



# E.V.V. FOB Order Form – UT DSPD (To be completed by Employers)

Self-directed employees serving clients in Utah Medicaid programs must submit their hours using electronic visit verification. The only exception is for employees who reside at the same address as the client receiving the services, and for whom an EVV Live-In Caregiver Attestation Form has been submitted to Acumen.

Fiscal agents (FMS agencies) are required to offer solutions to help employers and employees to comply with the federal E.V.V. mandate. Acumen’s solution is the easy-to-use DCI Mobile App which can be downloaded free of charge to any web-enabled smartphone or tablet. Employees who have access to a web enabled smartphone or tablet must use this option to record and report their hours in real time.

If an employee does not have access to such technology, you as their employer can order a low-tech FOB option. These devices are only issued TO THE EMPLOYER (not to individual employees). The employee would press the FOB and record the readouts in real time at the beginning and end of each shift. The FOB tokens and other shift information is then entered into the DCI web portal to electronically verify each shift.

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### Order a FOB for a specific client/participant

If you are an employer for more than one client/participant, complete separate forms for each client. Each FOB has a unique serial number which will be entered into the client’s DCI profile. As such, that FOB can only be used for services provided to that specific client and cannot be used interchangeably or across multiple clients. Make every effort to distinguish or mark each FOB so that employees clearly know which FOB belongs to which client and that they use the correct one. FOB devices must remain with the client/participant at all times and should not be allowed to be taken away from the client/participant by an employee. Such activity will be reported to Medicaid as EVV fraud.

In addition, FOBs will NOT function for EVV reporting unless it is set up for a specific client’s services in advance by Acumen. Do not share a FOB or “hand down” a FOB that is no longer needed because the FOB will not work properly for anybody other than the client that the FOB was originally issued to.

Please specify which participant/client this order is for:

Client’s First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

As the employer, I acknowledge that I am responsible to ensure my employees submit their hours using E.V.V. compliant methods and that they will not be paid for shifts reported to Acumen without the E.V.V. step being completed. I am responsible for safe keeping of the FOB that is issued to me for the participant/client listed above and acknowledge that it can only be used for services provided to this participant/client. If the FOB is ever lost, stolen or broken, it is my responsibility to order a replacement. Until a replacement arrives, my employees must use an alternative E.V.V. method to submit their hours or cannot be paid through Acumen for services rendered.

Employer’s Name (please print): \_\_\_\_\_

Employer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To which address would you like this FOB to be mailed?

Street or P.O. Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Submit this form using any of the below methods. Please allow 2-3 weeks for processing and shipping.

MAIL: Acumen  
ATTN: FOB Order  
P.O. Box 539  
Orem, UT 84059

EMAIL: [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net) (add “UTAH” to the subject line)  
FAX: 888-249-7023