

2024 EVV and Timesheet

Training

How to Fill out Timesheets and Log Home Visits Using
EVV(Electronic Visit Verification)

Joyce's Caring Touch
"To Us it's Personal"



Order of Training

- Watch the Full Presentation Video
- All questions will be answered at the end of the presentation
 - Feel free to put questions and comments in the Chat
- This Training presentation will be emailed and linked on the JCT website

(www.jcthomecare.com)



Agenda

This presentation will include:

- EVV Essentials and what's considered a verified visit,
- Instructions on how to fill out, submit, and where to get timesheets,
- The fields needed on the timesheet for it to be complete.

Please be sure to remember that ALL caregivers of ALL state agencies were mandated to use EVV and timesheets on May 1st 2023. please visit the DHS site for more info (<https://www.dhs.wisconsin.gov/evv/index.htm>).

We now must use **both** methods to receive funding and payment.

For more information and assistance,

- Visit our website at www.jcthomecare.com
- Email us at contactjct@jcthomecare.com or adminhr@jcthomecare.com
- Or call us at 414-841-5853





YESSS! We feel your pain....

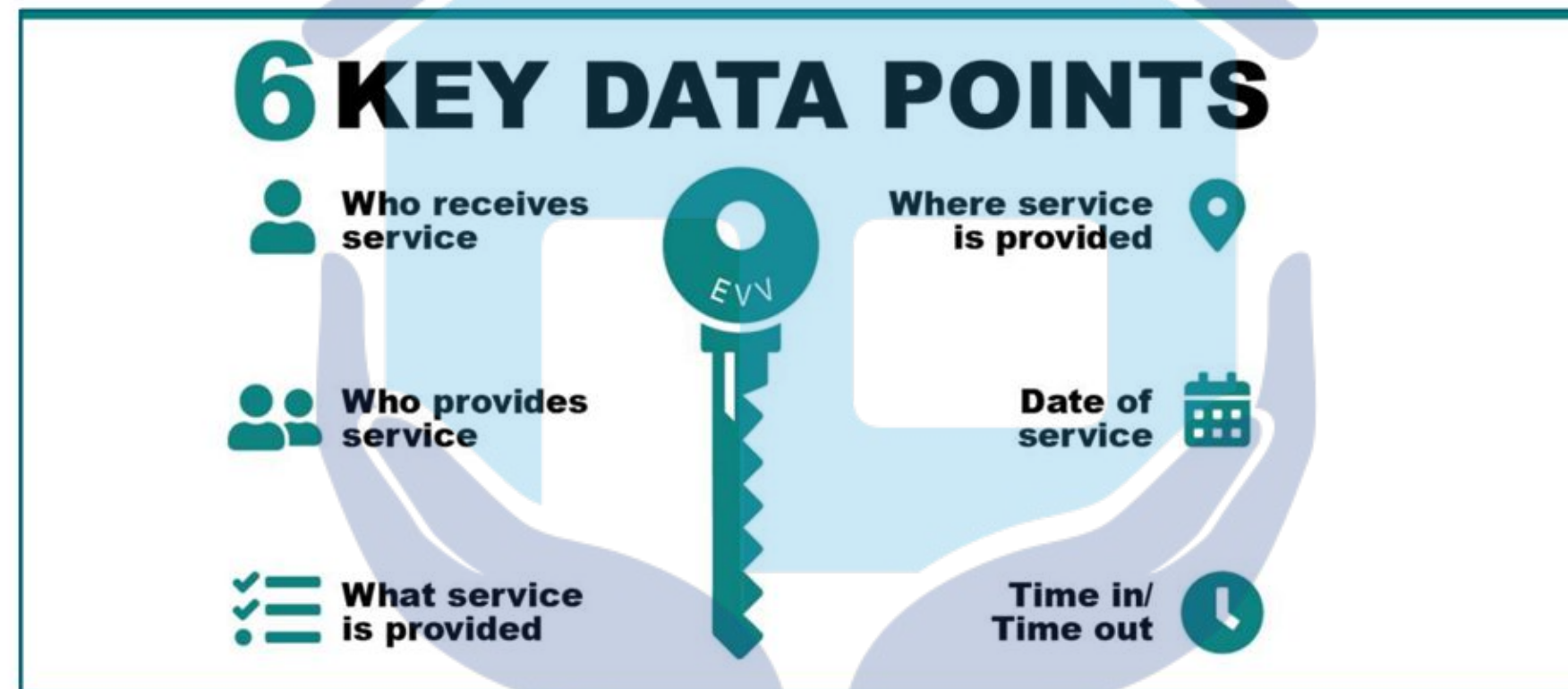
Our agency's leniency has caused an overflow of work in making EVV Adjustments and corrections. We need to stay in compliance to avoid financial consequences and licensee issues.

SO... Let's jump right in!



Wisconsin Department of Health Services, EVV Essentials

Federally Required EVV Data



Please note: EVV Location is only captured at the **Start** and **End** of a visit. Nothing is collected during the visit.

Sandata Has Updated Their App

1. You can search in Google Play (for Android users) or the App Store (for iPhone users) for “Sandata Mobile Connect.”
2. You’ll be asked to reset your password.
This new password will be used for any provider agency you work for that uses Sandata.

Summary of SMC Changes

New features now in the SMC app:

- Autofill provider information
- One password for all provider accounts
- Easier password reset
- More obvious offline mode
- Home/community selection
- Switch services option
- Additional service codes
- Seven days of past visits
- Directions/call client option



This new feature will be helpful for those of you working for more than one provider.



Password Reset/Temporary Passwords Last for 24 Hours

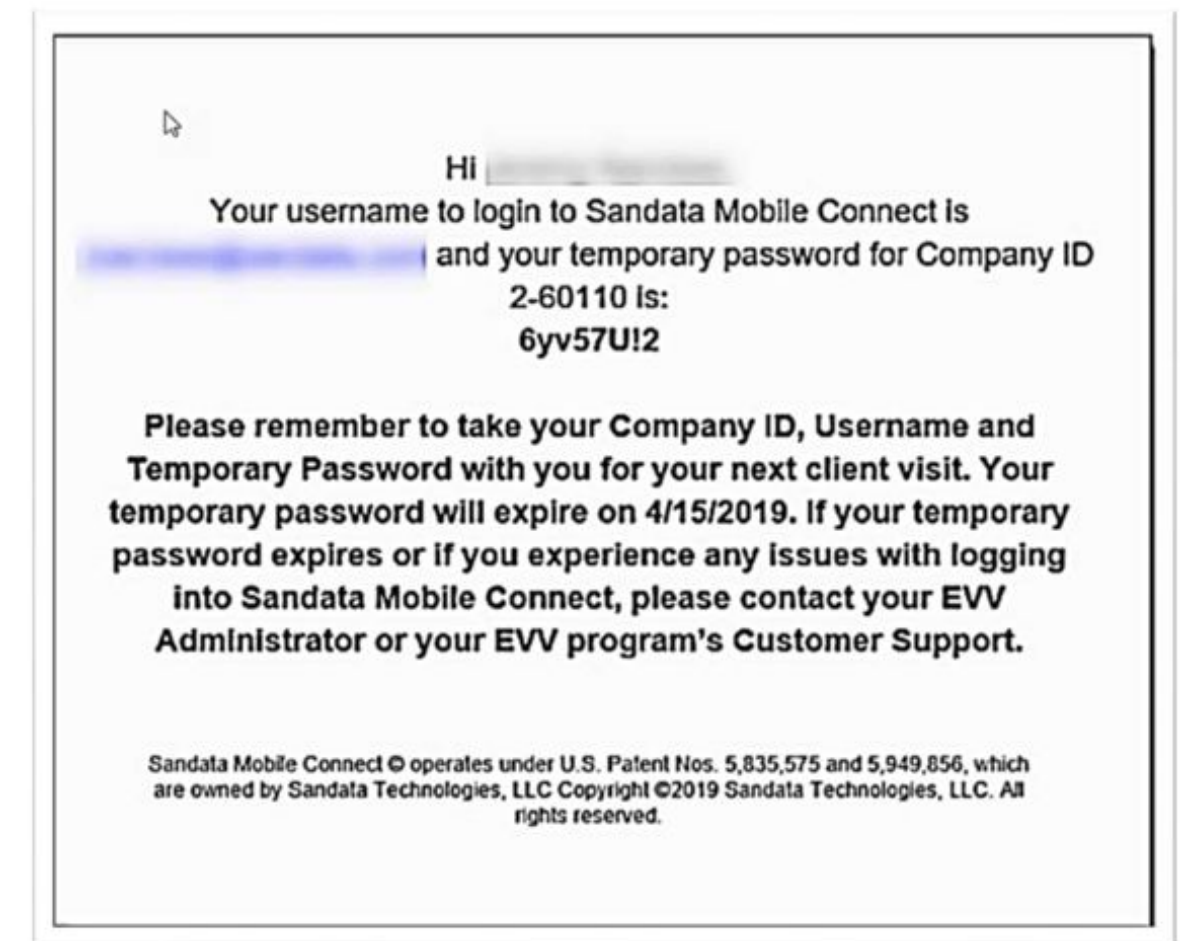
You will receive a welcome email from Sandata with your username (which is your email address) and temporary password to sign in.

If you have not received your welcome email from Sandata, check your email's spam filter. You can also search "Sandata" in your email's search bar to find the word.

If you have not received this initial email, let the agency's administrator know!

SMC Notice

- Sandata will email the employee a temporary password and the Company ID.
- The same email address can be used for multiple agencies.



EVV Customer Care

Make note of your emails and passwords for each part of the system

- If you work for more than one agency, you can use the same email address and password for each provider.

Employee Support

Wisconsin EVV Customer Care

- Phone: 833-931-2035
- Email: vdxc.contactevv@wisconsin.gov
- Monday–Friday: 7 a.m.–6 p.m. Central time

EVV Training Resources



www.dhs.wisconsin.gov/evv/training-workers.htm

Electronic Visit Verification (EVV): Training Workers		
Train the workers who will use an EVV system to check in and out for visits. Use the combination of resources that makes the right sense for your provider agency and workers' needs. Most workers will need to review all the resources. These resources can also be used as review and reference materials.		
Refer to Training Workers for Electronic Visit Verification for training plan suggestions. As a reminder, training resources do not supersede DHS policy. Refer to DHS EVV Resources and FAQs for EVV policy information.		
Additional languages for certain materials can be requested at vdxc.contactevv@wisconsin.gov or 833-931-2035. Please allow 30 business days for translation and delivery.		
Resource Title	Description	Languages Available
General		
EVV Informational Video	Learn what EVV is and how EVV information is collected during a visit by watching this short video (2:58 minutes).	English
EVV Fundamentals: An Overview	A video reviews the purpose of EVV, the methods for verifying a client visit, steps needed to start implementing EVV, and where to find EVV resources. (28:54 minutes)	English
EVV Services and Tools List	Information workers will need to know when they complete visits using EVV.	English (PDF), Spanish (PDF), Korean (PDF), Hindi (PDF), Russian (PDF), Somali (PDF)
EVV Visitor Visit Template	A card that workers can use during visits to capture vital client information.	English
Mobile Visit Verification with the Sandata Mobile Connect app		
EVV Essentials: How to Use the SMC App	A video to learn everything needed to use the Sandata Mobile Connect App. Also known as the SMC app. You'll also see the steps needed to capture client visit data when phone coverage is not available. (21:08 minutes)	English
Downloading the		

EVV Worker ID Card



Wisconsin Electronic Visit Verification
WORKER VISIT CARD
Wisconsin EVV Customer Care

833-931-2035 vdx.contactevv@wisconsin.gov Monday - Friday 7am-6pm

Agency's Sandata toll-free numbers:

Agency/Company ID: 2-

Worker Santrax ID:

Sandata Mobile Connect Username:

Client Identifier:

Service Code(s) :

Is recording tasks within EVV required? __Yes __No

Service Code	SMC Service Code	TVV Service Code #
Personal and Supportive Care Services		
T1019	Personal Care Svc/15 min	10
S5125	Supportive Home Care/15 min	15
S5126	Supportive Home Care/Day	20
T1020	Personal Care/Day	25
Combo	Combo-PCS & SHC	30
99509	PCS Nurse Supervisory Visit/Visit	55
Home Health Care Therapy Services		
92507	Speech Therapy Individual/Visit	35
97139	Unspecified Therapeutic Procedure-OT/Visit	40
97799	Unspecified Rehab Svc-PT/Visit	45
Home Health Care Nursing Services		
99504	Mechanical Vent Care/Hour	50
S9123	Private Duty Nursing RN/Hour	65
S9124	Private Duty Nursing LPN/Hour	70
99800	Unspecified Home Visit-RN or LPN/Visit	80
T1001	Nursing Assessment or Eval/Visit	75
T1021	Home Health Aide or CAN/Visit	80
T1502	Med Admin-Oral, IM, Subq/Visit	85

P-02844A (10/2023)

www.dhs.wisconsin.gov/library/p-02844.htm

The worker ID card will be provided if you have not received one. It will help with remembering:

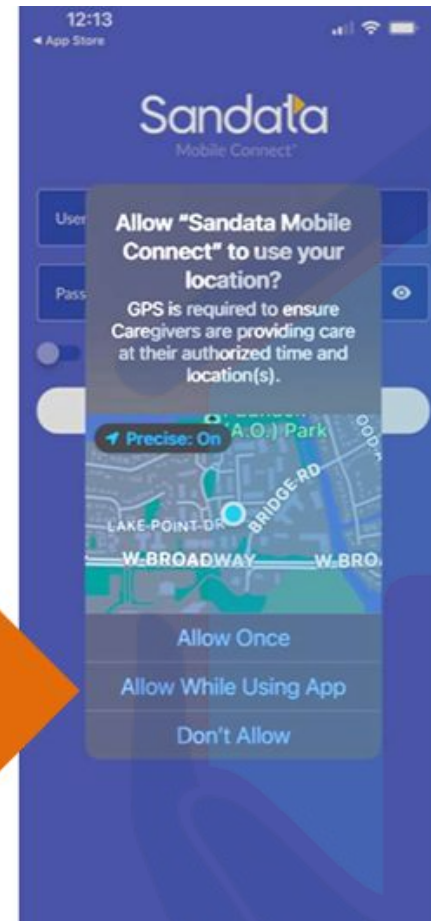
- The agency's ID
- The client ID
- and the service codes (T1019 Personal Care Svc/15min and S5125 Supportive Care/15min)



Allow Sandata Mobile Connect to use your location

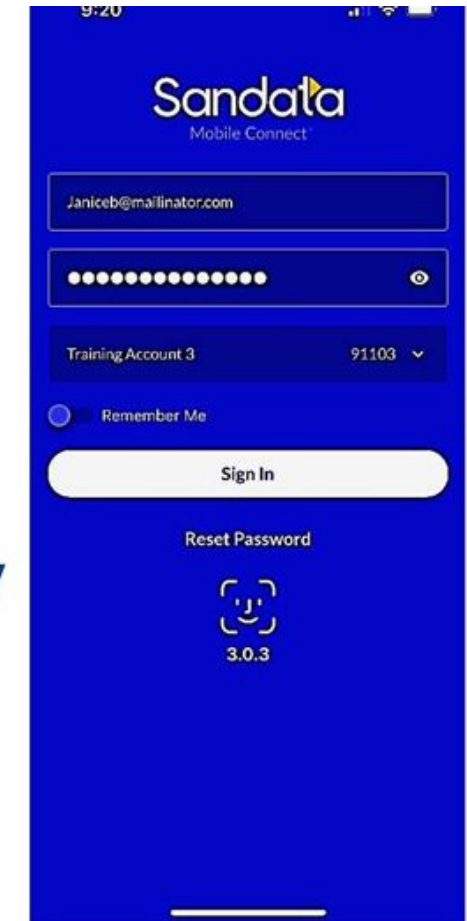
SMC App

- EVV identifies the location at the start and end of the visit. It does not track location before, after, or during the visit.
- Select "Allow While Using App."



SMC App

- Username: Enter the full email address.
- Password: Enter the temporary password from Sandata.
- Company ID: Select your Company ID from the drop-down menu.



Company ID Joyce's Caring Touch Home Health 92219


The first time you log in to the app, be sure to have Wi-Fi. This will save your settings. The app can be used without Wi-Fi after this first set-up use.

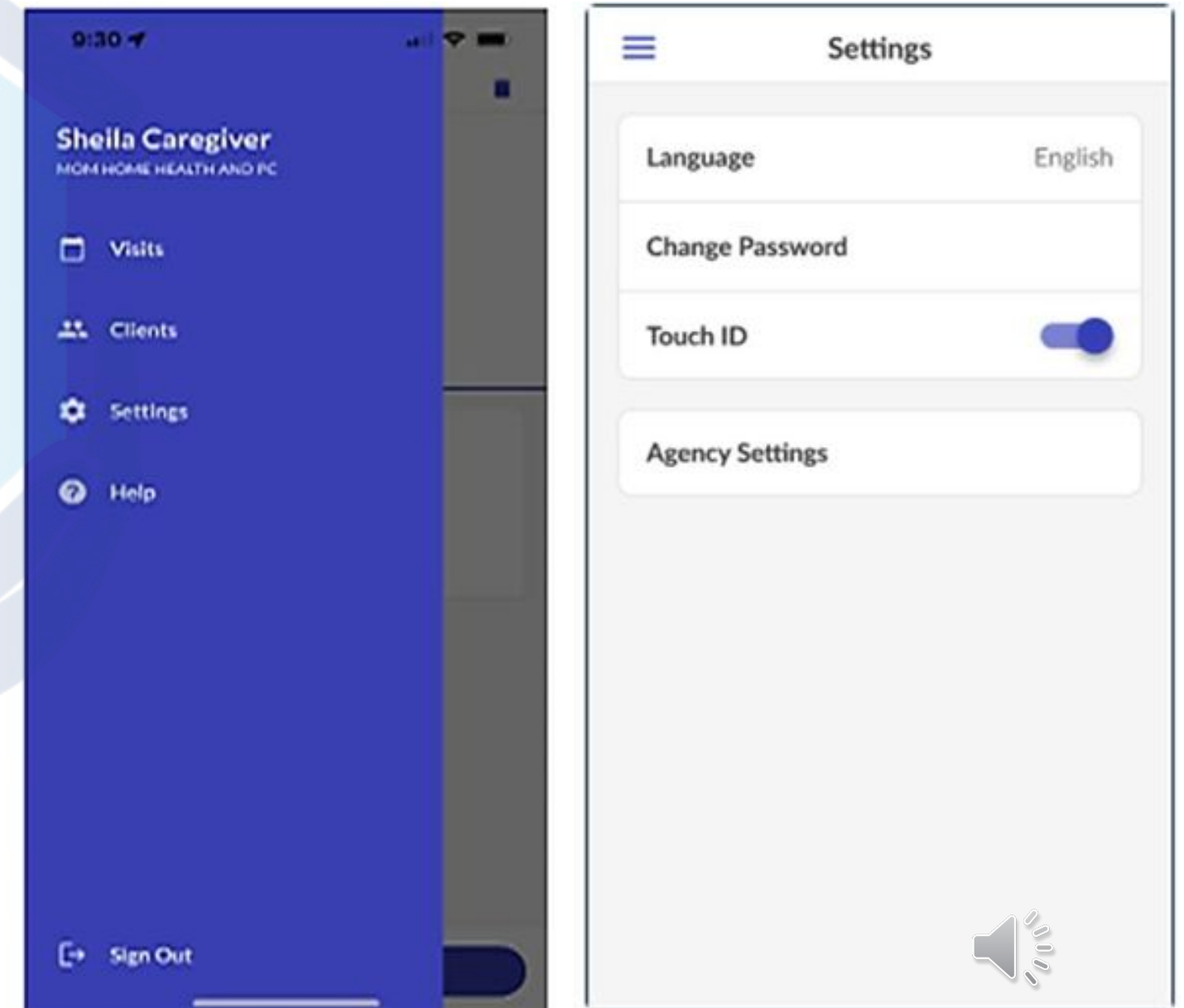
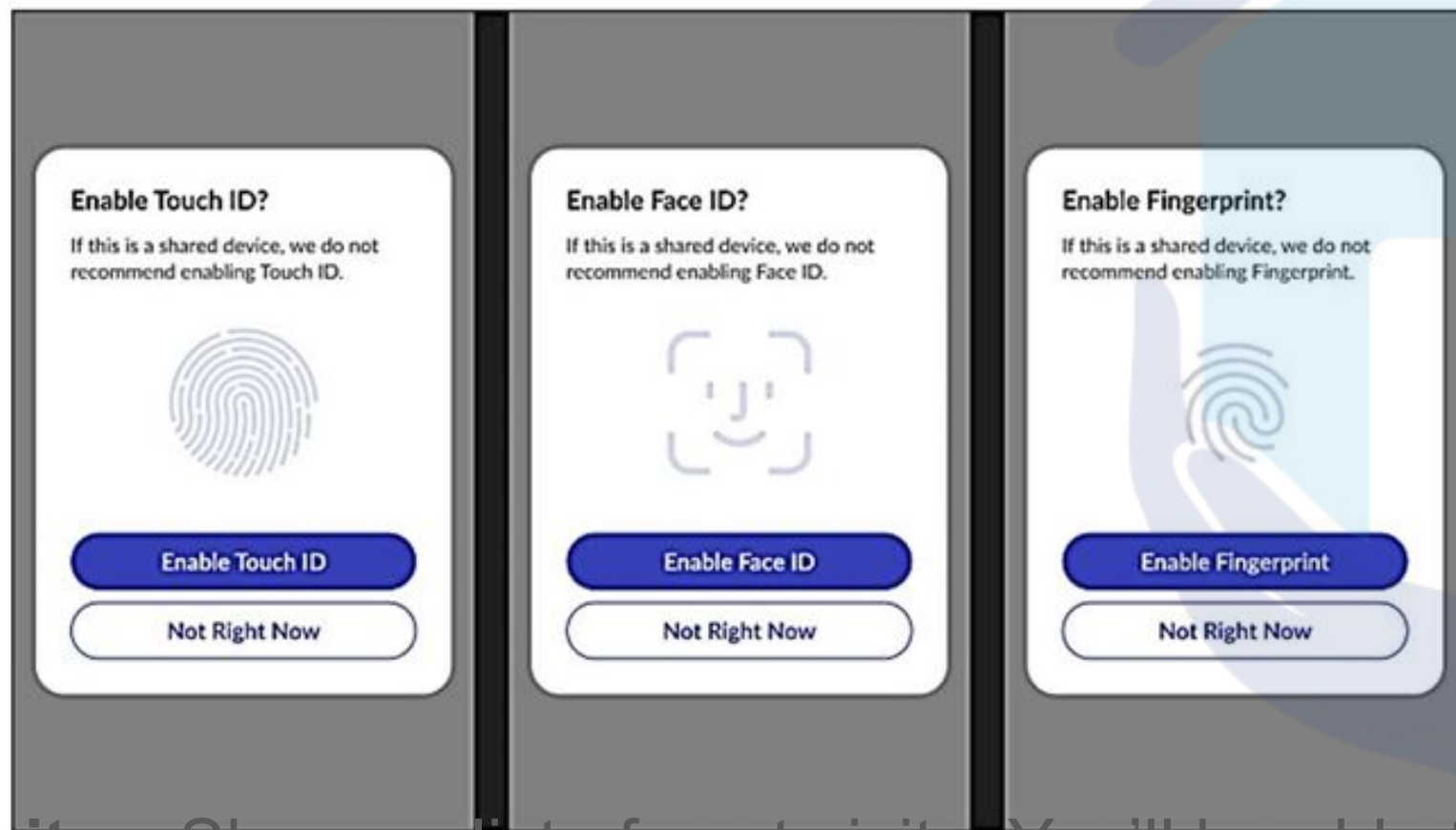
Select **Remember Me** option to automatically enter your username in the future. (RECOMMENDED)

You'll still need to enter your password for security. You'll also have the option to add face ID, just below the "sign in" button. (RECOMMENDED)



Touch/Face/Fingerprint Options

You can find these options by logging in. Use the  menu icon in the upper left corner of your device and Go to the settings.



Visits—Shows a list of past visits. You'll be able to see all visits from the last seven days. Until then, it will show the last five days.

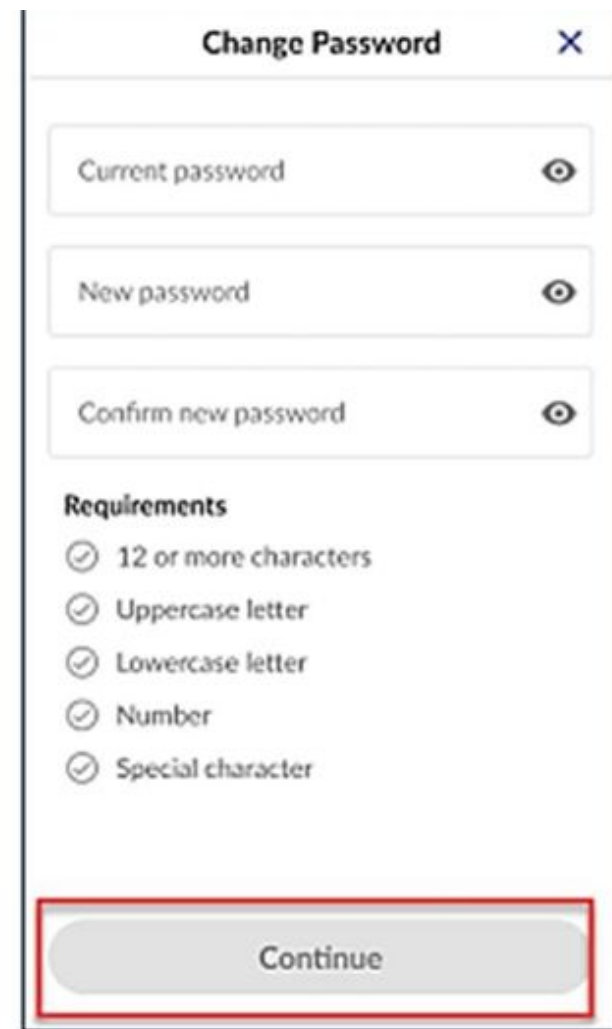
Clients—Opens up an option to search for a client to start a visit.

SMC Password

Employees have 5 attempts to enter the correct password before the **Information** pop-up appears. Passwords expire every 60 days.

Employees can reset their own password from either:

- The Settings menu
- The Login screen



Change Password

Current password

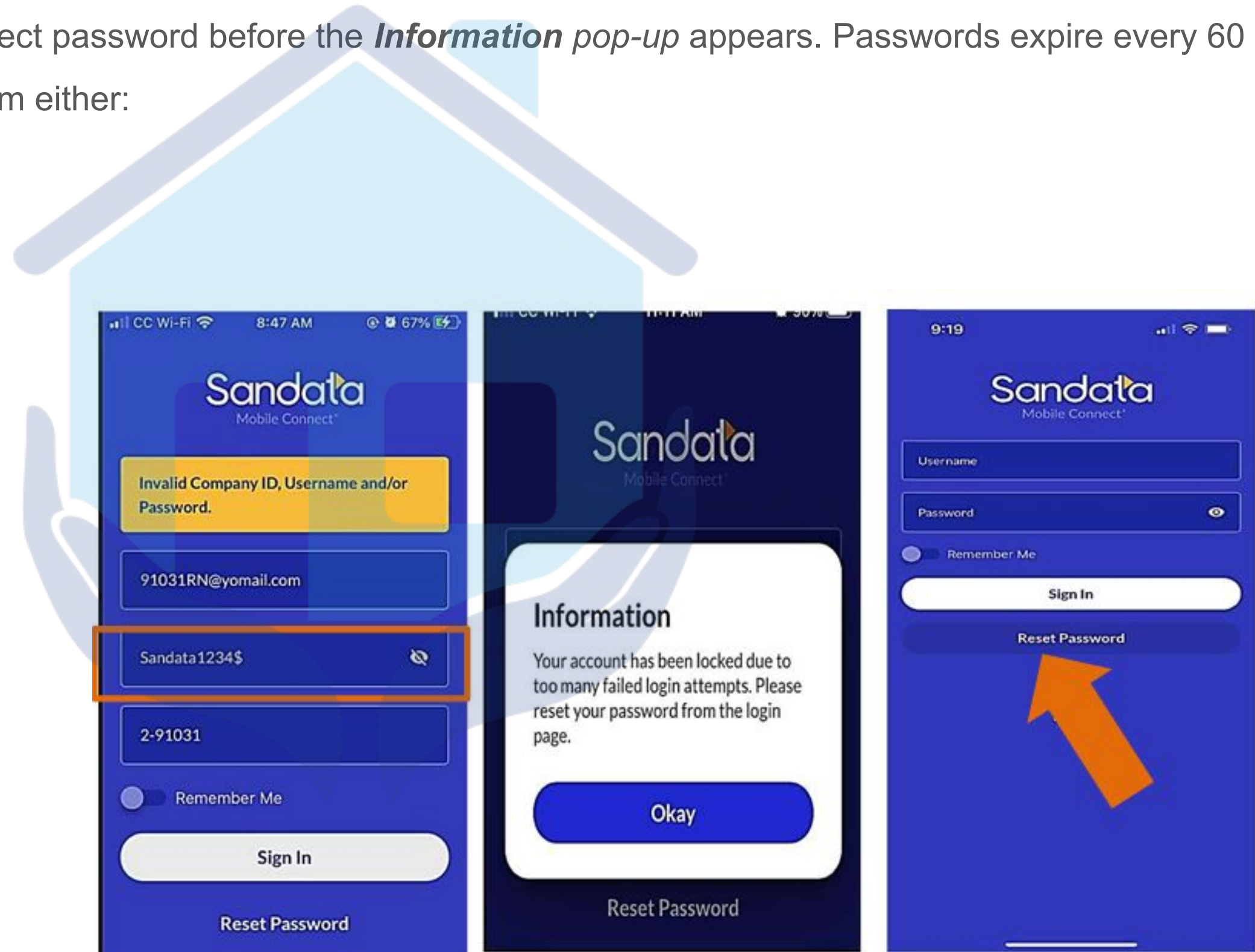
New password

Confirm new password

Requirements

- ✓ 12 or more characters
- ✓ Uppercase letter
- ✓ Lowercase letter
- ✓ Number
- ✓ Special character

Continue



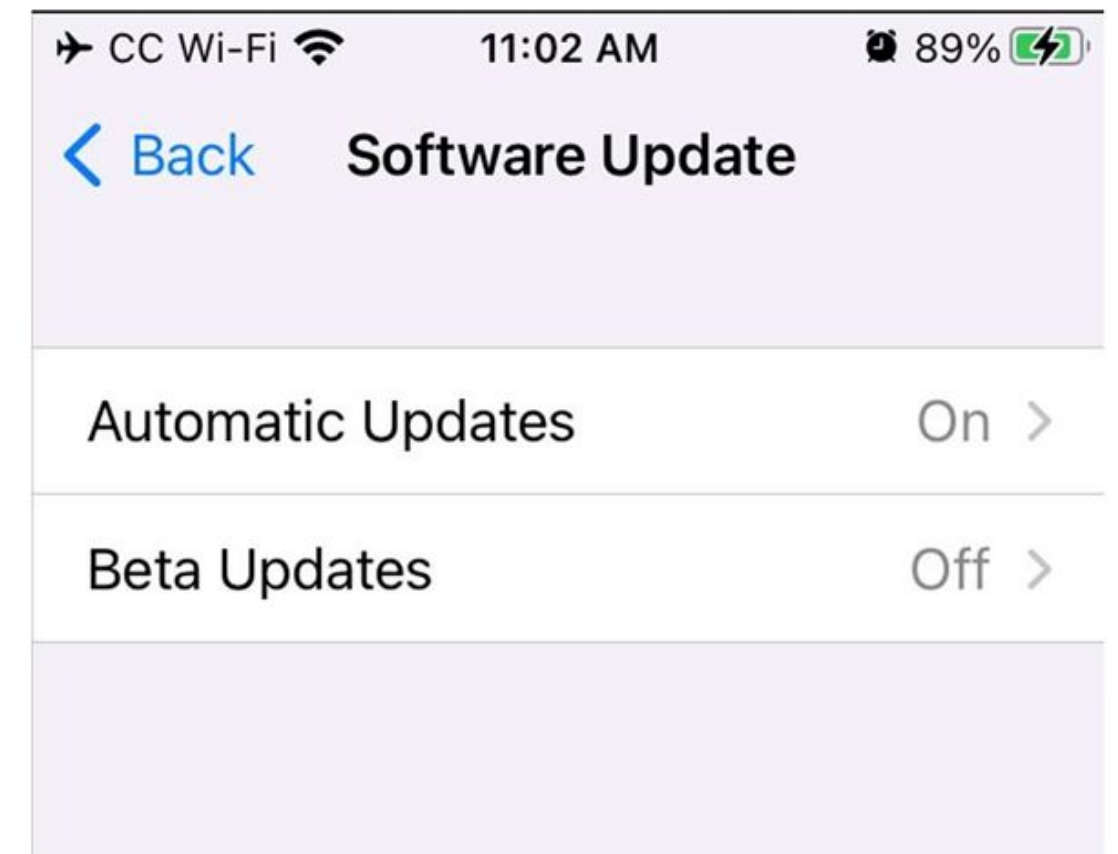
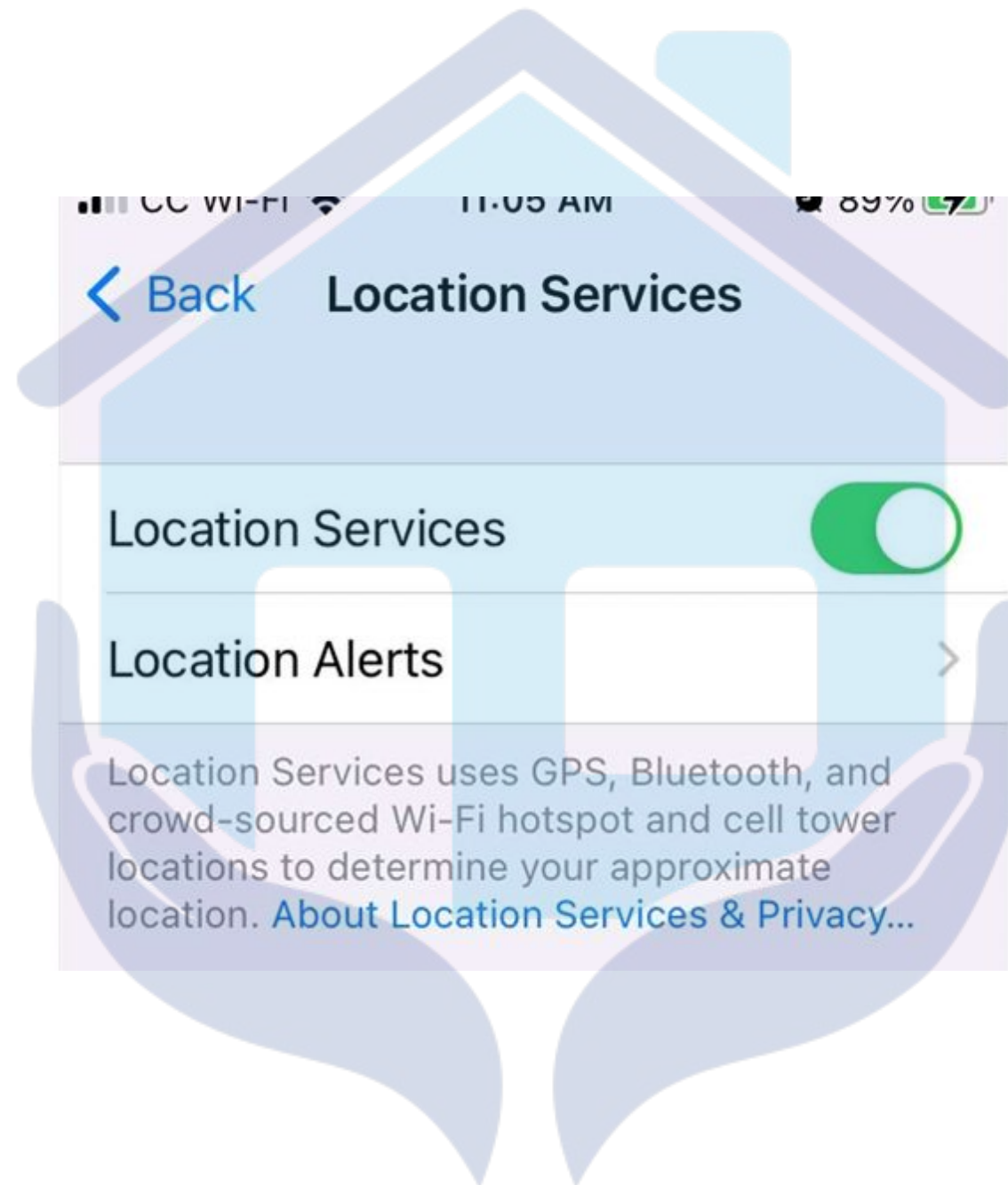
Device Settings

For best app performance, make sure you turn on automatic updates.

Location Services on for clocking in and clocking out is **required**.

If your Location Services is turned off, the app won't advance beyond the login screen.

(Sandata updates the app frequently)



Starting a Visit

Once logged in, search for a client by entering in their Client ID (six digits) or Medicaid ID number. Confirm the Client, tap Start Visit. Select the service being provided, **Personal Care Svc/15min** or **Supportive Home Care/15min**. Tap Start Visit. (If a client cannot be found, an unknown visit can be started.)

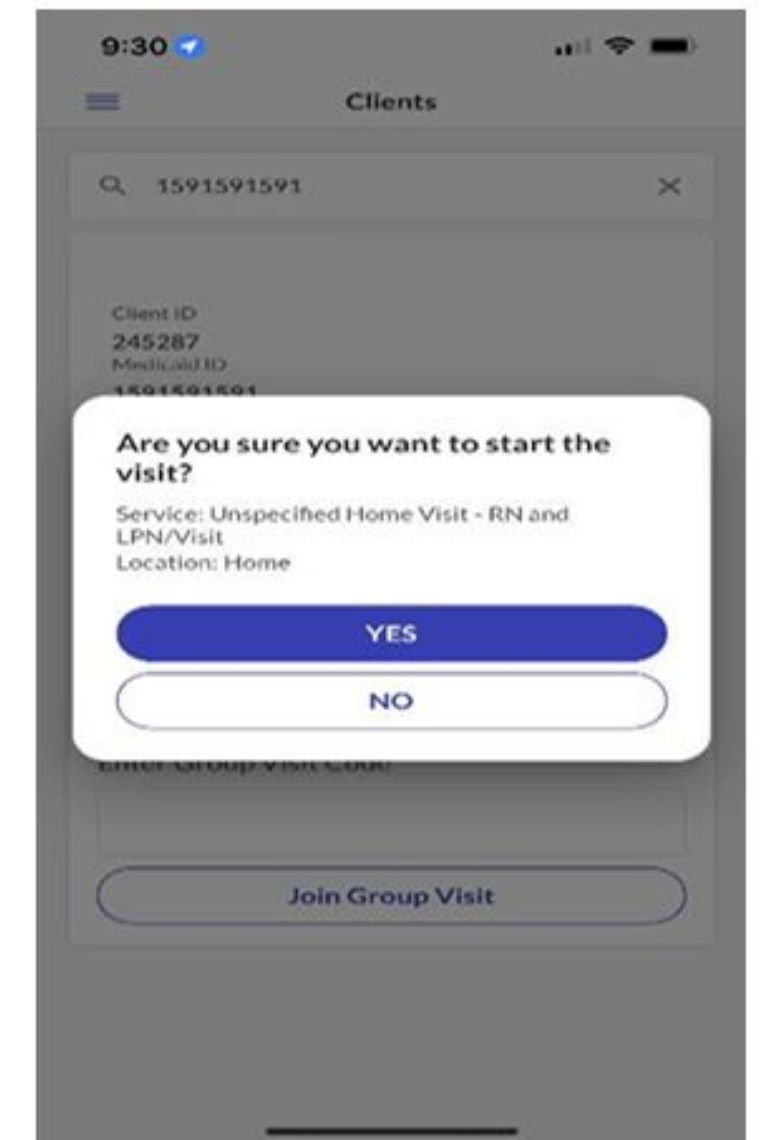
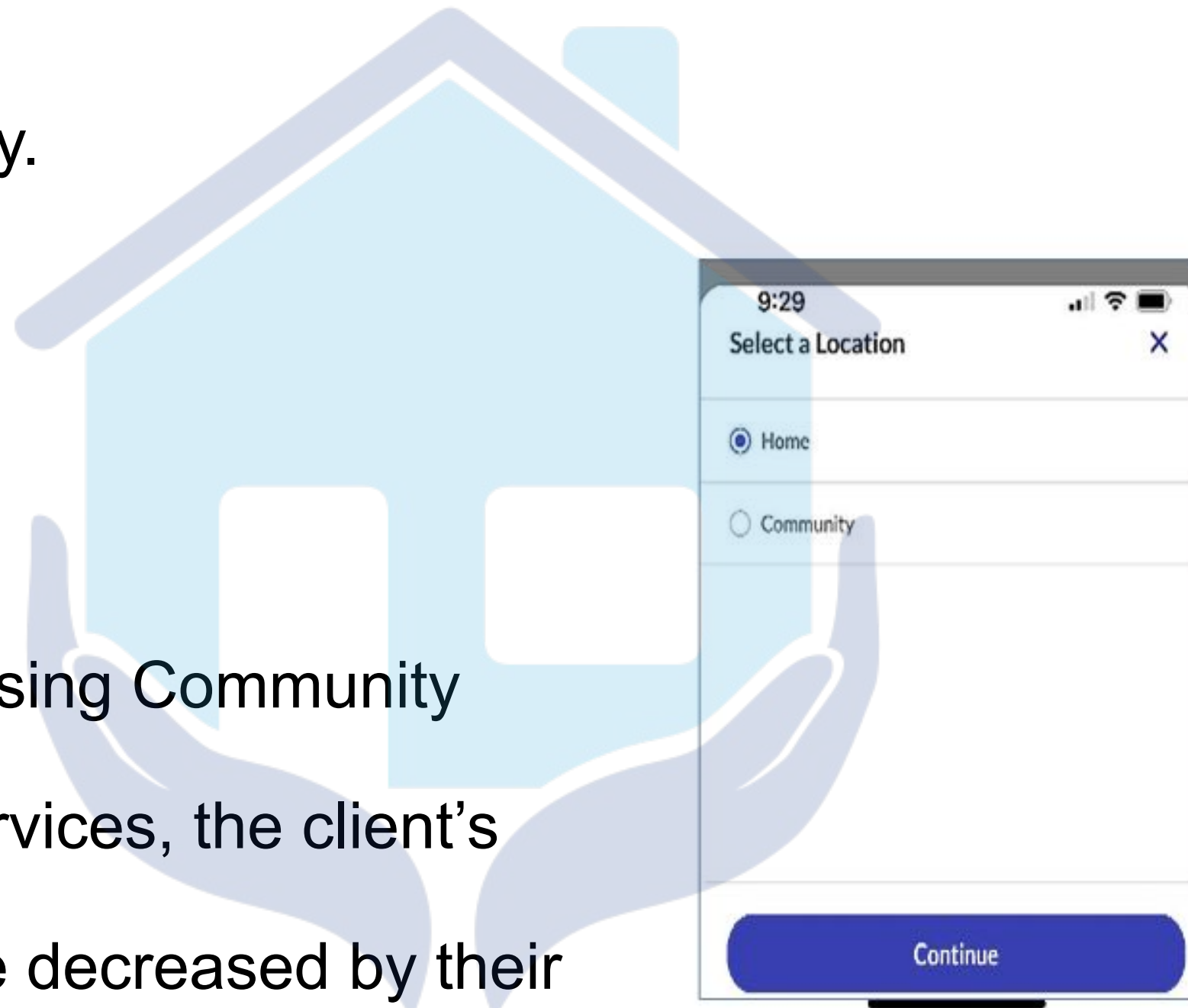


Choose Home or Community.

Tap Continue.

Tap Yes.

Please note, if you are choosing Community frequently for **Homecare** services, the client's units-hours are subject to be decreased by their insurance company.

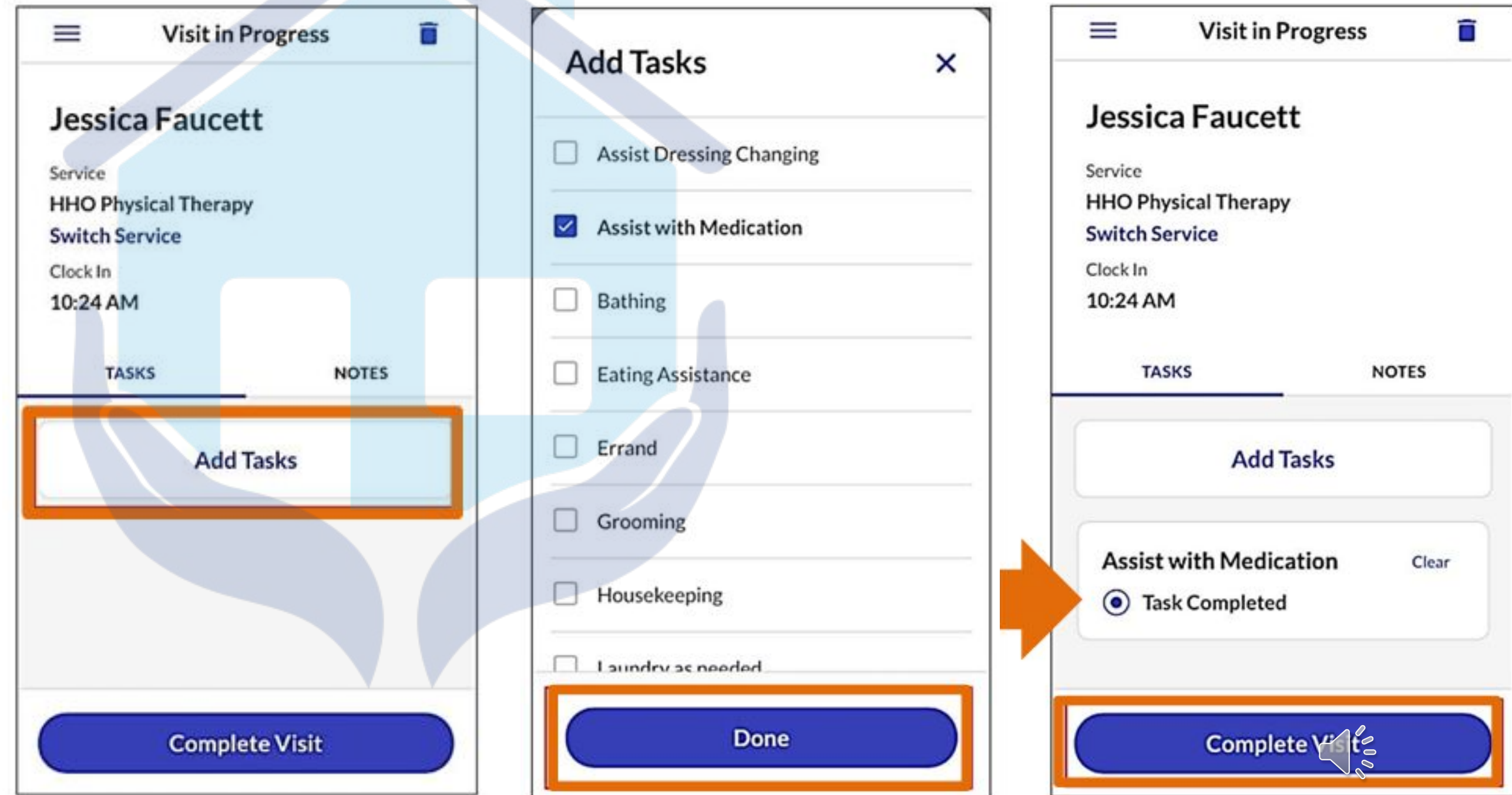


Tasks and Notes Option

Selecting Tasks are Required!

When ending a visit:

- Select the Tasks tab.
- Tap Add Tasks.
- Select tasks performed from the list.
- Tap Done.
- Confirm each task by tapping its circle.
- Select Notes tab if needed.
- Add notes.
- Tap Complete Visit.



Client Verification Option

After the employee has entered the check out information:

- Tap **Continue**.
- Pass the device to the client.
- Choose language.
- Tap **Continue**.

The image displays four sequential mobile app screens for client verification:

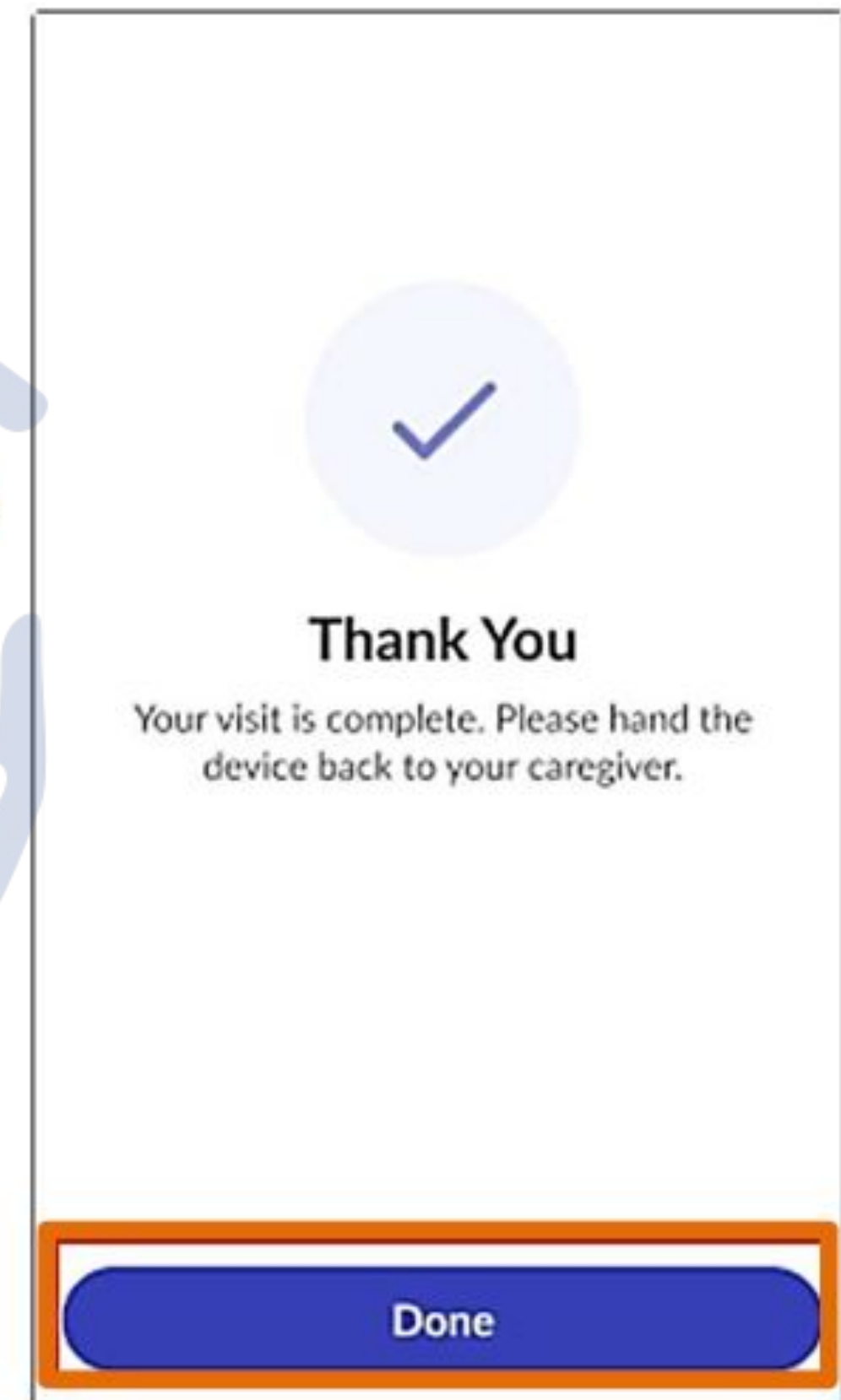
- Client Verification:** A screen with a checkmark icon and the text "Client Verification. Please hand the device to the client so they can verify this visit." At the bottom, there are "Skip" and "Continue" buttons. The "Continue" button is highlighted with an orange border.
- Select Language:** A screen titled "Select Language" with the instruction "Please select your preferred language." It lists several language options: English (selected), Español, русский, 中国人, Soomaali, and اللغة العربية. At the bottom, there is a "Continue" button highlighted with an orange border.
- Hello, Harriet:** A screen titled "Hello, Harriet" with the instruction "Please verify the details for today's visit." It shows service details for "RN Assessment (T1001)" (55 minutes) and "Specialized Skill Development (1:3)" (1 hour, 7 minutes). Each service has "Confirm" and "Deny" buttons. Below these is the "Visit Time" section showing "10:02 AM - 12:05 PM" (2 hours, 3 minutes) with "Confirm" and "Deny" buttons. At the bottom, there is a "Continue" button highlighted with an orange border.
- Sign or Record:** A screen titled "Sign or Record" with the instruction "Use your finger to sign below." It shows a signature and a "Clear" button. At the bottom, there is a "Continue" button highlighted with an orange border.

The client will select the language, confirm service times, and sign with finger. The client or worker will tap continue.

Client Verification Option

- Tap **Done**.
- Pass the phone back to the employee.

IMPORTANT: visits in EVV must match visits on timesheets



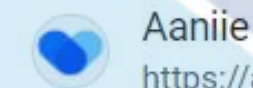
EVV has been required in all US States since May 1, 2023.

- EVV is now heavily audited by **DHS** and **DQA**(Division of Quality Assurance) for **Program Integrity Performance** and to ensure all Medicaid funds are being paid for verified care visits only.
- Clients and workers who submit falsified timesheets, will have consequences and will have to pay back funds, and be cut from all Medicaid programs.
- Agencies could lose their license, also be required to pay back Medicaid funds, and be cut from any Medicaid Programs.

(Please take a look at some of the other states such including California who are also required to use EVV.)

[What is EVV \(Electronic Visit Verification\) and why DO I ...](#) ✓

Jan 4, 2023 — New Regulations Require EVV. Many states have already begun requiring electronic visit verification for registered agencies, but the EVV ...



Aaniie

<https://aaniie.com> › solutions › electronic-visit-verificati...

[Electronic Visit Verification \(EVV\) – Aaniie eVerified](#) ?

Aaniie eVerified EVV is designed and built to be a fully compliant EVV solution. Intuitive and easy to use, Aaniie EVV is used across the US by caregivers ...



TripLog

<https://triplogmileage.com> › healthcare › evv-complian...

[EVV Compliance Requirements by State \(2024 Update\)](#) ✓

With the 21st Century Cures Act, the US federal government requires all states to implement EVV. Here are 2024's updated guidelines.



California Department of Social Services (.gov)

<https://www.cdss.ca.gov> › ... › IHSS › EVVhelp

[Electronic Visit Verification \(EVV\) Help - IHSS](#) ✓

EVV is a federal law that requires electronic record of certain information about the IHSS and/or WPCS services performed.



DREDF

<https://dredf.org> › 2021/08 › EVV-Report-210722 PDF

[Impact of Electronic Visit Verification \(EVV\) on Personal ...](#) ✓

Timesheets... When, Why, and Who?

When Does the Timesheets Need to be Used and Take Effect? **Start Now!**

After September 8th, Workers will not be paid without verified EVV Visits AND a signed timesheet. (Submitted the Monday before Payroll. (Please refer to the 2024 Upcoming Pay Period Schedule or the Gusto Payroll site.)

Wisconsin Department of Health Services(**DHS**) requires ALL State agencies to use timesheets and EVV showing:

- The In/Out time
- The Service Type (Personal Care or Supportive Care)
- The GPS Location in the vicinity of Client's residence

Why are Workers required to use Timesheets AND EVV?

OIG(**Office of the Inspector General**) wants to ensure more accurate time reporting and to improve **Payment Integrity**(The goal of program is to help safeguard **DHS**-administered public assistance programs).



Please be Aware: ALL caregivers at **ALL** provider agencies are now required to use EVV and timesheets to receive payment for providing care services.

Timesheets... When, Why, and Who?

Who Has to fill out Timesheets?

Live-In Workers and NON-Live-In Workers must fill out timesheets for payment.

If you are a Live-In Worker and are still using EVV, please submit the required documentation in **Column A(Chose One)** or **Column B(Chose 2)** to be exempt from using the EVV app to clock in and clock out.

Please note, live-in workers must submit live-in documentation every year to be exempt.

ARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-02717 (02/2022)

STATE OF WISCONSIN

ELECTRONIC VISIT VERIFICATION LIVE-IN WORKER IDENTIFICATION

INSTRUCTIONS: Type or print clearly. This form documents live-in worker identification. Refer to the Electronic Visit Verification Live-In Worker Identification Instructions, F-02717A, for more information on completing this form. Fee-for-service agencies must submit this form and supporting documentation with their prior authorization request. This form may also be used by program payers if they do not require electronic visit verification (EVV) for live-in workers. Completed forms should be kept according to program document retention requirements.

1. Name – Member (Last, First, Middle Initial) [REDACTED]	2. Member Medicaid ID Number [REDACTED]
3. Name – Live-In Worker (Last, First, Middle Initial) [REDACTED]	4. Live-In Worker ForwardHealth ID Number [REDACTED]

Note: The live-in worker's name must match both the name entered on the ForwardHealth Portal and the name on the proof submitted.

5. Identification
For the purposes of EVV, a live-in worker is a worker who meets one of the following requirements:

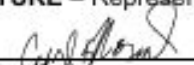
- The worker permanently resides in the same residence as the member or participant receiving services.
- The worker permanently resides in a two-residence dwelling (such as a duplex) where the member or participant receiving services lives in the other half of the dwelling **and** is a relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant.

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address. The address must satisfy the requirements for a live-in worker listed above. The worker may use one document from Column A or two types of documents from Column B. Check the box(es) next to the document(s) being submitted as proof of residence.

Column A (Choose One)	Column B (Choose Two)
<input checked="" type="checkbox"/> Current and valid State of Wisconsin driver's license or state ID card	<input type="checkbox"/> Current or previous month's gas, electric, or phone service statement
<input type="checkbox"/> Other official ID card or license issued by a Wisconsin governmental body or unit	<input type="checkbox"/> Current or previous month's bank statement
<input type="checkbox"/> Real estate tax bill or receipt for the current year	<input type="checkbox"/> Current or previous month's paycheck or paystub
<input type="checkbox"/> Residential lease for current year	
<input type="checkbox"/> Check or other document issued by a unit of government within the last three months	

6. Attestation

☒ I have examined the documentation indicated above and attest the worker meets all the requirements of a live-in worker as defined on this form.

7. Name – Representative Verifying Live-In Status April K Norwood, Administrator	8. SIGNATURE – Representative Verifying Live-In Status 
9. Name – Agency Verifying Live-In Status Joyce's Caring Touch Home Health LLC	10. Date Signed 12/12/2023

Payment Integrity Review (PIR) Program

A. The PIR program starts on April 1, 2023.

Q. What is the program's goal?

A. The goal of this innovative program is to help safeguard DHS-administered public assistance programs, like Wisconsin Medicaid and BadgerCare Plus, from unnecessary expenditures, service overutilization, and other compliance issues.

Q. What is the program's purpose?

A. The PIR program allows the OIG to proactively review select, provider-submitted claims prior to payment to ensure that federal and state requirements are met. Through PIR, the OIG will offer enhanced, compliance-based technical assistance to meet the specific needs of providers, as well as increase monitoring of high-risk benefit and services areas.

Q. What is Pre-Payment Review?

A. When the OIG has reasonable suspicion a provider is violating program rules, claims may be selected for Pre-Payment Review in accordance with [Wis. Admin. Code § DHS 106.11](#).

Once a Client has been selected for **PIR**, the provider agency claims will be denied, and funds will be on hold until OIG (**Office of the Inspector General**) gets all required documentation to support client's claims.

Please visit the link for more info on Payment Integrity (<https://www.dhs.wisconsin.gov/publications/p03409b.pdf>)



SAMPLE TIMESHEET

DAILY IN AND OUT TIMESHEET

Pay Period: 09/08/2024 - 09/21/2024

EVV Adjustment ☒

Select Service Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

Check Service Type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1 Time IN: PC <input checked="" type="checkbox"/> SHC	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2 Time IN: PC SHC <input checked="" type="checkbox"/>	1PM :30		1PM :30		3PM :15	11AM :00	
Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3 Time IN: PC <input checked="" type="checkbox"/> SHC		12PM :15				3PM :15	
Time OUT:		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)	PC 2.75 SHC 2.50	PC 3.25 SHC 1.5	PC 2.5 SHC 1.5	PC 2.75 SHC	PC 2 SHC 1.75	PC 1.25 SHC 4	PC 1.25 SHC
Bathing (complete/partial)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Assist with Dressing: <input type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Skin Care & Foot Care / Lotion	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Toileting /Bowel / Incontinent Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Assist w/Transfers Position <input type="checkbox"/> Ambulation/Assist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
DME: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Crutches <input type="checkbox"/> Hoyer <input type="checkbox"/> Slide board <input type="checkbox"/> Sit to stand <input type="checkbox"/> Pivot <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Range of Motion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Meal Prep/Set-up <input type="checkbox"/> Assist with Feeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grocery Shopping	<input checked="" type="checkbox"/>						
Light Cleaning Duties							
<input type="checkbox"/> Record Input/output <input type="checkbox"/> Glucose monitoring							
Medication Reminder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other/Pets/Comments:	Forgot to log into EVV on Monday and enter task in EVV						

I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.

I Understand this timesheet is REQUIRED for PAYMENT!

Worker Signature [Signature] John Smith Date 09/16/2024

Client Signature [Signature] Print Name Brian Johnson Date 09/16/2024

RN Supervisor Signature [Signature] Print Name Emily Sue Date 09/16/2024

Submit time sheets: Fax 414-921-5589 - Mail 2266 N Prospect Ave STE 210, Milw, WI 53202 - Email contactjct@jcthomecare.com Please Call 414-841-5853 with questions on how to complete this form. Payday Due Date: Tue 6PM. Submit time sheets by MONDAY!

For each timesheet, enter or select options: (**Fillable timesheet will have drop down boxes**)

- The Pay period entered
- The Dates worked entered
- The service start and end times are entered (AM or PM is selected)
- The Hours Worked are calculated for that day and service
- The tasks performed are selected for each day worked
- The Worker, Client, and RN has signed the

Main Sections (Fields must be completed)

- Pay Period Start and end Dates
- Dates of service and In and Out Time
 - Service Type checked, PC or SHC
- Tasks Performed
 - (Which should match Plan of Care)
- The Client, Worker, and RN Signature

Submit timesheets on Monday before Payroll.

(Refer to 2024 Upcoming Pay Period Schedule.)

SAMPLE TIMESHEET

DAILY IN AND OUT TIMESHEET

Pay Period: 09/08/2024 - 09/21/2024

EVV Adjustment ☒

Select Service Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

Check Service Type (PC or SHC)		SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)		09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1	Time IN: <u>PC</u> <input checked="" type="checkbox"/> <u>SHC</u> <input type="checkbox"/>	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
	Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2	Time IN: <u>PC</u> <input type="checkbox"/> <u>SHC</u> <input checked="" type="checkbox"/>	1PM :30		1PM :30		3PM :15	11AM :00	
	Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3	Time IN: <u>PC</u> <input checked="" type="checkbox"/> <u>SHC</u> <input type="checkbox"/>		12PM :15				3PM :15	
	Time OUT:		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)		PC 2.75 SHC 2.50	PC 3.25 SHC 1.5	PC 2.5 SHC 1.5	PC 2.75 SHC	PC 2 SHC 1.75	PC 1.25 SHC 4	PC 1.25 SHC
Bathing (complete/partial)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Assist with Dressing: <input type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Skin Care & Foot Care / Lotion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Toileting /Bowel / Incontinent Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Assist w/Transfers Position		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/> Ambulation/Assist								
DME: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Crutches		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/> Hoyer <input type="checkbox"/> Slide board <input type="checkbox"/> Sit to stand <input type="checkbox"/> Pivot								
<input type="checkbox"/> Other								
Range of Motion		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Meal Prep/Set-up <input type="checkbox"/> Assist with Feeding		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grocery Shopping		<input checked="" type="checkbox"/>						
Light Cleaning Duties								
<input type="checkbox"/> Record Input/output <input type="checkbox"/> Glucose monitoring								
Medication Reminder		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other/Pets/Comments:		Forgot to log into EVV on Monday and enter task in EVV						

I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.
 I Understand this timesheet is **REQUIRED** for PAYMENT!

Worker Signature [Signature]
Client Signature [Signature]
RN Supervisor Signature [Signature]

John Smith
Brian Johnson
Emily Sue

Date 09/16/2024
Date 09/16/2024
Date 09/16/2024

Print Name

Submit time sheets: Fax 414-921-5589 - Mail 2266 N Prospect Ave STE 210, Milw, WI 53202 - Email contactjct@jcthomecare.com Please Call 414-841-5853 with questions on how to complete this form. **Payday Due Date: Tue 6PM. Submit time sheets by MONDAY!**

EVV GPS Exception Form

IMPORTANT: This form must be attached to all timesheets where the GPS location not showing in the vicinity of the client's residence.

NOTE: Agencies and DHS can see if you are at home! GPS shows the exact location you are clocking in and clocking out at.

EVV GPS Exception Form

EVV adjustments require written documentation and signature from Worker(PCW/SHC) and Client.
Please fill out and return by:
• Email: contactjct@jcthomecare.com
• Fax: 414-921-5589
• Mail or Dropbox: 2266 N Prospect Ave STE 210, Milwaukee , WI 53202

Worker: [Redacted]

Client: [Redacted] Client EVV ID: [Redacted]

NOTE: Service Type: PC (Personal Care Svc/15min)
SHC (Supportive Home Care Svc/15min)

EX.	DATE	TIME IN	TIME OUT	SVC TYPE PC or SHC	Reason (Explanation of why visit start/end was not in vicinity of Client's Home)
	1/1/24	8:30 AM	11:00 AM	X	Forgot to clock out at 11 AM, and clocked out at home.
	8/18/24	1:30 pm	4 pm	X	forget to clock in and or out, or out w/client
	8/19/24	1:30 pm	4 pm	X	
	8/20/24	1:30 pm	4 pm	X	↓
	8/21/24	1:30 pm	4 pm	X	forget to clock in or out, or out w/client
	8/22/24	1:30 pm	4 pm	X	↓
	8/23/24	1:30 pm	4 pm	X	↓
	8/24/24	1:30 pm	4 pm	X	Same explanation for all

I hereby certify that the hours and exceptions were worked by the Agency's employee and represent true and accurate services.

Worker Signature: [Redacted] Date: 8/24/24

Client's Signature: [Redacted] Date: 8/24/24

GPS Location

Worker **NOT** at the client’s residence when clocking in – **Will Need to fill out GPS Exception Form with Timesheet for Payment.** *(The administrator will email you a form)*

CLIENT NAME	CLIENT ID	MEDICAID ID	EMPLOYEE NAME	EMPLOYEE ID

- GENERAL
- CLIENT
- EMPLOYEE
- CALL LOG
- TASKS
- EXCEPTIONS
- GPS**
- MEMO
- CLAIMS
- HISTORY

MapSatellite

Client

No GPS Exception

GPS Exception

The screenshot shows a Google Map of Milwaukee. A black pin icon labeled 'Client' is located in the northern part of the city. A red pin icon with an 'X' is also visible. At the bottom of the map, there are three status indicators: a black pin icon labeled 'Client', a green checkmark icon labeled 'No GPS Exception', and a red pin icon with an 'X' labeled 'GPS Exception'. The map includes various street names and highway markers.

Client **IS** at the client’s residence when clocking in –No GPS Exception Form needed.

CLIENT NAME	CLIENT ID	MEDICAID ID	EMPLOYEE NAME	EMPLOYEE ID

GENERAL

CLIENT

EMPLOYEE

CALL LOG

TASKS

EXCEPTIONS

GPS

MEMO

CLAIMS

HISTORY

MapSatellite

Client

No GPS Exception

GPS Exception

The screenshot shows a Google Map of Granville. A black pin icon labeled 'Client' is located in the northern part of the city. A green checkmark icon is also visible. At the bottom of the map, there are three status indicators: a black pin icon labeled 'Client', a green checkmark icon labeled 'No GPS Exception', and a red pin icon with an 'X' labeled 'GPS Exception'. The map includes various street names and highway markers.

Filling Out Timesheet

SAMPLE TIMESHEET

DAILY IN AND OUT TIMESHEET Pay Period: 09/08/2024 - 09/21/2024 EVV Adjustment X

Select Service Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

Check Service Type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024

1. Enter the Pay Period Start and End date.*(Refer to pay period schedule for pay period dates)*
 - a. Enter the Week number. *(Optional, Wk 1 or Wk 2)*
2. Put the date of each visit date under each day of the week. *(Example: 1/1/24, 1/2/24, 1/3/24 etc. (The first and last date of the week is required)*
3. Mark the service type **(PC or SHC)**
 - a. Check **PC** for Personal Care or **SHC** for Supportive Care. *(There are multiple lines if you provide both services)*

NOTE: The Start and End Times, Service Type, and Tasks should match up with visits in EVV



Filling Out Timesheet (Cont.)

4. Put the start time in the hours and minutes format (10:00AM, 1:45PM), rounding to the nearest 15 minutes.

TIP: 7 minutes under round up, 7 minutes over round down. **Example:** Starting or ending at 10:37AM would be 10:30AM. Starting or ending at 10:23AM would be 10:30AM.

SAMPLE TIMESHEET

DAILY IN AND OUT TIMESHEET

Pay Period: 09/08/2024 - 09/21/2024

EVV Adjustment ☒

Select Servcive Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

	Check Service Type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT
	DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1	Time IN: PC <input checked="" type="checkbox"/> SHC <input type="checkbox"/>	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
	Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2	Time IN: PC <input type="checkbox"/> SHC <input checked="" type="checkbox"/>	1PM :30		1PM :30		3PM :15	11AM :00	
	Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3	Time IN: PC <input checked="" type="checkbox"/> SHC <input type="checkbox"/>		12PM :15				3PM :15	
	Time OUT:		1PM :30				4PM :30	

NOTE: There are #3 rows for a lunch break and additional breaks.

Repeat this step for each day and all breaks.



5. Calculate your total hours worked for PC and SHC for each day and enter by its Service type.

Select Servcive Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)								
Check Service Type (PC or SHC)		SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)		09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1	Time IN: PC <input checked="" type="checkbox"/> SHC <input type="checkbox"/>	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
	Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2	Time IN: PC <input type="checkbox"/> SHC <input checked="" type="checkbox"/>	1PM :30		1PM :30		3PM :15	11AM :00	
	Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3	Time IN: PC <input checked="" type="checkbox"/> SHC <input type="checkbox"/>		12PM :15				3PM :15	
	Time OUT:		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)		PC2.75 SHC2.50	PC3.25SHC1.5	PC2.5 SHC1.5	PC2.75 SHC	PC2 SHC1.75	PC1.25 SHC4	PC 1.25 SHC
Bathing (complete/partial)		X	X			X		

This is for your reference only. JCT will calculate payment based on daily in and out times listed by the start and end times.

TIP: 15 minutes = .25 hrs (1 unit) Round to the nearest 15 minutes

- 15 minutes = .25 Hours (1 unit)
- 30 minutes = .50 hours (2 units)
- 45 minutes = .75 hours (3 units)
- 60 min = 1 hour (4 units)



Example: 1:04 PM to 3:30 PM = 2.5 hours and 10:30 AM to 2:43 PM = 4.25 hours

Entering Your Task

6. Choose the tasks performed at each visit by using the Check boxes next to each task. (These same tasks should also be selected in the EVV app.)

Check ALL boxes that apply to the Tasks you are performing. Here is a list of tasks:

- a. Shower-Bathing
- b. Skin Care
- b. Dressing
- c. Grooming
- d. Toileting
- e. Transferring and Mobility
- f. Positioning
- g. Range of Motion
- h. DME
- i. Essential Grocery Shopping/Errands

- k. Housekeeping-Light Cleaning
 - l. Laundry
 - m. Medication Reminder
 - n. Meal Prep/ Assist with Feeding
 - o. Prosthetics-Splints-Teds
 - p. Comment Section-
- (Report any hospitalization and incidents.)



Entering Your Tasks (cont.)

NOTE: The main fields must be filled in completely for each day. Please try not to use arrows or ditto marks to represent repeated services or task.

In this example, each task and time is selected for each day, except Friday.

Time OUT:		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)	PC 2.75 SHC 2.50	PC 3.25 SHC 1.5	PC 2.5 SHC 1.5	PC 2.75 SHC	PC 2 SHC 1.75	PC 1.25 SHC 4	PC 1.25 SHC
Bathing (complete/partial)	X	X			X		
Assist with Dressing: <input type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower	X	X			X		X
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant	X		X		X		
Skin Care & Foot Care / Lotion	X		X				X
Toileting /Bowel / Incontinent Care	X	X	X	X	X		X
<input checked="" type="checkbox"/> Assist w/Transfers Position <input type="checkbox"/> Ambulation/Assist	X	X	X	X	X		X
DME: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Crutches <input type="checkbox"/> Hoyer <input type="checkbox"/> Slide board <input type="checkbox"/> Sit to stand <input type="checkbox"/> Pivot <input type="checkbox"/> Other	X	X	X	X	X		X
Range of Motion	X	X	X	X	X		X
<input checked="" type="checkbox"/> Meal Prep/Set-up <input type="checkbox"/> Assist with Feeding	X	X	X	X	X		X
Grocery Shopping	X						
Light Cleaning Duties							
<input type="checkbox"/> Record Input/output <input type="checkbox"/> Glucose monitoring							
Medication Reminder	X	X	X	X	X		X
Other/Pets/Comments:	Forgot to log into EVV on Monday and enter task in EVV						

I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.

I Understand this timesheet is REQUIRED for PAYMENT!

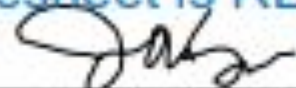

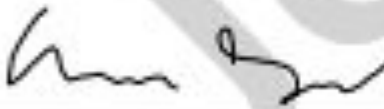


Sign And Date Timesheet for RN Review

7. The Worker and Client will Sign, Print, and Date the Timesheet. The timesheet should be submitted to JCT for RN Supervisor Signature.

The RN Supervisor will review your Timesheet , EVV visits, and will Sign, Print, and Date for processing your paycheck.

Repeat this process for each Client

Other/Pets/Comments:		Forgot to log into EVV on Monday and enter task in EVV	
<i>I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.</i>			
<i>I Understand this timesheet is REQUIRED for PAYMENT!</i>			
Worker Signature		John Smith	Date 09/16/2024
Client Signature		Print Name Brian Johnson	Date 09/16/2024
		Print Name	
RN Supervisor Signature		Emily Sue	Date 09/16/2024
		Print Name	

Submit time sheets: Fax 414-921-5589 - Mail 2266 N Prospect Ave STE 210, Milw, WI 53202 - Email contactjct@jcthomecare.com Please Call 414-841-5853 with questions on how to complete this form. Payday Due Date: Tue 6PM. **Submit time sheets by MONDAY!**

Submitting Your Timesheets

Choose the option that is more convenient for you!

Please Submit timesheets on **Mondays before Payroll** to:

- Email or Text: contactjct@jcthomecare.com
- Fax: 414-921-5589
- Mail or Dropbox: 2266 N Prospect Ave STE 210,
Milwaukee, WI 53202

NOTE: *Refer to the 2024 Payroll Schedule for timesheet submission Due Dates and Pay Dates.*



Where To Get Timesheets

Please visit our website at: <https://jcthomecare.com/downloadable-forms> or the CAREGIVER Tab <https://jcthomecare.com/caregiver-forms> for additional instructions, Timesheets, and forms.



Important Information

Here's some important information to know so your timesheets are processed without delay in payment or denial. The Agency will Process Payment AFTER Timesheet (and any attachments) are received.

- Each time sheet should be between one client and worker.
- Each Timesheet is for One week.(You will submit 2 timesheets per pay period)
 - If you work for multiple clients in that pay period, you'll submit one timesheets for each client, so if you're working for 2 clients, you'll submit 2 timesheets, if you're working for 5 clients, you'll submit 5 different timesheets.
- Enter the dates of service with the correct pay period and dates.



NOTE: 2024 Pay Schedule can be found on the Gusto website or on the back of the timesheet.

- Please keep dates in order and only submit one time sheet per client

Thank
you! ☺

We value your
Time!- JCT



Questions, Comments, and Suggestions?

- We will start with the questions in the chat.
- Please Unmute yourself to speak.

