



**EVV ATTESTATION OF SERVICE DELIVERY (OPTION 3) AND
EVV VISIT MAINTENANCE AND TIME CORRECTION (OPTIONS 2 AND 3)**

Employee Name	Employer of Record Name	Consumer Name

Note: The employee is required to clock-in and clock-out of each scheduled shift using an approved EVV method (Vesta mobile app, consumer landline or Vesta alternative device) no matter which option is selected.

Option 2: This form is only used to submit missing time or to make corrections to clock in/out time.

Option 3: This form is used to submit missing time or to make corrections to time AND to verify clock in/out time.

Submit by Email: infocdtx@consumerdirectcare.com or **Fax:** 1-866-409-5389

Submit by Monday at midnight for the previous week. Refer to the payroll calendar. Late submittal will result in late pay. Attestation of Service Delivery forms submitted later than 45 days after the date of service may result in the employer being fully responsible for payment due to billing requirements. All reasons for adjustment are subject to third-party verification (MCO, TMHP, HHSC). Please fill out all fields completely and legibly. Incomplete forms will not be processed.

Check Option: <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Service Date (mm/dd/yy)							
Service Code							
Time In							
Time Out							
Time In							
Time Out							
Daily Total							

Complete the following section when an approved EVV method is not used, or to make corrections to clock in/out times.

Service Date (mm/dd/yy)	Reason Code #	Reason Code Description (See Page 2)

Employee/Employer Acknowledgement: I acknowledge by signing below that that the work hours listed above are accurate, that services were provided in accordance with the Employee Work Schedule and Assigned Tasks (HHS 1731), and that services were NOT provided while the Consumer was in a hospital, nursing home or other Medicaid-reimbursed healthcare facility. I understand that falsification of this *EVV Attestation of Service Delivery/EVV Visit Maintenance and Time Correction* form is considered Medicaid Fraud and may result in dismissal from the program and criminal prosecution.

_____ <i>Employee Signature</i>	_____ <i>Date</i>	_____ <i>Employer of Record Signature</i>	_____ <i>Date</i>
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Reason Code	Number	Reason Code Description
Service Variation	100	The program provider will select this reason code and the appropriate reason code description when acceptable service variations occur.
		A - Staff hours worked differ from schedule
		B - Downward adjustment of pay hours
		C - Authorized services provided outside of home
		D - Fill-in for regular attendant
		E - Member agreed or requested staff not work
		F - Attendant failed to show up for work
		G - Confirm visits with no schedule
		H - Overlap visits
		I - Split schedules
		J - In-home respite: used when an in-home respite visit occurs and there is no schedule in the EVV system
Disaster	130	The program provider will select this reason code and the appropriate reason code description when all or part of the scheduled services were unable to be delivered due to a natural disaster.
		A – Flood, B – Hurricane, C – Ice/snow storm, D – Tornado, E - Wildfire
Emergency	131	The program provider will select this reason code when all or part of the scheduled services were unable to be delivered due to an emergency with the member.
Alternative Device	200	The program provider will select this reason code and the appropriate reason code description when an assigned alternative device could not be used to clock in and/or clock out.
		A - Alt device ordered, B – Alt device pending placement, C – Alt device missing
Mobile Device	201	The program provider will select this reason code and the appropriate reason code description when an assigned mobile device could not be used to clock in and/or clock out.
		A - Mobile device ordered, B – Mobile device pending placement, C – Mobil device missing
Technical Issues	300	The program provider will select this reason code and the appropriate reason code description when technical issues prevented staff from clocking in and/or clocking out of the EVV system.
		A - Phone lines not working
		B - Malfunctioning alternative device
		C - Incorrect alternative device value
		D - Incorrect employee ID entered
		E - Incorrect member EVV ID entered
		F – Malfunctioning mobile device/application
		G – Multiple calls for one visit
		H – Reversal of call in/out times
Landline Not Accessible	400	The program provider will select this reason code and the appropriate reason code description when the member's home landline phone was not accessible, which prevented staff from clocking in and/or clocking out of the EVV system.
		A - Member does not have home phone
		B - Member phone unavailable
		C - Member refused staff use of phone
Service Suspension	500	The program provider will select this reason code when the member's services are suspended.
Other	600	The program provider will select this reason code when an EVV system exception cannot be addressed using any other reason codes and reason code descriptions.
Non-Preferred	900	The program provider will select this reason code and the appropriate reason code description when staff failed to clock in and/or clock out of the EVV system.
		A - Failure to call in, B – Failure to call out, C – Failure to call in and out, D – Wrong phone number

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