Alabama Medicaid Agency

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Alabama Medicaid EVV Attestation Form

The 21st Century Cures Act requires states to use an Electronic Visit Verification (EVV) System for personal care and home health services. **If a provider fails to submit a completed and accurate EVV Attestation form, the provider's application will be denied.**
The EVV system must collect and verify the following:

- Medicaid Recipient Name
- Medicaid ID
- Provider Name
- Provider ID (NPI)
- Date of Service
- Name of Individual Providing Service
- ID of Individual Providing Service (Optional)
- Clock In Time
- Clock Out Time
- Procedure/Service Code
- Name of Service
- Clock In Address
- Clock In Lat/lng
- Clock Out Lat/lng
- Clock Out Address

Provider Type: (check all that apply) ◯ Private Duty Nursing ◯ Home Health ◯ TA Waiver

◯ E&D Waiver ◯ SAIL Waiver ◯ ACT Waiver ◯ ADMH (ID, LAH, or CWP Waiver)

Provider Name: _____

Primary Contact Name: _____

Email:_____ **Phone**:_____

Secondary Contact Name:_____

Email:_____ **Phone:**_____

Do you have multiple locations? _____ If so, list all locations and NPIs below.

County/NPI _____

County/NPI _____

County/NPI _____

County/NPI _____

County/NPI _____

County/NPI _____

EVV Vendor Contact

EVV Vendor's Name:_____

EVV Vendor's Primary IT Contact (Name): _____

Email: _____ Phone**:**_____

_____ (*initial*) I hereby attest that my agency has an active EVV system that collects all the data requirements listed above.

Signature: _____ **Title**: _____
(*Signature of provider*)

Date: _____
(*Month, day, year*)

**If you have any questions, please email MedicaidEVV@medicaid.alabama.gov.