

Electronic Visit Verification – Provider Training Requirement Exception Attestation
Updated April 22, 2022

I acknowledge that I am applying to enroll as a Medicaid provider type that may require electronic visit verification (EVV) training. I, _____ attest that I/my agency will not be rendering any of the services listed in OAC 5160-1-40 (below), and therefore I/my agency are not required to take the EVV training.

- Home health nursing
- Home health aide
- Private duty nursing
- RN assessment
- Waiver nursing
- Personal care aide
- Home care attendant
- Homemaker personal care
- Participant-directed choices home care attendant
- Participant-directed personal care aide
- Participant-directed homemaker personal care

If at any time, I/my agency applies to render any of the services listed above, I/my agency will complete the required training as described in Ohio Administrative Code (OAC) rule 5160-1-40.

This attestation shall be uploaded into the provider network module (PNM) provider portal in lieu of the required EVV training certificate. By signing this document, I am attesting that the services above will not be rendered until a training certification is completed. The date this attestation is signed must be used in the portal in lieu of the EVV training completion date.

Signature: _____ Date: _____