



Ohio Medicaid's Streamlined Live-In Caregiver Exemption Process Eases Account Transitions Between Electronic Visit Verification Vendors

Providers who have changed electronic visit verification systems now have an easier way to manage the transition of multiple live-in caregiver (LIC) exemptions approved by Ohio Medicaid.

Regardless of whether you've transitioned from the Sandata solution to an alternative EVV (alt EVV) vendor, or between alt EVV vendors, the steps below allow you to quickly request LIC approved data to be added to your new EVV account. Simply follow the steps below.

1. Log into your EVV account using the [Sandata webportal](#) then click the "Log in with OH|ID" icon located on the far left.

Ohio (OH ODM)

Login to the Sandata EVV Portal and Aggregator.
Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov.

Follow

Log in with OH|ID Ohio Medicaid EVV Webpage Ohio Office Hours

2. After logging in, select your EVV account or Aggregator from the dropdown menu under "Select Account."

Sandata
Get more right from the start

* indicates required field

ACCOUNT *

Select Account

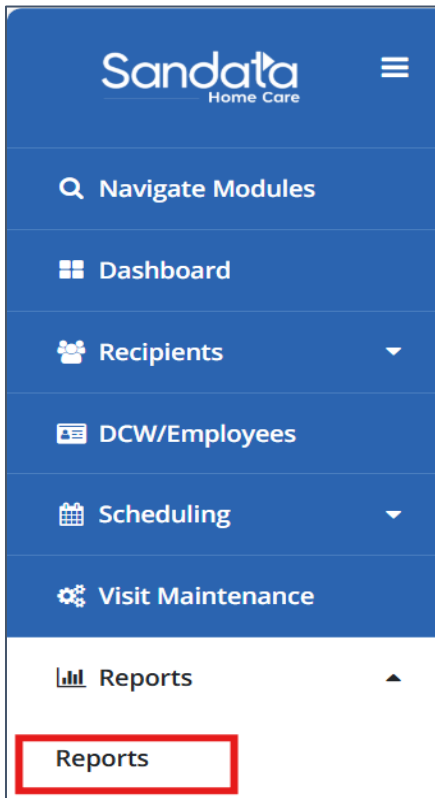
Select Account
25090 (Provider ID: 123456)
Aggregator

LOGIN

[Privacy Policy](#)

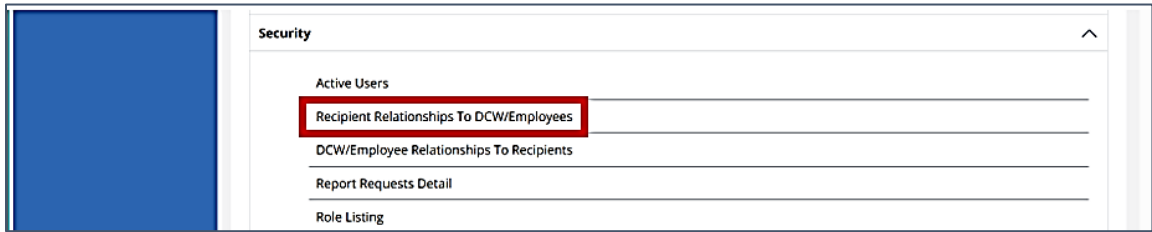
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3. Find the Reports tab on the far-left panel to expand the view. Click Reports placed at the bottom of the menu.

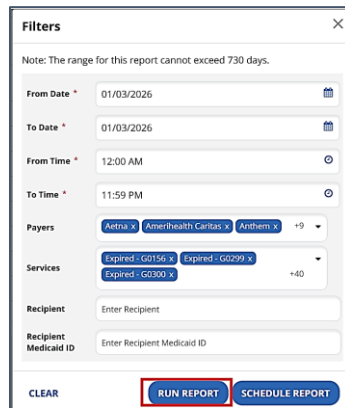


NOTE: to run reports Sandata users should follow step 4. EVV Aggregator users should follow step 5.

4. **Sandata Users:** From the right side of the Reports screen select “Recipient Relationships to DCW/Employees” under the Security heading.

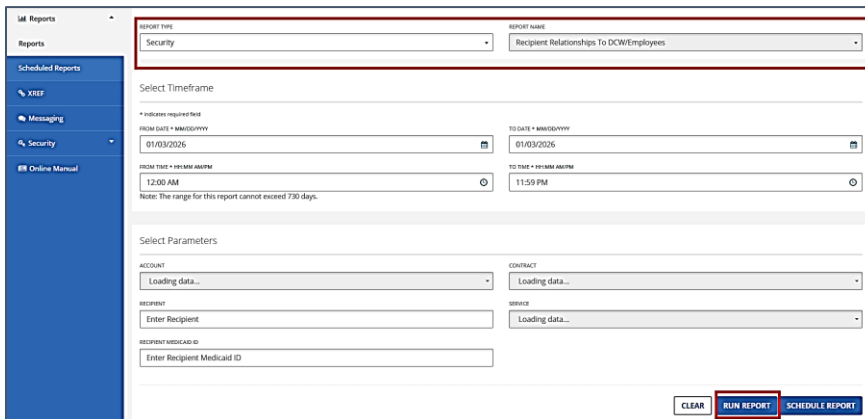


- a. You will get a pop-up to identify what data you want loaded. The system will default to all active live-in caregiver exemptions based on the date you are running the report. Click “Run Report” at the bottom of the page.



5. **Aggregator Users:** To the right of the Reports menu users will select “Security” from the “Report Type” menu. Next, select “Recipient Relationships to DCW/Employees” under the “Report Name” heading.

Select the “Run Report” button located between the “Clear” and “Schedule Report” icons at the bottom of the page.



- After selecting “Run Report,” the page will show results titled “Recipient Relationships to DCW/Employees.”

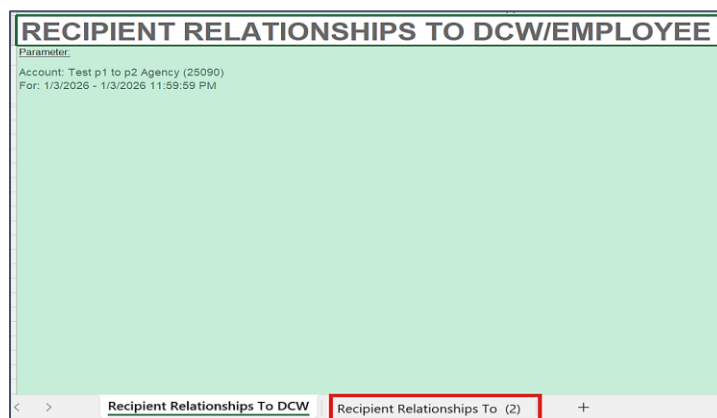
Account: Test p1 to p2 Agency (25090)

RECIPIENT NAME	ID TYPE	MEDICAID/ PAYER ID	DESIGNEE NAME	PAYER	SERVICE	SANTRAX ID	ID	NAME	LIVE IN	START DATE	END
Beef, Chami	M	00000000012		DODD	T1003_DD	000853106		Dowdick, Eric	Yes	10/17/2025	
Beef, Chami	M	00000000012		DODD	HPC	000813836		Dowdick, Eric		10/01/2025	

Click the “EXPORT TO EXCEL” button in blue at the top of the results page to export your data into an Excel document.



- The exported file will show up in your downloads folder. Click “Open File” to access the data.
- The opened Excel document will be titled “Recipient Relationships to DCW/Employees” found at the top of the document. There are 2 tabs that appear at the bottom of the page. Click on the right tab titled, “Recipient Relationships To (2),” which will need to be submitted in the [EVV Exemption Request Form](#) online.



7. The “Recipient Relationships To (2)” Excel tab will show multiple fields. However, only the 8 report fields listed below must be included to process your change request.

- a. Recipient First Name
- b. Recipient Last Name
- c. Medicaid/Payer ID
- d. Payer
- e. Service
- f. Santrax ID (DCW/Employee)
- g. First Name (DCW/Employee)
- h. Last Name (DCW/Employee)

8. To complete the Excel document for upload to the LIC webform, 4 additional data fields must be added to the document. They are listed below and should be placed to the right of the “Last Name (DCW/Employee)” column.

- a. New EVV Account #
- b. Provider Medicaid ID
- c. Sandata Recipient ID
- d. DCW Santrax ID

NOTE: Your final Excel file should include all 12 data elements listed in steps 8 and 9.

Account Test p1 to p2 Agency (2500)		DCWEMPLOYEE											RELATIONSHIP					
RECIPIENT FIRST NAME	RECIPIENT LAST NAME	ID TYPE	MEDICAID / PAYER ID	DESIGNEE FIRST NAME	DESIGNEE LAST NAME	PAYER	SERVICE	SANTRAX ID	ID	FIRST NAME	LAST NAME	LIVE IN	START DATE	END DATE	New EVV Acct #	Provider Medicaid ID	Sandata Recipient ID	DCW Santrax ID
Chimmi	Beef	Medicaid ID	00000000012			0000	T1003_DD	00083108		Eric	Dowdrid	Yes	10/17/2025	12/31/2999	987654	123456	111111	222222
Chimmi	Beef	Medicaid ID	00000000012			0000	HPC	000813838		Eric	Dowdrid		10/01/2025	12/31/2999	987654	123456	122222	211111

9. Go to the [EVV Exemption Request Form](#) and select “Change Request” under the “Request Type” heading and “Add/Remove Payer or Services” found under the “Type of Change” heading. Both are found toward the top of the LIC exemption request form.

EVV Exemption Request Form

Instructions for Exemption Requests

Ohio Administrative Code rule 5160-32-01, Electronic Visit Verification (EVV) program, permits an exemption to visit capture requirements when the direct care worker (DCW) is a resident of the same household as the individual receiving services. DCW's must continue to log all services subject to EVV until ODM approves the submitted EVV exemption request. Prior to submission of this form, the provider must ensure the DCW/employee record and recipient record are in the Sandata EVV system. For those providers using an alternate EVV vendor, a Fiscal Management Services (FMS) entity, or both, the DCW or employee record and recipient record must be documented in the state's Aggregator system.

ELECTRONIC VISIT VERIFICATION EXEMPTION REQUEST

Email Address for Correspondence *

Section I: For completion by PROVIDER (choose one)

Request Type *

Initial Request Resubmission due to unable to process initial request Change Request Termination Request

Type of Change Request *

Add/Remove Payer or Services

10. Find the “Summary of Change Request” box located under the “Type of Change Request” box and add the following verbiage:

“I have changed EVV accounts from account (enter your old account number) to account (enter new account number) for provider Medicaid ID (enter 7-digit Medicaid ID). I am requesting my approved exemptions in my old EVV account be loaded to my new EVV account.”

Summary of Change Request *

I have changed EVV accounts from account 01234 to account 987654 for provider Medicaid ID 0123456. I am requesting my approved exemptions in my old EVV account be loaded to my new EVV account.

11. Complete the form by entering details for one of your recipients and live-in caregivers so the form can be submitted for review.

12. Attach the Excel document that includes data required and outlined in steps 8 and 9. It should be uploaded in the section labeled “Attach documentation specified for address verification” located near the bottom of the form.

Type of Documentation provided for address verification for the Direct Care Worker (e.g., utility bill, driver's license, state ID, tax return, W-2) ? *

Excel Document

Attach documentation specified for address verification *

File Name	Size
× Exemptions - Test Doc.xls	28.00 kB

13. Review the form to confirm all required information has been provided then click “Submit.”

14. You will then receive an email from no-reply@medicaid.ohio.gov confirming that ODM received your submission. Please note the Request ID Number. It is the unique identifier for the request submitted.

There is a new submission for Electronic Visit Verification Exemption Request.

Request ID Number: [69593800dc82a552941ead28](#)
Provider Name: EVV - Test Agency
Direct Care Worker Name: Eric Dowdrick
Provider Medicaid ID: 0123456
Provider EVV Account Number: 987654
Request Submitted: 2026-01-03T15:38:40.518Z

Dear Medicaid Provider:

This email is to acknowledge receipt of your EVV Live-In Exemption request for [69593800dc82a552941ead28](#). ODM is currently processing and reviewing your submission.

Once your exemption has been fully processed, accepted and the data entered into Sandata's system, you will receive a Final Notice of Approval from the Ohio Department of Medicaid. If there are issues with your submission ODM will send you a notice stating we are unable to process your form with instructions on what needs to be corrected.

Should you have any questions please contact evv@medicaid.ohio.gov.

Thank you,

The Ohio Department of Medicaid

SAMPLE ONLY