

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

Empl	Employee Name			Employer of Record Name			Consumer Name		
				of each scheduled sh no matter which o			thod (Vesta		
Option 2: This fo	rm is only used	to submit i	missing time or	to make correction	s to clock in/ou	t time.			
Option 3: This fo	rm is used to su	ubmit missi	ng time or to m	ake corrections to t	ime AND to ver	ify clock in/out	time.		
Submit by Email:	infocdtx@cons	umerdirect	care.com or Fa	x: 1-866-409-5389					
Attestation of Serbeing fully respor	rvice Delivery fonsible for paymo	orms submi ent due to l	tted later than desiring requirem	fer to the payroll ca 45 days after the da ents. All reasons fo mpletely and legibl	ite of service ma r adjustment ar	ay result in the e subject to thi	employer rd-party		
Check Option:	☐ Option 2	Option 3							
	Sunday	Monda	y Tuesday	Wednesday	Thursday	Friday	Saturday		
Service Date (mm/dd/yy)									
Service Code									
Time In									
Time Out									
Time In									
Time Out									
Daily Total									
Complete the foll	owing section v	when an ap	proved EVV me	thod is not used, or	to make correc	ctions to clock i	n/out times.		
Service Date (mm/dd/yy) Reason Code #		#	Reason Code Description (See Page 2)						
accurate, that ser that services were healthcare facility	vices were prove e NOT provided y. I understand	vided in acc I while the that falsific	cordance with tl Consumer was i cation of this <i>EV</i>	y signing below that ne Employee Work n a hospital, nursin IV Attestation of Selult in dismissal from	Schedule and A g home or othe rvice Delivery/E	ssigned Tasks (r Medicaid-reir VV Visit Mainte	HHS 1731), and mbursed enance and Time		
Employee Signature			2	Employer of Rec	ord Signature	Date 10918			



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Reason Code	Number	Reason Code Description
Overnight (If applicable)	000	The Reason Code is system-generated (cannot be selected by the user) to split overnight visits by automatically clocking out at 11:59 p.m. and creating a new visit by clocking in at 12:00 a.m.
Service Delivery	110	The Reason Code and appropriate Reason Code Description is used when the EVV hours (based on clock in and clock out) represent a service delivery exception:
Exception		A – Service delivery differs from schedule
Exception		B – Downward adjustment of Bill Hours
		C – Fill-in service provider
		D – Allowable overlapping visits
Eligibility or	120	The Reason Code and appropriate Reason Code Description is used when services are
Service	120	provided without Medicaid eligibility or an active service authorization:
Authorization		A – Services provide without eligibility
Exception		B – Services provide without authorization
Disaster	130	The Reason Code and appropriate Reason Code Description is used when service delivery is impacted by a natural disaster:
		A – Flood
		B – Hurricane
		C – Ice/snow storm
		D – Tornado
		E – Wildfire
		F – Public Health Disaster
No Electronic Clock In or Clock Out	210	The Reason Code and appropriate Reason Code Description is used when a manual visit must be entered into the EVV system:
		A – Failure to clock in, clock out or both
		B – Mobile device not available
		C – Landline phone not available
		D – Landline phone not registered in EVV system
		E – Alt device value incorrect
		F – Alt device not available
		G – Alt device value expired
		H – Authorized services provided in the community
		I – Emergency
		J – EVV system down
Error During Clock In or Clock Out	310	The Reason Code and appropriate Reason Code Description is used when the service
		provider enters incorrect information during clock in or clock out:
		A – Multiple calls for one visit
		B – Incorrect service selected
		C – Incorrect EVV employee ID
		D – Incorrect EVV member ID
		E – Incorrect service delivery location
Other	600	The Reason Code is used when no other EVV Reason Code is applicable.
		Free text is required to provide an explanation when using this Reason Code.



