

DATE: June 26, 2023

N.L.: 02-0623

Index: Program Administration

TO: All County Administrators and Medical Consultants for California Children's Services Program (CCS), and Department of Health Care Services (DHCS) Integrated Systems of Care Division Staff

SUBJECT: California Electronic Visit Verification (EVV) Implementation

I. PURPOSE

The purpose of this Numbered Letter (NL) is to provide instruction and guidance on the implementation of the federally mandated EVV requirements. Enforcement and authority of this NL is pursuant to Welfare & Institutions Code (WIC) sections 14132.991(b) and 14043.51(f). Whole Child Model (WCM) counties may refer to All Plan Letter (APL) 22-014¹ for EVV guidance requirements.

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.² EVV is required for PCS and HHCS under all Medicaid authorities provided under the State plan (or under a waiver), 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 a waiver under section 1115.

¹ [APL 22-014 \(ca.gov\)](https://www.ca.gov/apl/22-014)

² Section 12006(a) of the Cures Act is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051618.pdf>



State Medi-Cal law requires implementation of EVV in accordance with the WIC section 14043.51.³ Providers rendering Medi-Cal services, subject to EVV, shall comply with requirements as established by the DHCS and its partners, which include CCS county program, relating to electronic verification of those services. California implemented EVV for HHCS on January 1, 2023.

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 “home health care services” 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.”⁴

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 the six (6) mandated data elements during the visit. Providers are able to access their EVV data portal to view and report on visit activity. The EVV 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 the DHCS EVV website.

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

³ Welfare and Institutions Code section 14043.51 is available at:
https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=14043.51.&article=1.3.&highlight=true&keyword=electronic%20visit%20verification

⁴ Center for Medicaid and CHIP Services (CMCS) Informational Bulletin:
<https://www.medicare.gov/federal-policy-guidance/downloads/cib080819-2.pdf>,

To be compliant with federal and state requirements, all Medi-Cal in-home HHCS providers 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-REGISTRATION AND TRAINING

HHCS providers must complete the self-registration process to gain access to the state-sponsored EVV system. All impacted CCS HHCS providers were required to register no later than January 1, 2023. Once registered, providers will gain access to extensive training and technical assistance, including self-guided learning modules and EVV system demonstrations provided by Sandata. CCS county program should ensure that their provider(s) subject to CalEVV requirements, are registered in the online self-registration portal, trained on how to operate the solution and able capture the six (6) data elements with each in-home visit.

Information on the self-registration portal and the link to this page can be found on the DHCS EVV website.

ALTERNATE EVV SYSTEM

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 EVV Aggregator. CCS county programs 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.

III. POLICY

Implementation of EVV is only required for HHCS CCS providers who render services in a member's home, including visits that begin in the community and end in the home (or vice versa) no later than January 1, 2023.

Please see the list of EVV Provider Types and Codes⁵ on the DHCS EVV website⁶ to determine which providers are impacted by EVV requirements.

EXCLUSIONS

The following services are not subject to EVV requirements:

- HHCS or Personal Care Services (PCS) that do not require an in-home visit.
- HHCS or PCS that are provided by a “live-in caregiver.” 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.
- 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.
- In-home delivery and setup of Durable Medical Equipment.

See EVV website for more information on exclusions and live-in caregivers.

ROLES AND RESPONSIBILITIES

CCS county program must ensure that CCS EVV impacted providers, which include Private Duty Nursing, receive communication and guidance provided by DHCS. Additionally, CCS county program must assist the state in an initial effort to ensure CCS impacted providers are registered in the CalEVV system. CCS county programs 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 the CCS county program becomes aware of the impacted CCS providers not being enrolled in EVV or are not submitting the mandatory data elements.
4. Disseminate state communications to all impacted EVV providers to ensure information is received.

The following are DHCS roles and responsibilities:

⁵ The EVV Provider Type, Procedure, and Place of Service Codes is available at: <https://www.dhcs.ca.gov/provgovpart/Documents/EVV-Provider-Types-and-Codes-November.pdf>

⁶ DHCS EVV webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>

1. Provide technical assistance on EVV onboarding, training, and submitting Cures-compliant data;
2. Provide CCS county program training on the Aggregator and BI tools;
3. Inform CCS county program about non-compliant providers;
4. Provide regular communication on EVV updates;
5. Ensure CCS providers are in compliance with EVV requirements.

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

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

BILLING AND CLAIMS

The existing Service Authorization Request (SAR) adjudication roles, responsibilities, and processes will not change as a result of the implementation of EVV. All claims for HHCS must be submitted with allowable Current Procedural Terminology or Healthcare Common Procedure Coding System codes as outlined in the Medi-Cal Provider Manual.

For more information regarding this NL, EVV requirements, EVV system, or EVV self-registration portal, please visit the DHCS EVV website or contact the DHCS EVV team at EVV@dhcs.ca.gov.

For CCS program-specific policies and procedures questions, please email CCSProgram@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

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