EVV REQUIREMENT (SMARTCARE is our EVV app)

In Ohio, Electronic Visit Verification (EVV) is required for Medicaid personal care services (PCS) and home health care services (HHCS). Here are the key requirements for EVV in Ohio:

As off August 1st MEDICAID will stop payment if EVV requirements are not meant

Meaning if an aide doesn't turn in an electronic timesheet that meets all its requirements, then Medicaid wont Reimburse for that services.

SO IF you don't clock in/out and document electronically, or miss documenting then the AIDE won't be paid as NO one is paying for that services. (MEDICAID is not accepting PAPER TIMESHEETS anymore as backup to Missed Electronic Timesheets)

1. EVV System Requirements:

- Provider Agencies: Must use an Ohio Department of Medicaid (ODM)-certified EVV system.
- EVV Data Elements: The system must capture and report specific data elements including:
  - Type of service provided
  - Individual receiving the service
  - Date of the service
  - Location of the service delivery (start and end)
  - Start and end times of the service
  - Provider delivering the service

WHAT's Required of you as a PCA using EVV

WE USE SMARTCARE APP to submit Shifts/ visits Electronically

1. **Clock in/out using EVV tool**
2. **Timesheet that details tasks done and note for the day.**
3. **Your signature and Client Signature**
4. **The app will grab the rest of the requirements**
   a. **Name of caregiver,**
   b. **Name of Client**
   c. **Clock in/ out location (GPS tracking)**
   d. **Date of Services**
   e. **Times of service**
   f. **Tasks (documented by the Caregiver)**
   g. **Notes (documented by the Caregiver) **Not Medicaid required but preferred**
   h. **Caregiver Signature (documented by Caregiver)**
   i. **Client signature (client signs on app their authorized signature known to Medicaid and their case manager)**

Remember getting Paid for services provided to a client without Documentation or providing services while the client or caregiver is not home constitutes as Medicaid FRAUD.

CARE SENIORS

Toledo, OH · Phone: (419) 490-6699 · Fax: (888) 261-3415 · Caresenior1@yahoo.com

Timesheet: [redacted]

Monday, July 1st to Monday, July, 1st, 2024

Shift Record

Caregiver	Date	In Time	Out Time	Worked Hours	Billed Hours	Fee
[redacted]	07/01/24	11:00 AM	6:00 PM	7.00	7.00	$0.00

This is to certify that the foregoing information is true, accurate, and complete. I understand that any falsification, or concealment of a material fact will be reported to the appropriate authorities for investigation and prosecution.

[redacted] Client
Date: ___/___/_____

Signature: _____

[redacted] Staff
Date: ___/___/_____

Signature: _____

ITS IMPORTANT TO COMPLETE TASKS AND NOTES FORT EACH SHIFT

** ABOVE is an Example of a BADTIMESHEET

**See next two pages for a GOOD TIMESHEET of a shift

Timesheet: [redacted]

Monday, July 1st to Monday, July, 1st, 2024

Shift Record

Caregiver	Date	In Time	Out Time	Worked Hours	Billed Hours	Fee
[redacted]	07/01/24	4:00 PM	11:00 PM	7.00	7.00	$0.07

Completed Tasks

Caregiver	Date	Time	Task
[redacted]	07/01/2024	4:00pm - 11:00pm	Meds/Treatments Support: Oxygen (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Transportation: Other (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Home Safety Protocol: Lock Doors/Windows (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Home Safety Protocol: Safety Hazards Check (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Home Safety Protocol: Other (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Sweep/Mop (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Dishes (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Bathroom (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Trash/Recycle (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Make/Change Bedding (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Plant Care (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Safety Precautions (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Housekeeping: Other (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Continence/Toileting: Continence Care (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Continence/Toileting: Reminders (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Continence/Toileting: Briefs/Depends (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Dressing: Shoes (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Dressing: Undress (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Hygiene: Shower (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Hygiene: Dentures (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Hygiene: Hair Washing (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Hygiene: Skin Care (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Nutrition/Hydration Mgmt: Menu Planning (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Nutrition/Hydration Mgmt: Breakfast (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Nutrition/Hydration Mgmt: Lunch (Total)

Caregiver	Date	Time	Task
[redacted]	07/01/2024	4:00pm - 11:00pm	Nutrition/Hydration Mgmt: Dinner (Total)
[redacted]	07/01/2024	4:00pm - 11:00pm	Meds/Treatments Support: O2 Level (Total)

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[redacted], Client
Date: 07/01/2024

[redacted], Caregiver
Date: 07/01/2024