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# Alabama Medicaid Agency

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## EVV Attestation for Private Duty Nursing, Home Health, & TA Waiver Providers

The 21st Century Cures Act requires states to use an Electronic Visit Verification (EVV) System for personal care and home health services effective January 1, 2024. As required, all Private Duty Nursing (PDN), Home Health Providers, and Technology Assisted (TA) Waiver providers must submit an EVV Attestation form along with their provider enrollment application. The EVV Attestation form ensures all PDN, Home Health, and TA Waiver providers have secured an EVV system prior to enrolling as a Medicaid provider. **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

\*\*If you have any questions, please email [MedicaidEVV@medicaid.alabama.gov](mailto:MedicaidEVV@medicaid.alabama.gov).

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

**EVV Vendor Name:** \_\_\_\_\_

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

**Provider Name:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*(Signature of provider)*

**Date:** \_\_\_\_\_  
*(Month, day, year)*