

# EVV Exemption Form

## Agency & Client Information

Agency Name: \_\_\_\_\_

Client ID/Medicaid ID: \_\_\_\_\_

Agency ID/NPI: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

## Reason for EVV Exemption

- Live-in Caregiver: Caregiver and client share a primary residence.
- Safety/Privacy Concern: Use of device poses a physical or psychological risk.
- Technical Barriers: Remote area with no cellular/Wi-Fi connectivity.
- Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supporting Attachments

List any documents attached to this request (e.g., Proof of Residency, Physician's Note, Safety Plan):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Internal Contact & Approvals

Staff Member Managing Exemption: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Required Review Date (Annual or Quarterly): \_\_\_\_\_

Approved By (Name/Title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document is a practical template intended for internal documentation. It does not constitute legal or regulatory advice. Home care agencies are responsible for verifying specific EVV exemption rules, form requirements, and submission processes with their respective state Medicaid offices, payers, and programs.