

# Electronic Visit Verification (EVV)

## Interactive Voice Response Request Form and Instructions

Complete the IVR exemption form below if you use an alternative EVV system to verify visits or if you cannot use Mobile Caregiver+ to verify visits and need to sign up for IVR.

Please note, Members must receive approval from the Department before using IVR. This form only applies to waiver members who receive services through a traditional provider agency using Netsmart Mobile Caregiver+.

### FORM INSTRUCTIONS

Please note **that all form information is required** for approval.

1. Complete the all-applicable sections below (#1-#6). Fully read #7.
2. Choose the member's waiver program.
3. Choose the "Reason for Requesting IVR." Please select only one option. If the "Other" option is selected, please provide additional details about the need to use IVR.
4. Please describe how visits will be scheduled using the Netsmart Mobile Caregiver+ online dashboard.
5. Please enter the name, phone number, and email address of each of your staff using IVR.
6. Once the form is complete, click submit it, and it will automatically send to [EVVQuestions@mt.gov](mailto:EVVQuestions@mt.gov).
7. If you have questions about completing the form, email: [EVVQuestions@mt.gov](mailto:EVVQuestions@mt.gov).

### 1. Waiver Member Information

Name of Member: \_\_\_\_\_

Member's Member/Card ID: \_\_\_\_\_

Member Street Address: \_\_\_\_\_

Member City: \_\_\_\_\_

Member Zip Code: \_\_\_\_\_

Member's Landline Phone Number: \_\_\_\_\_

Landline Phone Provider: \_\_\_\_\_

## 2. Preferred Contact Method

How do you want DPHHS to contact you regarding your application?

- ☐ By phone at the following phone number: \_\_\_\_\_
- ☐ By email at the following email address: \_\_\_\_\_

## 3. Member's Waiver Program (please check one):

- ☐ SDMI Waiver (PT88)
- ☐ 0208 Waiver (PT82)
- ☐ CFCS/PAS (PT12)
- ☐ Big Sky Waiver (PT28)
- ☐ Home Health Services (PT53)
- ☐ Private Duty Nursing (PT14)
- ☐ Other: \_\_\_\_\_

## 4. Reason for Requesting IVR (please use checkboxes below to describe the need):

- ☐ No smart device available
- ☐ No internet service available
- ☐ Other (please describe in box below):

5. Date planning to begin using IVR?

## 6. Plan to Schedule Visits:

- *Visits documented using IVR still need to be scheduled using the online Netsmart Provider Portal EVV dashboard, which will become the responsibility of the provider administrator. Please complete the attestation below:*
  - *(check box) I understand IVR shifts need to be scheduled, in advance, using the online provider portal and accept this responsibility.*

**7. Member Caregiver Information:**

Please complete the contact information below for each of your paid caregivers who will need to use IVR.

	Member Caregiver Name	Caregiver Phone #	Caregiver Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**8. IVR Application Submission and Attestation:**

Once completed, please submit.

**Please Note:** By submitting this application, you are attesting that the information provided is accurate.

- **If the request is approved**, DPHHS will notify the member of approval.
- **If the request is not approved**, DPHHS will return the form to the waiver member with the reason the request was not approved. The provider can re-submit the request with additional information and/or documentation.