

EVV Start Packet

Tempus Unlimited Fiscal Intermediary

Electronic Visit Verification (EVV) is the timesheet method required by federal law in all 50 states. It is required by the Personal Care Attendant (PCA) program rules and is the timesheet submission method for all Consumers.

Detailed below are the steps to prepare for using EVV. Need help? Refer to our EVV Support page (page 4) with options for receiving help with your EVV Start Packet to ensure your success!

Step 1 (Optional): Devices

When: If this applies to you, return your device voucher form (enclosed) immediately

DEVICES

Consumers use the EVV Portal to approve and submit timesheets for their PCAs. They can access the Portal with any internet-connected device. Ideally a tablet or computer for ease of use, but a smart phone will also work.

PCAs must use a smart phone, or tablet, as they will download the EVV App to use when clocking in and out.

Consumers and PCAs can either use their own device or complete the Device Voucher Attestation form, included in this packet, to request a basic device. It can take up to two weeks for the device to arrive, so it is important any needed device vouchers are submitted immediately.

Note: MassHealth policy will not provide more than one device per Consumer or PCA.

Step 2: Learn How to Use EVV

When: Register for Training Now

Tempus has designed three training options, offered in both in English and Spanish. The same content is covered in each session. Choose which method works best for you. You can attend as many times as you would like, but PCAs are only paid once for attending.

Self-Paced	Available via the Tempus website	Available 24/7 for you to take at your own pace
Virtual (Zoom)	Multiple sessions offered each week at varying times and days	Learn from the comfort of your home with other participants and ask any EVV-related questions
In-Person	Based on a schedule which offers training at different locations to service each region	For those who prefer hands-on training support and to learn with others. In-person is especially helpful for those who are new to using technology

Registration Required for Virtual and In-Person

To register for virtual or in-person training, use this link, <https://tempusunlimited.org/evv-trainings/> or choose “Take Training” from the EVV section of the Tempus website. Our EVV Support team can also help you register for training when you call or visit Tempus.

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Information Needed to Register

To take or sign up for any of the three training options, you will be required to provide the information below:

- **Consumers will need:** your first and last name, Consumer ID number, and your unique email address that you gave to Tempus FI.
- **Surrogates will need:** your first and last name, Consumer ID number, and your unique email address that you gave to Tempus FI.
- **PCAs will need:** your first and last name, your ID number, and your unique email address that you gave to Tempus FI.

Step 3: Register for the EVV Portal Check Your Email

Registering for the EVV Portal, and for PCAs who will also download the EVV App, requires new EVV users to follow very specific steps. Please watch this 3-minute video to understand the steps for registering. Video link: <https://tempusunlimited.org/register-for-the-evv-portal>.

Registration Notes:

- Each EVV user (Consumer, Surrogate and PCA) will receive their own Welcome email from noreply@HHAeXchange.com with the subject: "Welcome to HHAeXchange! – Verify your email" to register for your EVV Portal Account and begin using EVV. It will be sent the day after being activated. PCAs will also receive a second email from noreply@HHAeXchange.com with an activation code for setting up the EVV App.
- The email will include detailed steps to register for the EVV Portal. Follow the instructions in the HHAeXchange Welcome email to register for the EVV Portal.
- **Consumers** can open the Welcome email from any device that connects to the internet (computer, smart phone, or tablet). To set the EVV Portal password, you will need your unique email address, the last 4 digits of your SSN, and your date of birth.
- **Surrogates** can open the Welcome email from any device that connects to the internet (computer, smart phone, or tablet). To set the EVV Portal password, you will need your unique email address, your date of birth, and your primary phone number on file with Tempus.
- **PCAs** must open the Welcome email from your smart phone or tablet that connects to the internet. To set the EVV Portal password, you will need your unique email address, the last 4 digits of your SSN, and your date of birth. **DO NOT DOWNLOAD THE EVV APP WITHOUT THE WELCOME EMAIL AND REGISTERING FOR THE PORTAL FIRST.**

EVV Registration Support

EVV training is strongly recommended to gain assistance with this step and learn how to use EVV. Our EVV Training team is ready to support you in creating your EVV account and learning how to use EVV. Our EVV Support team can help you sign up for EVV training. Please see the next page for a list of all EVV Support options available to you.

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Step 4: Start Using EVV When: First Timesheet

EVV Start Date for New Consumers

It is expected EVV will be used for the first timesheet submission. If your new PCA has not been set up for EVV yet, Consumers can manually add the first timesheet using the Portal.

Please note: any timesheet, which is submitted for payment not using EVV *after the start date*, will result in a program rule violation.

Program Rules Violations

Non-use of EVV when submitting timesheets will result in a program rule violation that is communicated to both agencies and MassHealth (or your Senior Care Option [SCO] or OneCare Plan--if you have one). Consumers who repeatedly do not use EVV risk termination of your PCA prior authorization unless there is an exemption which meets the requirements. If your PCA prior authorization is terminated, MassHealth (or your SCO or One Care Plan--if you have one) may decide to refer you to another program (such as home health) to meet your personal care needs.

Note: Timesheets can only be entered up to two previous pay periods.

Support Messages:

Tempus will share important and urgent EVV information that impacts you by phone (from 781-365-5782), email (from Tempus Unlimited Alerts at noreply@everbridge.net), or text messages (from 88911). Examples include:

- Status of exemptions
- EVV outages
- Mandatory App upgrades

For additional information, or if you previously opted out of Tempus communications, please visit <https://tempusunlimited.org/notifications> or call us at (877) 479-7577. Individuals are strongly encouraged to remain opted in to Tempus EverBridge communications.

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LET US HELP YOU WITH EVV!

The Tempus EVV Support team has designed a range of support options to help you with EVV.

Method of Support	How and When to Reach Us
EVV Website	<p>A section of the website is dedicated to EVV. www.tempusunlimited.org/evv. Learn more about EVV on our website.</p> <p>We offer:</p> <ul style="list-style-type: none"> • Step-by-Step Instructions for using EVV • EVV Background Information • Videos • Frequently Asked Questions • Self-Paced Training and Training Sign Up <p>And other useful information!</p> <p>At the bottom of the main EVV page, we have an EVV Feedback Survey button. Please share your ideas or suggestions for how we can improve the EVV pages.</p>
Call Center	<p>We have a dedicated EVV Support team standing by to answer your questions. Call us at 877-479-7577 #9 to reach the EVV Support team. We are open for calls Monday-Friday 8:30-4:30 pm.</p>
Chat	<p>Live Customer Service chat is available via the main page of our website in the bottom right-hand corner. www.tempusunlimited.org. Choose EVV for any EVV-related questions.</p>
EVV Email	<p>Send any EVV questions to our dedicated email inbox. MAEVVhelp@tempusunlimited.org. The majority of questions are answered the same day. Note: do not send forms to this email.</p>
Technical Support for Portal and App	<p>For any issues encountered when registering or using EVV, we have a dedicated team who assist with all technical issues. Our call center will transfer you, or arrange for a call back, if they cannot solve your issue.</p> <p>Zoom: https://zoom.us/meeting/register/tJ0scuGhpzMtHtfJSSfFZ5I7lpBA_gK5woPu Meeting ID: 991 5899 8743</p>
In-Person Support	<p>Visit one of our offices Monday-Friday from 8:30 AM to 4:30 PM for hands-on assistance. Our website lists the location of each office.</p>
Agency Support	<p>Skills trainers are also trained in all aspects of EVV. Contact your agency if you prefer to receive support from your trainer. We work as a team to ensure your success!</p>



Language support is available for phone calls, chat and email.

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.

Instructions

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 by:

Email	Mail	Fax	Drop Off
MAFMS@tempusunlimited.org	Tempus Unlimited 600 Technology Center Dr. Stoughton, MA 02072	(800) 359-2884	Visit a Tempus FI Regional Office

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 weeks. If it has been more than 2 weeks since you submitted this form, please call Tempus FI at (877) 479-7577 to get an update.

EVV Device Voucher Request Form

MassHealth Personal Care Attendant (PCA) Program

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):

<input type="checkbox"/> A Consumer	<input type="checkbox"/> A Surrogate	<input type="checkbox"/> A PCA
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2. I am not exempt from EVV.
 - a. This means that I am required to use EVV
3. 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):

<input type="checkbox"/> I do not own a device to use EVV.	<input type="checkbox"/> I own a device, but prefer not to use it for EVV
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4. I have never received an EVV device from MassHealth or Tempus FI.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.

Consumer/PCA Name	Consumer/PCA ID#



Signature

Date Signed

Email Address*

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

Address	City	State	Zip Code

*This email address will be used to provide shipping details

EVV Live-In Exemption: Annual Attestation Form

MassHealth Personal Care Attendant (PCA) Program

Consumers and Personal Care Attendants (PCAs) are required to use the Electronic Visit Verification (EVV) system. However, if a Consumer and PCA live together permanently, they are not required to use EVV. This is called the EVV Live-In Exemption.

Important - Complete this form only if you qualify for the EVV "Live-In Exemption"

This form is for Consumers and PCAs in the MassHealth PCA Program. **Consumers and PCAs who live together permanently at the same address do NOT need to use EVV, although they may choose to use EVV.** EVV is the fastest and easiest way to submit timesheets.

If you are completing this form, you are requesting to NOT use EVV because you live with your PCA or Consumer permanently.

Instructions

- Do NOT complete this form unless you qualify for the Live-In Exemption and can provide the required supporting documentation.
- PCA's supporting documentation must be submitted with the exemption form. To aid in processing, write "EVV" and the corresponding Consumer number on all supporting documentation.
- Requests will not be processed if the form and documentation are submitted separately.
- If you do not permanently live with your PCA or Consumer in the same residence, you will not qualify for the Live-In Exemption.
- If you are a Consumer who uses multiple PCAs, you will still need to use EVV with any PCA(s) who do not permanently live with you.

PCA's Supporting Documentation: The PCA must include with the Annual Attestation Form one of the following supporting documents (the PCA's name and address must be clearly shown on the document):

<ul style="list-style-type: none"> • Massachusetts Identification Card (Mass ID) or Massachusetts Driver's License • Most recent tax return from the current year • Valid Automobile registration • Utility bill (Gas, electric, water, phone) dated within the past 30 days 	<ul style="list-style-type: none"> • Bank account statement dated within the past 30 days • Letter or document from a school where the PCA attends • Letter or document (e.g., bill) from a medical provider
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If you qualify for the Live-In Exemption, please complete this form with your Consumer/PCA and send it, along with the PCA's supporting document, to Tempus FI for processing by:

Email*	Mail	Drop Off
EVVExemption@tempusunlimited.org	Tempus Unlimited 600 Technology Center Dr. Stoughton, MA 02072	Visit a Tempus FI Regional Office

**Email is not a secure method for sending personal information. To help protect your privacy, please do not email documents containing Personally Identifiable Information or Protected Health Information, such as Social Security numbers, bank account numbers, or medical details. If the supporting documentation includes this information, please redact it or cross it out before submitting it.*

Forms are processed in the order they are received. Tempus FI will notify you when your attestation is approved or denied. Please allow up to 1 week for processing. If your submission is incomplete, all corrected items must be resubmitted together as one complete submission. **This exemption must be renewed annually. Tempus FI will contact you 45 days before the expiration date. Renewal forms may not be submitted earlier than 45 days before the exemption expires.**

EVV Live-In Exemption: Annual Attestation Form

MassHealth Personal Care Attendant (PCA) Program

By completing this form, I agree and attest to the following:

1. I am a Consumer (or a Surrogate or Administrative Proxy (AP) submitting this on behalf of a Consumer) or PCA in the MassHealth PCA program. I have reviewed the requirements described in this form, which are further described in Section 12006 of the 21st Century Cures Act at 42 USC 1396b(l), and I believe that I am exempt from the requirement to use EVV in the MassHealth PCA program.

2. I am exempt from using EVV because I live with my PCA/Consumer “permanently”.
Definition of “live together permanently”: The PCA lives, works, and sleeps at the same home as the Consumer-employer seven days per week, and therefore, has no home of his or her own other than the one in which the Consumer-employer lives. If there is a unit or apartment within the building listed in the consumer’s address, the PCA must also reside in that same unit or apartment

3. I understand that this form ONLY applies to the specific Consumer and PCA listed on the form. I understand that if I work with another Consumer or PCA, but I do not live with them permanently, I must still use EVV with them.

4. I agree to provide this attestation every year, or as required by the Executive Office of Health and Human Services (EOHHS) and Tempus FI. If I fail to complete this form and send it to Tempus FI each year, I will be required to start using EVV. If I fail to submit this form, Tempus FI will assume that I no longer qualify for the Live-In Exemption.

5. I understand that I must immediately update Tempus FI if my contact information changes. This includes changes to my home address, mailing address, phone number, or email address.

6. I understand that I must immediately submit an [EVV Live-In Exemption: Removal Form](#) to Tempus FI if I no longer live with my PCA/Consumer permanently. For instance, if I am a Consumer and my PCA moves to a new home, I must immediately submit the [EVV Live-In Exemption: Removal Form](#) to Tempus FI indicating I am no longer eligible for the EVV Live-In Exemption

7. I understand that if I am no longer eligible for this EVV Live-In Exemption, I will need to use the EVV system. I agree to use the EVV system, if required.

8. I confirm that all PCA supporting documentation submitted with this form is true, accurate, and complete, and I agree to provide additional proof of eligibility, if requested by EOHHS or its designee.

9. I understand that I may be subject to an audit by EOHHS or its designee regarding my residency status or other information relevant to this EVV Live-In exemption

EVV Live-In Exemption: Annual Attestation Form

MassHealth Personal Care Attendant (PCA) Program

Consumer Full Name*		Consumer Number*		
Consumer Home Address* <i>(P.O. Box is not acceptable)</i> (Tempus will change your home address on file, if different from below.)				
Street Address*				
Bldg/Unit/Apt				
City*	State*		Zip Code*	
Is Consumer's mailing address the same as Consumer's home address?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Consumer, Surrogate or Administrative Proxy (AP) Signature

By signing below, I attest under the pains and penalties of perjury that all of the information in this EVV Live-in Exemption Attestation Form is true and accurate, and that I (the Consumer) permanently reside with the PCA named below.

Consumer, Surrogate or AP Signature	Printed Name	Date	
PCA Full Name*		PCA Unique ID*	
PCA Home Address* <i>(P.O. Box is not acceptable)</i> (Tempus will change your home address on file, if different from below.)			
Street Address*			
Bldg/Unit/Apt			
City*	State*	Zip Code*	
Is PCA's mailing address the same as PCA's home address?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PCA's Supporting Documentation Included*

Please use the checkbox to indicate at least one of the supporting documents submitted

<input type="checkbox"/> Massachusetts Identification Card (Mass ID) or Massachusetts Driver's License	<input type="checkbox"/> Bank account statement dated within the past 30 days
<input type="checkbox"/> Most recent tax return from the current year	<input type="checkbox"/> Letter or document from a school where the PCA attends
<input type="checkbox"/> Valid Automobile registration	<input type="checkbox"/> Letter or document (e.g., bill) from a medical provider
<input type="checkbox"/> Utility bill (Gas, electric, water, phone) dated within the past 30 days	

PCA Signature

By signing below, I attest under the pains and penalties of perjury that all of the information in this EVV Live-in Exemption Attestation Form and the Supporting Documentation is true and accurate, and that I (the PCA) permanently reside with the Consumer named above.

PCA Signature	Printed Name	Date
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