dual eligible Medicare Medi-Cal Plans (Medi/Medi) and/or Other Health Coverage (OHC) members impacted by EVV?**

    A: Dual Eligible Plans or Medicare-Medicaid (Medi-Medi) plans for both PCS and HHCS, when Medicare or OHC is the primary payer, is not EVV impacted.

3. **Q: Where is the timeline for specific programs, i.e., acquired immunodeficiency syndrome (AIDS) waiver? Habilitation services for Home and Community Based – Alternatives (HCBA), services being provided under Medi-Cal managed health care for In Lieu of Services (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. PCS implementation was January 1, 2022, and HHCS implementation was January 1, 2023. The Managed Care Community Supports program, formerly known as ILOS, implemented January 1, 2022, and has new implementation phases every six (6) months. For an implementation schedule, see the [CalAIM Community Supports – Managed Care Plan Elections schedule](#).

4. **Q: Are home health agencies who are Medicare providers, but not Medi-Cal providers required to be in compliance with EVV?**

    A: Home health agencies that are only Medicare providers and do **not** provide any services to Medi-Cal recipients are **not** subject to EVV.

5. **Q: Are Home Health (HH) providers both skilled nursing services and HH aide visits 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 was implemented on 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.

6. **Q: For HH, it is now required to have a separate "visit" for patients that require intravenous (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 was implemented as of January 1, 2023. Each visit during which a service subject to EVV is provided must be documented in the CalEVV solution independently. Please visit the [Provider Type and Codes Document](#) on the [DHCS EVV website](#) to verify which services are subject to EVV.

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

   A: Habilitation services fall under HHCS which was implemented on January 1, 2023.

8. **Q: Does the EVV requirement apply to the Program of All-Inclusive Care for the Elderly (PACE) program?**

   A: CMS does not interpret the EVV requirement to apply to PACE program services. In CMS's view, PACE is a separate Medicaid benefit listed at section 1905(a)(26) of the SSA, and that provision is not cited in section 12006(a)(5)(C) of the Cures Act.

9. **Q: Are Applied Behavioral Therapy (ABA), hospice, and individual/group telehealth services subject to EVV requirement?**

   A: ABA, hospice, and individual/group telehealth services are **not** subject to EVV requirements.

10. **Q: Are medical visits subject to EVV requirements?**

    A: Medical visits at a doctor's office or hospital are **not** subject to EVV requirements.

11. **Q: Is EVV required if we only provide transportation to medical appointments?**

    A: No, attendant care providers rendering services for medical transportation trips and appointments are **not** subject to EVV requirements. 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](#).

12. **Q: What if a caregiver meets the member at a doctor's office for an appointment and not at their home, should they call in to start their service?**

    A: The caregiver will be able to begin the services on the SMC application via mobile device. If the provider does not have the SMC application and uses TVV, then the provider will be required to input a manual entry for the start and end time.

13. **Q: Do Live-In Caregivers need to use the CalEVV system?**

    A: No, Live-In Caregivers are **not** subject to EVV requirements but are required to complete the EVV Exemption Form for Live-In Caregiver. Live-In Caregivers may impact some Individual Nurse Providers (INP). 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." For more information, please refer to the California EVV Live-In Caregiver Exemption Guidelines, Information Notice 23-01.

14. **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.

15. **Q: There are many nurses (RNs and LVNs) who are Independent Providers and are not hired by home health agencies, but they are providing PCS. Do they need to register and start submitting EVV services?**

    A: PCS are subject to EVV requirements 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. Direct care service providers of PCS are required to complete the Provider Self-Registration process for the CalEVV system as soon as possible. Please visit the DHCS EVV website for more information regarding the Provider Self-Registration process.

16. **Q: What is the HCBA Waiver Agency's role within the EVV model?**

    A: PCS and HHCS provided in the home through the HCBA waiver program are subject to EVV requirements. The Waiver Agencies will serve as Jurisdictional Entities (JE) and will assist the state in provider monitoring and ensuring that providers are adhering to EVV requirements. Please reference the HCBA Policy Letter #23-005.

17. **Q: Are WPCS individual providers for HCBA clients subject to EVV requirements, or only providers working through an agency?**

    A: WPCS providers who work through an agency will need to reference the Provider Type and Codes Document on the DHCS EVV website for impacted services. WPCS individual providers who work through CDSS/CMIPS and submit their timesheets through the Electronic Services Portal (ESP) will need to reach out to CDSS at EVV@dss.ca.gov.

18. **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.

19. **Q: Would a regional center vendor be considered a JE?**

    A: A regional center vendor is considered a provider agency, whereas the regional center is the JE.

20. **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 with CalEVV. DHCS providers will register using their National Provider Identifier (NPI).

21. **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.

22. **Q: I am a Site Director for a Multipurpose Senior Services Program (MSSP) site. We do not provide care directly but are contracted 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 Provider Self-Registration Portal. For more information, visit the DHCS EVV webpage.

23. **Q: I am a MSSP site with vendors. Do I need to have a Sandata administrator at my agency?**

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

24. **Q: MSSP sites have not been making home visits since COVID-19. When we do resume visits, will the care managers need to document home visits using EVV?**

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

25. **Q: How will a JE know if their contracted provider agencies have completed registration on the CalEVV Provider Self-Registration Portal?**

    A: JEs will have access to the CalEVV Aggregator and will be able to view their registered providers and their associated EVV data.

26. **Q: To confirm, Fee-for-Service (FFS) HH should select "DHCS" for the CalEVV Self-Registration Portal when registering?**

    A: FFS providers who do not associate with the HCBA Waiver Program or California Children Services Program will select DHCS as their JE in the provider identifier section on the CalEVV Provider Self-Registration Portal. FFS providers will select DHCS via Managed Care Plan (MCP) and then DHCS as their JE.

27. **Q: Community-Based Adult Services (CBAS) providers were included in the [Medi-Cal Managed Care Health Plan All Plan Letter 22-014](#) as needing to be in compliance. When should CBAS providers come into compliance?**

    A: CBAS Emergency Remote Services (ERS) for EVV went live on March 23, 2023, and CBAS providers are to be compliance with EVV requirements.

28. **Q: How do you reconcile the paid travel time that some claims may have as the Department of Labor requires that to be paid, yet this is just looking at time at a client's home? These are two separate departments that are requiring it; seems to be different rules.**

    A: EVV is only applicable to PCS and/or HHCS in the member's home.

Accessing the CalEVV Solution

1. **Q: If I did not get my CalEVV ID after completing registration in the Provider Self-Registration portal, what should I do?**

    A: Check spam filter/folder for email from sender CalEVVDoNotReply@Sandata.com. If no email is received within 24-48 hours, please contact CalEVV support. For technical assistance, please call the Sandata Customer Support team at 1-855-943-6070 or email CACustomerCare@sandata.com.

2. **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 registration required for each type of provider or is it all in one application?**

    A: The agency will only need to complete the registration on the CalEVV Provider Self-Registration process once but must identify each department and JE for which they provide services separately. Provider agencies of PCS are required to have registered on the CalEVV Provider Self-Registration portal as of January 1, 2022. Please refer to

the [CalEVV Self-Registration – Quick Reference Guide](#) located on the [DHCS EVV website](#).

3. **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 program, you are subject to EVV requirements effective January 1, 2023. HHCS was implemented on January 1, 2023. As of September 8, 2022, HHCS providers were able and encouraged to register on the CalEVV Provider Self-Registration Portal located on the [DHCS EVV website](#).

4. **Q: What is the name of the mobile app for CalEVV in the iOS App store?**

    A: The Sandata Mobile Connect (SMC) app is available in the iOS App Store and the Google Play app store. To access the mobile app, provider agencies will enter the employee's email into the CalEVV portal and select the checkbox titled Mobile User. This will trigger an email to the employee for instructions to access the app and log in.

5. **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 (PII) of the member.

6. **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.

7. **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 an NPI, Vendor ID or other department-specific identifier providers are already using.

8. **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: 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. 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.

9. **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.

10. **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.

11. **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. Please reference our informational videos on visit maintenance for correcting this data.

12. **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 Alt EVV solution, check with your Alt EVV vendor.

13. **Q: MSSP sites have a unique NPI number. Is that the number that would be entered in the identifier section when registering?**

    A: Yes. DHCS, California Department of Public Health (CDPH) and California Department of Aging (CDA) uses the NPI under which the services are billed to the state. The NPI is a 10-digit number.

14. **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.

15. **Q: It seems that you said that if we bill to a Managed Care Organization (MCO), we need to enter that as our JE; but we bill to multiple MCOs from a single NPI since**

it is based on the recipient's eligibility. Would that mean we have to register a single NPI multiple times for every MCO used?

A: Providers will only register once and will add all the provider identifiers under the same registration, identifying all JEs with which they are associated. For more information, please refer to the [CalEVV Self-Registration – Quick Reference Guide.](#) In CalEVV provider portal, providers can add and/or manage all the provider identifier(s), please refer to the step-by-step process [Quick Reference Guide for Adding and Managing Provider Identifier(s).](#)

16. **Q: What happens if you registered using a Doing Business As (DBA) name instead of the formal billing name registered with the Secretary of State?**

    A: Please call the Sandata Customer Support team at 855-943-6070 or email cacustomercare@sandata.com to update registration information.

17. **Q: What happens if there is an error in this reconciliation portal and what occurs when a provider goes to bill Medi-Cal for that date of service? Will it get denied on the Explanation of Medicare Benefits (EOMB)? If so, what error codes are going to be used to advise that this is the problem? How is the error then fixed?**

    A: EVV does not impact billing. Providers will continue to bill the same way which should match what is entered in their EVV visit record.

Using an Alternate (Alt) EVV Vendor

1. **Q: If our software program for data collection collects EVV already, do we still need to use CalEVV system?**

    A: No; however, all providers will need to register on the CalEVV Provider Self-Registration Portal regardless of the EVV solution they are using. Provider agencies may opt to use an Alt EVV solution; however, the Alt EVV 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 Alt EVV Specifications. All EVV providers must adhere to the Cures Act and collect/report all six (6) required data elements.

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

    A: Fees for a third-party option are determined/dependent upon the third-party vendor.

3. **Q: If our agency is using a third-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 third-party vendor system will be dependent upon that system or vendor. More information regarding Alt EVV Vendor technical specifications and business requirements is posted on the DHCS EVV website.

4. **Q: If we are using an Alt EVV provider and there is no signal or coverage, do we use the Sandata off-line app for those visits? Can we use both CalEVV & Alt EVV?**

    A: No. If you are experiencing connectivity issues with your Alt EVV vendor, connect with them on how to assure the visit is captured in their system so that the EVV data can be transmitted to the state. The specifications outline the data configurations required for Alt EVV vendors to transmit EVV data to the state. The specifications below are intended to document the requirements for using the Sandata Real Time Interface (part of the Open EVV Series of Interface) for receiving information from third-party EVV vendors into the Sandata Aggregator. This interface is also referred to as the EVV Vendor Solutions Data Interface. A third-party EVV Data Collection System will build one data pipe to the CalEVV Aggregator and send synchronous data 'packages' per defined provider agency. This interface includes clients, employees, visits, and their associated calls as well as the ability to send data related to visit modifications. Alt EVV providers will need to check with their vendor for the login visits process for offline mode.

    CalEVV Specification User Guide

    CalEVV Vendor Technical Specifications

5. **Q: Can we change using Alt EVV vendor to CalEVV after completing registration on the CalEVV Provider Self-Registration Portal?**

    A: Yes, you can change to CalEVV. For technical assistance with the CalEVV solution, please call Sandata Customer Support team at 1-855-943-6070 or email CACustomerCare@sandata.com.

6. **Q: Can we use both CalEVV and Alt EVV system?**

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

7. **Q: I'm an Alt EVV vendor and I don't have my credentials. What should I do?**

    A: If your Alt EVV vendor has completed testing and the provider has not received their credentials within five (5) business days, please call Sandata Customer Support team at 1-855-943-6069 or email CAAltEVV@sandata.com.

8. **Q: If our Alt EVV system already passed testing for PCS, do we need to do it again for HHCS? We're already transmitting data to Sandata.**

A: No, you do not have to do the testing again and should not re-register. Please add your Provider IDs to your current account. For Alt EVV assistance please call Sandata Customer Support team at 1-855-943-6069 or email CAAltEVV@sandata.com.

Training and Outreach

1. **Q: Is training available for the CalEVV system and SMC Application?**

   A: HHCS providers have access to extensive training and technical assistance, including self-guided learning modules and CalEVV system demonstrations provided by Sandata. The CalEVV video library and live recordings can be accessed at any time by staff or as a refresher to current staff on ensuring provider compliance.

2. **Q: Are the CalEVV Stakeholder Engagement Webinars recorded? If so, where can we access the recordings?**

   A: Slide decks and recordings are posted to the DHCS EVV website under the Stakeholder Engagement / Informational Webinar section, but not all webinars were recorded. For CalEVV information and updates, visit the DHCS EVV website or email EVV@dhcs.ca.gov with any specific requests.

3. **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 links to the two (2) required training courses to complete: *System Overview* and *Security*. Once you complete those courses, you will receive a certificate of completion. Staff should take the courses that are relevant to their role in the agency.