



Ohio Department of Medicaid

Electronic Visit Verification Provider Training Requirement Exception Attestation

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 at the time of application will not be rendering any of the services listed in section (D) of [Ohio Administrative Code \(OAC\) Rule 5160-32-01](#).

If at any time, I/my agency applies to render any of the services listed in section (D) of OAC 5160-32-01, I/my agency will complete the required training as described in [OAC Rule 5160-32-04](#).

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

Signature

Date