



Alternate Electronic Visit Verification (EVV) Demonstration Checklist

The purpose of the Alternate (Alt) EVV system demonstration is to ensure basic required functionality exists in a vendor's system, and not to evaluate the system for usability. All demonstrations are held either virtually or at the Ohio Department of Medicaid (ODM), at ODM's discretion. Onsite meetings are hosted at 50 West Town Street Columbus, Ohio, 43215. Participants of the demonstration generally include attendees from ODM, vendor system entity, and the provider agency.

To satisfy the demonstration requirement, the following must occur:

- The vendor must attend and provide a live demonstration of the EVV system being used by the provider.
- The agency must participate in the demonstration.
- All items in this checklist must be successfully demonstrated during the live demonstration.
- Only test data should be used during the demonstration. Test data should not include any Protected Health Information (PHI) or Personal Identifiable Information (PII).
- All questions from ODM must be addressed.

Upon completion of the demonstration, ODM sends the provider and vendor a letter documenting the results of the demonstration, including a copy of the completed checklist. This communication occurs within 3 business days of the demonstration, via email.

The areas and items listed below must be successfully completed in the live demonstration. Multiple items can be shown in a single visit capture, visit edit or data entry example.

The duration of the demonstration meeting is two hours. If the Alternate EVV system fails to meet all requirements or runs out of time to complete the demonstration, an additional meeting will be scheduled.

To schedule a demonstration meeting, please email the ODM's EVV Operations team at ODMEVV@sodata.com.

Additional information on Ohio's Alternate EVV certification process and requirements can be found online at [ODM's EVV website](#).

Create Direct care worker Records (E1 through E4)

Item	Pass	Fail
E1 The alternate system requires entry of the Social Security Number for direct care workers and administrative staff.		
E2 The alternate system requires entry of an email address for all direct care workers with administrative roles, allowing them to directly enter information and or edit information.		
E3 The alternate system will not allow an email to be used by more than one direct care worker.		
E4 The alternate system will not allow an email used by a former direct care worker to be used by another direct care worker in the future.		

Comments:

Create Recipient Records (C1 through C11)

Item	Pass	Fail
C1 The alternate system must allow the provider to associate a recipient with a payer.		
C2 The alternate system must allow the provider to associate a recipient with multiple payers when applicable.		
C3 The provider must be able to associate a recipient with a program.		
C4 The provider must be able to associate a recipient with multiple programs when applicable.		
C5 The alternate system must allow the provider to associate a recipient with a service.		
C6 The alternate system must allow the provider to associate a recipient with multiple services.		
C7 The alternate system must allow the provider to enter a Newborn Indicator and recipient Payer ID. (N/A when only capturing DODD services)		
C8 The alternate system must allow the provider to enter a PIMS ID as a Recipient Payer ID when the only payer is ODA. (N/A when only capturing DODD services)		
C9 The alternate system must require the provider to enter a Medicaid ID for the recipient when the recipient is not an ODA state funded individual or newborn receiving services.		
C10 The alternate system must require the provider to enter the recipient's date of birth.		
C11 The alternate system must allow the provider to enter 3 or more addresses for a recipient.		
C12 The alternate system must accommodate only sending a P.O. Box in place of a physical address for recipients, if requested by the recipient.		
C13 The alternate system must allow the provider to enter multiple phone numbers for a recipient.		

Comments:

Visit Capture (V1 through V17)

Item		Pass	Fail
V1	The primary method of capturing visit data includes the location at the start of the visit. The only valid location options accepted by the state are "Home" or "Community".		
V2	The primary method of capturing visit data includes the location at the end of the visit. The only valid location options accepted by the state are "Home" or "Community".		
V3	The alternate system captures the date of the visit in near real time.		
V4	The alternate system captures the start time of the visit in near real time.		
V5	The alternate system captures the identity of the recipient receiving services in near real time.		
V6	The alternate system captures the identity of the direct care worker in near real time.		
V7	The alternate system captures the service provided in near real time using the standard values.		
V8	The alternate system captures the end time of the visit in near real time.		
V9	The provider can enter a manual visit directly into the alternate system. The manually entered visit includes all required data elements listed in V1-V8.		
V10	The alternate system uses the standard list of reason codes to record the reason a visit is manually entered directly into the alternate system.		
V11	The alternate system collects an attestation to document that the provider is maintaining appropriate documentation supporting the visit entered manually directly into the system.		
V12	The alternate system maintains a complete audit trail when visits are entered manually into the alternate system. The audit trail must include the date and time of the visit entry and the person entering the visit.		
V13	The alternate system offers a third method of visit capture. The third method is _____. The third method of visit capture records all required data elements listed in V1-V8.		
V14	If telephony is used as the third method of visit capture, the telephone number from which the call is made is captured in near real time.		
V15	The alternate system captures the call type for all visits per the Alternate EVV Technical Specifications.		

Comments

Visit Maintenance (M1 through M21)

Item		Pass	Fail
M1	The alternate system gives the provider the opportunity to manually edit the visit after it is captured both before and after the visit is submitted to the State Aggregator.		
M2	The alternate system uses the standard set of reason codes to capture the reason for the manual edit.		
M3	The alternate system collects an attestation stating that the provider has documentation to support the edit to the visit data.		
M4	If the alternate system gives direct care workers the ability to alter visit data, vendor must show the process in place for approval by the employer of record.		
M5	The alternate system maintains a complete audit trail when manual edits are made to visits. The audit trail must include the date and time of the change, the person making the change, and what the change is.		
M6	The alternate system appropriately calculates and applies the Missing Service Exception as applicable.		
M7	The alternate system appropriately calculates and applies the Unauthorized Service Exception as applicable.		
M8	The alternate system appropriately calculates and applies the Unknown Recipient Exception as applicable.		
M9	The alternate system appropriately calculates and applies the missing Medicaid ID Exception as applicable.		
M10	The alternate system appropriately calculates and applies the Unknown Employee Exception as applicable. (Not applicable if telephony is not an alternate method of visit capture)		
M11	The alternate system appropriately calculates and applies the Visit Without In-Call Exception as applicable.		
M12	The alternate system appropriately calculates and applies the Visit Without Out-Call Exception as applicable.		
M13	The alternate system appropriately calculates and applies multiple exceptions to a single visit as applicable.		
M14	The alternate system appropriately calculates and applies exceptions to visits after the visit data is edited by the provider as applicable.		
M15	The alternate system uses the standard list of reason codes to document the reason the exception was created and is acknowledged as applicable.		
M16	The alternate system captures an attestation stating that the provider has documentation to support the visit.		
M17	The alternate system appropriately allows the provider to edit the visit to clear exceptions as applicable.		
M18	The alternate system maintains a complete audit trail when exceptions are cleared as applicable. The audit trail must include the date and time of the change, the person making the change, and what the change is.		

Comments: