



Electronic Visit Verification (EVV) Agreement

Purpose & Legal Requirement

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), also known as the 21st Century Cures Act, AHCCCS is required to implement Electronic Visit Verification (EVV) for qualifying in-home services, including attendant care, personal care, homemaker, habilitation, respite, and home health. AHCCCS mandated EVV for personal care and home health services beginning January 1, 2021.

The EVV system must electronically verify, at a minimum:

■ Type of service performed	■ Individual receiving the service
■ Date of the service	■ Location of service delivery
■ Individual providing the service	■ Time the service begins and ends

Provider Responsibilities

1. Use Source of Hope LLC's approved EVV system, **SpokeChoice**, to clock in at the start of the service and clock out when the service ends.
2. Clock in and out at the actual location where authorized services are provided and select the correct member and service.
3. Record only services and hours personally provided. Never clock in/out for another provider or allow another person to do so on your behalf.
4. Promptly report missed punches, incorrect entries, technical issues, or service-location changes to Source of Hope LLC and complete any required correction documentation.
5. Obtain required approval before providing services outside Arizona or outside an authorized service location, when applicable.
6. Do not falsify, alter, or misrepresent EVV records. EVV records may be reviewed for payroll, billing, compliance, audits, and investigations.

Important: Failure to properly use EVV may result in delayed payment processing, retraining, corrective action, removal from a case, or other action consistent with Source of Hope LLC policy and applicable requirements.

Provider Acknowledgment

By signing below, I acknowledge that I have read and understand the EVV requirements above, have received instructions on how to use the approved EVV system, and agree to comply with Source of Hope LLC, AHCCCS, and applicable DDD requirements. I understand that my EVV entries must accurately reflect the services I personally provide.

Provider Printed Name: _____ Date: _____

Provider Signature: _____