



CONCEPTS OF INDEPENDENCE CONCEPTS OF INDEPENDENT CHOICES



EVV - Service Verification Form

This form is to be used, as an exception, when an Electronic Visit Verification (EVV) was not completed by a Personal Assistant (PA) performing a Consumer Directed Personal Assistant Service (CDPAS) visit. ID numbers can be found in your paystub.

Consumer Information:

Date of Request:

First Name:

Last Name:

ID#:

Personal Assistant Information:

First Name:

Last Name:

ID#:

Visit Information:

	Date	Hour	Minute	AM/PM
Service Start Date & Time:				
Service End Date & Time:				

Reason (select one of the required reasons):

- ☐ The PA forgot to clock in/out electronically to register the start/end time of the service.
- ☐ The PA entered the Identification Number (ID#) incorrectly.
- ☐ The PA attempted to clock in/out but did not complete the process successfully.
- ☐ The PA made a call from a telephone number that cannot be registered to the Consumer.
- ☐ The PA was unable to use the Mobile App.
- ☐ The PA did not indicate Community via the Mobile App. when out of range of the Consumer's home.
- ☐ The Consumer did not allow the Personal Assistant to use the telephone.
- ☐ The EVV System was down and unable to capture the Personal Assistant's attempt to clock in/out.
- ☐ Other (explanation is required).

Explanation (if necessary):

Attestation:

By signing below, I certify that the service information presented above for the Personal Assistant, date, time, and total hours is accurate and true. Additionally, I attest that the Consumer Directed Personal Assistant Services were provided as per the authorized plan of care and did not occur during any hospitalization period.

Personal Assistant Signature:

Date:

Consumer or Designated Representative Signature:

Date:

Please send the form as soon as possible to EVVForms@coiny.org or fax it back to (888) 391-2143.