Designee's Signature

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

## **ELECTRONIC VISIT VERIFICATION (EVV) DESIGNEE ATTESTATION**

I may not be <u>able to</u> or I <u>don't want to</u> approve my Direct Care Worker's (DCW) time using an EVV device or website. I want another person to do this for me. I know that I can change my mind at any time by telling my provider. This person can only approve my DCW's time and cannot help me make decisions about my healthcare.

Member/Healthcare Decision Maker Name	Date	
Member/Healthcare Decision Maker Signature	Member ID	
I am asking	to be my designee.	
(Print Name of Designee)		
DESIGNEE	ATTESTATION	
My signature below means I agree to act as a designee to vor is unable to sign for themselves. As a designee, at the tire verify the service provided  approve the DCW's time	verify the DCW's time when the person above doesn't want to me of service or within 14 days on the website, I will:	
I agree that the process to verify the DCW's time has been am at least 12 years of age or older.	explained to me and that I understand the role given to me. I	
Designee's Printed Name		

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## DESIGNEE EXCEPTION REQUEST (TO BE COMPLETED BY THE TREATMENT OR PLANNING TEAM):

The treatment or planning team has discussed the appropriateness of the member's designee and have agreed that an
exception should be allowed to have a designee under the age of 12, per Division's ADSS Medical Manual Policy 542
and Provider Manual Policy 62. (Please provide details below to explain the member's situation and need for a designee
exception)

NO AVAILABLE DESIGNEE (to be completed and kept on file with provider)
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Member/Healthcare Decision Maker Name	Date
time on an ongoing basis and the member is unable to verify service exception to verification:	
Due to the member's unique circumstances, there will be no designe	ee and no one else available to verify the DCW's

Member/Healthcare Decision Maker Signature

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## 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 designee for verification purposes. Below are talking points that will assist in this conversation.

- If a member/Health Care Decision Maker is unable or not in a position to verify service delivery on an ongoing basis, they shall arrange for a designee to have the verification responsibility. The member/Health Care Decision Maker and provider will have the responsibility of explaining the options for verifying service delivery to the designee.
- The member/Health Care Decision Maker, or designee will approve the hours worked and services delivered by the DCW at the end of the visit or within 14 days of the visit. If the provider makes a manual edit to the visit, the member, Health Care Decision Maker, or designee will approve any manual edits to visit records.
- The designee can be any individual who is 12 years of age or older that is designated by the member or Health Care
  Decision Maker. Exceptions to the age requirement must be sent to the Health Plan for review and approval prior to
  verification of service responsibility. The designee cannot be a paid caregiver. The designee has no authority to make
  decisions for the member. They can only sign off to verify services were received.
- The Absentee Designee section shall only be utilized when there is no possible way a designee can be appointed
  without becoming overly burdensome to the member. The Absentee Designee section shall be utilized only when there
  will be no one to verify on an ongoing basis such as a single parent who is also the paid caregiver and has no one else
  available to verify service delivery, including the member.
- The member/Health Care Decision Maker can have more than one designee. A new form is required for each additional designee.
- This form shall be reviewed at least annually with the member/Health Care Decision Maker.
- The provider shall explain the EVV device options available to the member. EVV device options will vary depending on the EVV system the provider utilizes. Along with explaining the devices available for use, the provider shall explain the options for verifying services after the visit.
- Refer to the graph below to help distinguish the difference between the Health Care Decision Maker and Designee:

	HEALTH CARE DECISION MAKER	DESIGNEE
Confirm Service was received	Y	Y
Participate in Person Centered Planning Team	Y	Y
Sign Service Plan	Y	N
Consent to Treatment	Y	N