GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Georgia

Electronic Visit Verification (EVV)

Interactive Voice Response Instructions

March 2026

The Department of Community Health (DCH) is implementing Electronic Visit Verification (EVV) for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a provider by July 1st, 2021 and January 1st, 2023, respectively. EVV is an electronic system that gives providers, case coordinators, and DCH access to service delivery information in real-time. EVV validates that members receive the services they are approved to receive, that there are no gaps in care, and helps to reduce fraud in home care delivery.

The EVV system electronically confirms that home or community-based service visits occur by keeping track of six points of data:

- 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; and
- The name of the person receiving the service.

Netsmart is the Georgia EVV solution vendor providing EVV services. Netsmart uses an app on a smartphone or tablet to document the required EVV information.

DCH recognizes smartphones may not be accessible for all waiver participants and their consumer-direct employees or aides. To accommodate these situations, Netsmart offers an option for documenting visits using a landline phone. This option is known as interactive voice response (IVR). If the Netsmart Mobile Caregiver+ application cannot be used for one of the following reasons, the use of IVR can be requested:

- The waiver participant and/or aide does not have a smartphone or tablet that can be used and cannot obtain one;
- Documented medical reason where a cell phone application cannot be utilized within a specific vicinity of the waiver participant; and/or
- The waiver participant and/or aide 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 aide should speak to discuss which EVV system it plans to use.
- DCH is coordinating IVR requests for all consumer directed individuals using the Netsmart EVV Solution and Fiscal Intermediaries. If a Fiscal Intermediary is using a third-party vendor for EVV, the waiver participant and/or consumer-direct service provider will need to discuss whether IVR is an option.
- The waiver participant must have a landline phone. IVR cannot be used with a cell phone.

- Visits documented using IVR must be scheduled using the Netsmart online dashboard before the visit begins. The waiver participant will need to make a plan for scheduling visits online. If a visit is not scheduled before it begins, the consumer-directed aide will not be able to start the visit using IVR.
- With IVR, the waiver participant is 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 consumer directed participant 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 DCH.

If you have questions about IVR, please email DCH at evv.ivr_requests@dch.ga.gov.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Electronic Visit Verification (EVV)

Interactive Voice Response Form and Instructions

Georgia 1915(c) Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) 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 participant or self-direction**. If the waiver participant's Fiscal Intermediary is using a third-party vendor for EVV, 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. Complete the "Preferred Contact Method" section.
3. Choose the participant's waiver program. Only one option should be selected.
4. 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.
5. Please describe how visits will be scheduled using the Netsmart EVV online dashboard.
6. Please enter the name, phone number, and email address for each of your paid caregivers who will be using IVR.
7. Once the form is complete, email it to evv.ivr_requests@dch.ga.gov.
8. If you have questions about completing the form, email: evv.ivr_requests@dch.ga.gov.

1. Waiver Participant Information

Name of Participant: _____

Participant Medicaid ID Number: _____

Participant Street Address: _____

Participant City: _____

Participant Zip Code: _____

Participant's Landline Phone Number: _____

Landline Phone Provider: _____

EVV Vendor: ☐ Netsmart **or** ☐ Third-Party: _____

2. Preferred Contact Method

How do you want DCH and/or Netsmart to contact you regarding your application?

☐ By phone at the following phone number: _____

☐ By email at the following email address: _____

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

☐ NOW & COMP

☐ CCSP

☐ SOURCE

☐ GAAP

☐ ICWP

☐ Other: _____

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

☐ No smart device available

☐ Documented Medical Exemption

☐ Held religious belief

☐ Other (please describe in box below):

5. Plan to Schedule Visits:

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

6. 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 #	Paid Caregiver Email
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

7. IVR Application Submission and Attestation:

Once completed, please email the form to evv.ivr_requests@dch.ga.gov.

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

- **If the request is approved**, DCH will notify the participant of approval.
- **If the request is not approved**, DCH 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.

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

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

Approval: ☐ Yes
Date approval sent to Netsmart: _____
Approved By: _____

☐ No
Reason request not approved: