

**ELECTRONIC VISIT VERIFICATION (EVV) – DESIGNEE ATTESTATION**

I may not be able to, or I don't want to approve my [Direct Care Worker's \(DCWs\)](#) time using an EVV device or website. I want another person to do this for me. I know that I can change my mind at any time by telling my provider. This person can only approve my DCW's time and cannot help me make decisions about my healthcare.

\_\_\_\_\_  
MEMBER/HEALTHCARE DECISION MAKER NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER/HEALTHCARE DECISION MAKER SIGNATURE

\_\_\_\_\_  
MEMBER ID

I am asking \_\_\_\_\_ to be my designee.  
(Print Name of Designee)

**DESIGNEE ATTESTATION**

My signature below means I agree to act as a designee to verify the DCW's time when the person above doesn't want to or is unable to sign for themselves. As a designee, at the time of service or within 14 days on the website, I will:

- Verify the service provided.
- Approve the DCW's time.

I agree that the process to verify the DCW's time has been explained to me and that I understand the role given to me. I am at least 12 years of age or older.

\_\_\_\_\_  
DESIGNEE'S PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DESIGNEE'S SIGNATURE

**DESIGNEE EXCEPTION REQUEST (TO BE COMPLETED BY THE TREATMENT OR PLANNING TEAM):**

The treatment or planning team has discussed the appropriateness of the member's designee and have agreed that an exception should be allowed to have a designee under the age of 12, per AMPM Policy 540. (Please provide details below to explain the member's situation and need for a designee exception)

Click or tap here to enter text.

**NO AVAILABLE DESIGNEE (TO BE COMPLETED AND KEPT ON FILE WITH PROVIDER):**

Due to the member’s unique circumstances, there will be no designee and no one else available to verify the DCW’s time on an ongoing basis and the member is unable to verify service delivery. Explain the circumstances requiring an exception to verification:

Click or tap here to enter text.

MEMBER/HEALTH CARE DECISION MAKER NAME	DATE
MEMBER/HEALTH CARE DECISION MAKER SIGNATURE	

**PROVIDER TALKING POINTS**

The purpose of this form is to assist and document the conversation between the provider agency and the member about the member’s ~~electronic visit verification~~ EVV options and their decision to utilize a designee for verification purposes. Below are talking points that will assist in this conversation:

- If a member/Health Care Decision Maker (HCDM)<sup>1</sup> is unable or not in a position to verify service delivery on an ongoing basis, they shall arrange for a designee to have the verification responsibility. The member/~~Health Care Decision Maker~~HCDM and provider will have the responsibility of explaining the options for verifying service delivery to the designee.
- The member/~~Health Care Decision Maker~~HCDM, or designee ~~shall~~will approve the hours worked and services delivered by the DCW at the end of the visit or within 14 days of the visit. If the provider makes a manual edit to the visit, the member, ~~Health Care Decision Maker~~HCDM, or designee ~~shall~~will approve any manual edits to visit records.
- The designee can be any individual who is 12 years of age or older that is designated by the member or ~~Health Care Decision Maker~~HCDM. The exceptions to the age requirement ~~shall~~must be sent to the Health Plan for review and approval prior to verification of service responsibility. The designee cannot be a paid caregiver. The designee has no authority to make decisions for the member. They can only sign off to verify services were received.
- The Absentee Designee section shall only be utilized when there is no possible way a designee can be appointed without becoming overly burdensome to the member. The Absentee Designee section shall be utilized only when there will be no one to verify on an ongoing basis such as a single parent who is also the paid caregiver and has no one else available to verify service delivery, including the member.
- The member/~~Health Care Decision Maker~~HCDM can have more than one designee. A new form is required for each additional designee.
- This form shall be reviewed at least annually with the member/~~Health Care Decision Maker~~HCDM.

<sup>1</sup> Revised to update acronym, throughout the policy.

540 – ATTACHMENT A – ELECTRONIC VISIT VERIFICATION  
DESIGNEE ATTESTATION

- The provider shall explain the EVV device options available to the member. [The](#) EVV device options will vary depending on the EVV system the provider utilizes. Along with explaining the devices available for use, the provider shall explain the options for verifying services after the visit.

Refer to the graph below to help distinguish the difference between the ~~Health Care Decision Maker~~[HCDM](#) and Designee:

<u>SERVICE</u>	HEALTH CARE DECISION MAKER ( <a href="#">HCDM</a> )	DESIGNEE
Confirm Service was received	<a href="#">Yes</a>	<a href="#">Yes</a>
Participate in Person Centered Planning Team	<a href="#">Yes</a>	<a href="#">Yes</a>
Sign Service Plan	<a href="#">Yes</a>	<a href="#">No</a>
Consent to Treatment	<a href="#">Yes</a>	<a href="#">No</a>

