



## Corrective Action Plan

**Participant Name:**

**PPL ID:**

\_\_\_\_\_

(First name, Last name)

\_\_\_\_\_

**Date Enrolled:**

**Corrective Action Plan Tracking Number:**

\_\_\_\_\_

\_\_\_\_\_

**Authorized Representative (AR) Name (if any):**

\_\_\_\_\_

(First name, Last name)

**Non-compliance Case Number:**

\_\_\_\_\_

**Consultant Name**

**Consultant Phone Number:**

\_\_\_\_\_

(First name, Last name)

\_\_\_\_\_

Dear Participant:

The New Jersey Personal Preference Program (PPP) requires everyone to follow Electronic Visit Verification (EVV) rules. An issue related to you following EVV rules has been reported. The report stated that the EVV rules were not followed for these Employees:

- Non-Exempt Employee name: \_\_\_\_\_

EVV Percentage: \_\_\_\_\_

Refresher EVV training was completed on this date: \_\_\_\_\_

How this Employee was not complying with EVV:

\_\_\_\_\_

\_\_\_\_\_

- Non-Exempt Employee name: \_\_\_\_\_

EVV Percentage: \_\_\_\_\_

Refresher EVV training was completed on this date: \_\_\_\_\_

How this Employee was not complying with EVV:

\_\_\_\_\_  
\_\_\_\_\_

• Non-Exempt Employee name: \_\_\_\_\_

EVV Percentage: \_\_\_\_\_

Refresher EVV training was completed on this date: \_\_\_\_\_

How this Employee was not complying with EVV:

\_\_\_\_\_  
\_\_\_\_\_

• Non-Exempt Employee name: \_\_\_\_\_

EVV Percentage: \_\_\_\_\_

Refresher EVV training was completed on this date: \_\_\_\_\_

How this Employee was not complying with EVV:

\_\_\_\_\_  
\_\_\_\_\_

**What can happen if my Employees do not abide by EVV rules:**

If I do not correct the problems that caused my Employee(s) to violate EVV rules:

- Further corrective action plans could be created for me and my Employees, or
- Both I and my Employees could be removed from the PPP.

**Agree and Sign:**

I have received a copy of this form which I can keep for my records.

I understand and agree that:

- I have read and understand this Corrective Action Plan,
- I have received a copy of this Corrective Action Plan,

- My Employees will need to receive extra training on how to abide by what EVV requires,
- I will check my Employee's submitted timesheets. I will make sure they clock in and clock out in real time using either:
  - Time4Care, or
  - Telephony.
- I will make sure no shift times are edited after an Employee clocks in or clocks out.
- I must correct any problems that cause EVV rules to be broken. If I do not correct such problems, further corrective actions could be taken. Those actions could include me and my Employees not being able to continue in the Personal Preference Plan.

**Participant or Authorized Representative Signature:**

**Date:**

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**Participant or Authorized Representative Name (please print):**

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