

EVV QUESTIONNAIRE

Date: _____

Provider name _____

Provider address _____

Provider e-mail address _____

☐ Provider review Case number _____

☐ Other: describe and document case number _____

Name of EVV/Telephony vendor _____

Obtain a copy of EVV/Telephony contract ☐

Status of EVV implementation:

Fully implemented ☐ Just started ☐ Why? Not started ☐ Why?

Percent of participants using EVV _____ %

If not 100%, ask for documentation as to why participants are not using EVV.

Have the provider run a summary report. The summary should be for the last 30 days and two participants. Request a copy of the code sheet. The system should, at least, record the following: identity of the participant, identity of the attendant, document the exact date of service, document time in and time out, document task provided.

Explain above status. Note problems.
