

**AHCCCS ELECTRONIC VISIT VERIFICATION (EVV) 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*

\*Direct Care Worker (DCW) ID: \_\_\_\_\_

Member Information: \_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

Member ~~Medicaid~~  
AHCCCS<sup>1</sup> ID: \_\_\_\_\_

DAY	SERVICE <i>FILL OUT LINES BY SERVICE PROVIDED</i>	DATE	TIME IN	**INDEPENDENT VERIFICATION	TIME OUT	**INDEPENDENT VERIFICATION	***TASK(S) COMPLETED	***TASK(S) COMPLETED	***TASK(S) COMPLETED
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									

<sup>1</sup> Updated per management request to align with contract.

DAY	SERVICE <i>FILL OUT LINES BY SERVICE PROVIDED</i>	DATE	TIME IN	**INDEPENDENT VERIFICATION	TIME OUT	**INDEPENDENT VERIFICATION	***TASK(S) COMPLETED	***TASK(S) COMPLETED	TASK(S) COMPLETED ***
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 (HCDM), 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 <sup>2</sup> EVV TASK ID	ALTERNATIVE EVV TASK ID
Shopping	0110	
Meal/Snack Preparation and Clean Up	0120	
Errand	0130	
Medical Appointment	0140	
Self-Administration of Medication	0150	
Bathing	0160	
Eating	0170	
Assisting with Mail	0180	
Dressing and Grooming	0190	
Housekeeping - Bedroom	0200	
Housekeeping - Bathroom	0210	
Housekeeping - Kitchen	0220	
Housekeeping – Common Living Areas	0230	
Laundry	0240	
General Supervision	0250	
Turning, Positioning or Transferring	0260	

TASK DESCRIPTION (**)	SANDATA <sup>3</sup> EVV TASK ID	ALTERNATIVE EVV TASK ID
Toileting	0270	
Cognitive/Academic	0280	
Communication	0290	
Continence Support and Hygiene (bowel, bladder, catheter)	0300	
Emergency and Safety Skills	0310	
Health/Medical	0320	
Independent Living Skills	0330	
Leisure Time Recreation Skills	0340	
Medication Administration	0350	
Mobility	0360	
Personal Health Care	0370	
Range of motion/exercise	0380	
Sensorimotor	0390	
Socialization	0400	
Vital Signs	0410	

~~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.~~<sup>4</sup>

<sup>2</sup> Removed reference to state procured Electronic Visit Verification (EVV) system.

<sup>3</sup> Removed reference to state procured Electronic Visit Verification (EVV) system.

<sup>4</sup> Removed reference to state procured Electronic Visit Verification (EVV) system and direction that is already supplied in technical specifications.