## AHCCCS Electronic Visit Verification Paper Timesheet

*It is permissible for provider agencies to utilize their own paper timesheet as long as the minimum data elements are captured.*

|  |  |  |
| --- | --- | --- |
|  | **Week Ending** |  |
| **Provider Agency Name** |  | **AHCCCS Provider ID** |  |
|  ***Employee Information*** |
| **Last Name** |  | **First Name** |  | **DCW ID\*** |  |
|  ***Member Information*** |
| **Last Name** |  | **First Name** |  | **Member Medicaid ID** |  |
| **Day** | **Service** **Fill out Lines by Service Provided** | **Date** | **Time In** | **Independent Verification\*\*** | **Time Out** | **Independent Verification\*** | **Task(s) Completed\*\*\*** | **Task(s) Completed\*\*\*** | **Task(s) Completed\*\*\*** |
| **Sunday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Monday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| *\*Any agency ID specific to the worker**\*\*The actual date, start and end time of the service provision must be independently verified through the EVV system, for example, a code that represents a time and date stamp.* |  |
| \*\*\**Refer to Appendix A below for task list* |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Member/Health Care Decision Maker, or Designee Signature\*\*\*** |  | **Signer Printed Name (if not member)** |
|  |  |  |
| **Employee Signature\*\*\*** |  | **Manager Signature** |

 \*\*\*By signing this timesheet, I attest that the information contained within is correct and true.

##

##  Appendix A

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Task Description (\*\*)** | **Sandata EVV Task ID** | **Alternative EVV Task ID** |  | **Task Description (\*\*)** | **Sandata EVV Task ID** | **Alternative EVV Task ID** |
| Shopping | 0110 |  |  | Toileting | 0270 |  |
| Meal/Snack Preparation and Clean Up | 0120 |  |  | Cognitive/Academic | 0280 |  |
| Errand | 0130 |  |  | Communication | 0290 |  |
| Medical Appointment | 0140 |  |  | Continence Support and Hygiene (bowel, bladder, catheter) | 0300 |  |
| Self-Administration of Medication | 0150 |  |  | Emergency and Safety Skills | 0310 |  |
| Bathing | 0160 |  |  | Health/Medical | 0320 |  |
| Eating | 0170 |  |  | Independent Living Skills | 0330 |  |
| Assisting with Mail | 0180 |  |  | Leisure Time Recreation Skills | 0340 |  |
| Dressing and Grooming | 0190 |  |  | Medication Administration | 0350 |  |
| Housekeeping - Bedroom | 0200 |  |  | Mobility | 0360 |  |
| Housekeeping - Bathroom | 0210 |  |  | Personal Health Care | 0370 |  |
| Housekeeping - Kitchen | 0220 |  |  | Range of motion/exercise | 0380 |  |
| Housekeeping – Common Living Areas | 0230 |  |  | Sensorimotor | 0390 |  |
| Laundry | 0240 |  |  | Socialization | 0400 |  |
| General Supervision | 0250 |  |  | Vital Signs | 0410 |  |
| Turning, Positioning or Transferring | 0260 |  |  |  |  |  |  |

*Providers using Sandata’s EVV system must use the Sandata EVV Task ID. Providers using an alternative EVV system can create an ID in the Alternative EVV Task ID column that aligns with their manual EVV system entry.*