

**ELECTRONIC VISIT VERIFICATION– PAPER TIMESHEET ATTESTATION**

I talked with my provider about Electronic Visit Verification (EVV) devices and how my [Direct Care Worker \(DCW\)](#) can use those devices to record their time. I want my DCW to use a paper timesheet with a device that only documents the date and the time they started and ended the service because:

1. The DCW and I live in places with:
  - No phone in the home
  - No cell phone service
  - No internet service
2.  If I use an electronic device it would make me sick, nervous, or scared.
3.  My religious beliefs will not let me use an electronic device.
4.  My DCW lives with me.
5.  I can get services from my caregiver whenever I want because my caregiver is always around to help me when I need it.
6.  My address must be kept secret for my health and safety.

|  |           |
|--|-----------|
| _____  | _____     |
| MEMBER/HEALTH CARE DECISION MAKER NAME         | DATE      |
| _____  | _____     |
| MEMBER/HEALTH CARE DECISION MAKER<br>SIGNATURE | MEMBER ID |
| _____  | _____     |
| PROVIDER REPRESENTATIVE NAME                   | DATE      |
| _____  |           |
| PROVIDER REPRESENTATIVE 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 options and their decision to utilize a paper timesheet. Below are helpful talking points to assist in the conversation:

1. 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.
2. Per AMPM Policy 540, paper timesheets may be allowable under the following circumstances:
  - a. Individuals for whom both the DCW and the member live in geographic areas with limited intermittent or no landline, cell, and internet service,
  - b. Individuals for whom the use of electronic devices would cause adverse physical or behavioral health side effects/symptoms,
  - c. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds, ~~and~~
  - d. Individuals with a live-in caregiver or caregiver accessible on-site 24 hours and for whom the use of other visit verification modalities would be burdensome, and.
  - e. Individuals who need to have their address and location information protected for a documented safety concern (i.e. witness protection or domestic violence victim).
3. This attestation shall be reviewed at least annually to ensure the member's circumstance and EVV device decision has not changed. The member can make a change to begin using a different EVV device at any time without waiting for the annual review.