

# EVV Device Voucher Request Form

MassHealth Personal Care Attendant (PCA) Program

## IMPORTANT

### Do **NOT** complete this form unless you need a device to use EVV

This form is for Consumers and Personal Care Attendants (PCAs) in the MassHealth PCA Program who are required to use Electronic Visit Verification (EVV).

Consumers and PCAs can use their own personal devices when using the EVV system. You do NOT need to complete this form if you plan to use your own device for EVV. This form is voluntary. **You should only complete this form if you are required to use EVV and do NOT have a device, or if you do not plan to use your own device for EVV.**

If you are exempt from EVV, do not complete this form. If you are unsure whether you need to use EVV, contact your Consumer-employer or Tempus Fiscal Intermediary (FI).

## Instructions

**Only complete this form if it is your turn to start using EVV or you are a new consumer or PCA who enrolled in the PCA program on or after 10/1/2023.** When it is your turn, you will receive a letter from Tempus FI with a start date.

To use the EVV system, Consumers must have access to a device with a web browser, such as a computer, a tablet, or a smartphone. PCAs must have a smart device that can download the EVV mobile app, such as a tablet or a smartphone.

MassHealth expects that most Consumers and PCAs will want to use their own devices. However, you can submit this form if you do not have a device, or if you prefer not to use your device for EVV. This form is voluntary. **Do NOT complete this form if you plan to use your own device for EVV.**

If you complete this form and are eligible for a device voucher, you will receive one free smart device. MassHealth will NOT provide you with more than one device. If you lose or break your device, MassHealth will not replace it. The device will not come with a data plan. You will not be given a device if you are not eligible for the device voucher, or if you do not submit a complete form to Tempus FI.

If you choose to complete this form, please send it to Tempus FI for processing at:

- **Email:** MAFMS@tempusunlimited.org
- **Fax:** 800-359-2884
- **Mail:** Tempus Unlimited, 600 Technology Center Drive, Stoughton, MA 02072

After your application is received, Tempus FI will place an order for a device that will be shipped to the address you provide on the form. You will receive this device in 2-3 weeks. If it has been more than 3 weeks since you submitted this form, please call Tempus FI at [1-877-479-7577 ext. 1] to get an update.

# MassHealth PCA Program: EVV Device Voucher Request Form

By signing below, I attest to the following:

1. I am either a Consumer, Surrogate, or PCA in the MassHealth PCA program. Specifically, I am (check one):
  - A Consumer
  - A Surrogate
  - A PCA
2. I have received a letter from Tempus FI saying that it is my turn to start using EVV.
3. I am not exempt from EVV.
  - a. This means that I am required to use EVV.
4. I am requesting a device for the purpose of using the EVV system in the MassHealth PCA program. My reason for requesting a device is (check one):
  - I do not own a device to use EVV.
  - I own a device, but prefer not to use it for EVV.
5. I have never received an EVV device from MassHealth or Tempus FI.
6. I will use this device to follow the rules of the MassHealth PCA program. I plan to continue to receive/provide PCA services after I receive this device. I will be the only person who uses this device for purposes of EVV.
7. I understand that if eligible, **I will only receive ONE device**. MassHealth will not provide me with a second device. If I break or lose my device, it will not be replaced by MassHealth or Tempus FI. The device will not come with a data, messaging, or voice plan, and I will not be able to choose which kind of device I receive.
8. I understand that the device I receive through the EVV Device Voucher program is mine. It is **NOT** owned by EOHHS, MassHealth, the PCA Quality Home Care Workforce Council, the Commonwealth of Massachusetts, the fiscal intermediary, or any other entity.
9. It is my responsibility to care for my device. This includes, but is not limited to, phone set up, installing updates, maintenance, repairs, etc. MassHealth and Tempus FI are not responsible for my device.
10. I understand that MassHealth and Tempus FI are not responsible for any device received through the EVV program. I understand that MassHealth and Tempus FI will not provide device support (such as technical support or mechanical support) for any device received through the EVV program.
11. I understand that the Executive Office of Health and Human Services (EOHHS) may take action if I request or obtain this device for a purpose other than its intent, which is to participate in the EVV program. Actions may include, but are not limited to sanctions, suspension, ending my participation in the MassHealth PCA Program, or a referral to a law enforcement agency.

## PCA, Consumer, or Surrogate Signature

By signing below, I attest under the pains and penalties of perjury that all of the information in this form is true and accurate.

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Printed Name of Consumer/PCA

Consumer/PCA ID#

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Signature

Date Signed

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Email address

**If my voucher application is accepted, my smart device should be shipped to the following address:**

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Address

City

State

Zip