



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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The Department for Medicaid Services (DMS) is transitioning to electronic visit verification (EVV) for certain services provided through five of Kentucky's six 1915(c) Home and Community Based Services waivers. EVV is an electronic version of the process used today to verify a waiver participant's services. EVV needs to document six pieces of information about waiver services provided.

- The type of service.
- The date of service.
- The time the service started and the time the service ended.
- The location of the service.
- The name of the person providing the service.
- The name of the person receiving the service.

DMS is using a company named Netsmart (formerly known as Tellus) for EVV. Netsmart uses an app on a smartphone or tablet to document this information. DMS recognizes this option will not work for all waiver participants and/or their direct service providers (DSP) or participant-directed services (PDS) employees.

To accommodate these situations, Netsmart offers an option for documenting visits using a landline phone. This option is known as interactive voice response or IVR. If the Netsmart Mobile Caregiver+ app cannot be used for one of the following reasons, the use of IVR can be requested.

- The waiver participant and/or the DSP or PDS employee does not have a smartphone or tablet and cannot obtain one.
- The waiver participant does not have and cannot obtain wireless internet.
- The waiver participant lives in an area of the state without internet or cellular data connectivity.
- The waiver participant and/or paid caregivers have a held religious belief related to the use of technology.

Before requesting the use of IVR, please consider the following:

- The waiver participant and/or DSP or PDS employee should speak to their provider agency for traditional services or financial management agency (FMA) for PDS to determine which EVV system it plans to use.



- DMS is only coordinating IVR requests for provider agencies and FMAs using Netsmart. If a provider agency or FMA is using a third-party vendor for EVV, the waiver participant and/or DSP or PDS employee will need to discuss whether IVR is an option.
- The waiver participant must have a landline phone. IVR cannot be used with a cellphone.
- Visits documented using IVR have to be scheduled using the Netsmart online dashboard before the visit begins. The waiver participant and/or DSP or PDS employee will need to make a plan for scheduling visits online. If a visit is not scheduled before it begins, the DSP or PDS employee will not be able to start the visit using IVR.
- With IVR, the waiver participant and DSP or PDS employee are still able to go into the community during a service visit, however, the visit must start and end at the waiver participant's home so it can be documented via IVR.

If a waiver participant and/or DSP or PDS employee wishes to proceed with the use of IVR, please complete the attached form. The form includes instructions on how to fill it out and return it to DMS.

If you have questions about IVR, please email DMS at 1915cWaiverHelpDesk@ky.gov or call (844) 784-5614.

**Kentucky Department for Medicaid Services
Division of Community Alternatives
Electronic Visit Verification
Use of Interactive Voice Response Request Form**



1915(c) Home and Community Based Services (HCBS) waiver participants requesting the use of Interactive Voice Response (IVR) to document visits via electronic visit verification (EVV) instead of using the Netsmart Mobile Caregiver+ app must complete the following request form. Please note that **this form is only applicable to waiver participants who receive services through a traditional provider agency or financial management agency (FMA) using Netsmart EVV**. If the waiver participant’s provider agency or FMA is using a third-party vendor, the waiver participant will need to discuss whether IVR is an option with their agency.

Form Instructions

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

1. Complete the “Waiver Participant Information” section.
2. Choose the participant’s waiver program. Only one option should be selected.
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 online dashboard.
5. Please enter the name, phone number, and email address for each of your paid caregivers who will be using IVR.
6. Once the form is complete, email it to 1915cWaiverHelpDesk@ky.gov or mail it to:

Department for Medicaid Services
Division of Community Alternatives
275 E. Main St., 6W-B
Frankfort, Kentucky 40621

If you have questions about completing the form, call (844) 784-5614 or email 1915cWaiverHelpDesk@ky.gov.

1. Waiver Participant Information

Date: _____

Name of Participant: _____

Participant’s MAID Number: _____

Participant Street Address: _____

Participant City: _____

Participant Zip Code: _____

Participant’s Landline Phone Number: _____

Landline Phone Provider: _____

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How do you want DMS and/or Netsmart to contact you?

By phone at the following phone number: _____

By email at the following email address: _____

2. Participant's Waiver Program (please check one):

Acquired Brain Injury - Acute Acquired Brain Injury - Long Term Care

Home and Community Based Michelle P. Waiver

Supports for Community Living

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

No smart device available

No cellular data coverage

No internet coverage

Held religious belief

Other (please describe in box below):

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4. Plan to Schedule Visits: Visits documented using IVR still need to be scheduled using the online Netsmart dashboard, which requires access to a computer and the internet. Please describe how visits for the waiver participant will be schedule using the online dashboard in the box below.

5. Paid Caregiver Information: Please complete the information below for each of your paid caregivers who will need to use IVR.

	Paid Caregiver Name	Paid Caregiver Phone Number	Paid Caregiver Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

6. Once completed, please email the form to 1915cwaiverhelpdesk@ky.gov or by mail to:

Department for Medicaid Services
 Division of Community Alternatives
 275 East Main St, 6W-B
 Frankfort, KY 40621

If the request is approved, DMS will notify the participant of approval.

If the request is not approved, DMS will return the form to the waiver participant with the reason the request was not approved. The waiver participant can re-submit the request with additional information and/or documentation.

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DMS Review - This section to be completed by DMS staff.

CRM Ticket Number (If form was submitted via Waiver Help Desk):

Approval: Yes
Date approval sent to NTST: _____

No
Reason request not approved: