

EMPLOYEE USER GUIDE FOR CASHÉ FMS EVV

Fiscal Management Services (FMS) CDCS/CSG



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ABOUT CASHÉ FMS EVV

As a Minnesota-based company developed specifically for caregiving agencies and support providers, Cashé Software offers the EVV app – a robust, software solution for complying with federal regulations and mandates, including the Americans with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPAA), and Electronic Visit Verification (EVV).

Included in the 21st Century Cures Act, EVV is a federal requirement being implemented by the state of Minnesota in the coming months. EVV uses GPS to record the employee's location only at the moment of clock in and clock out times. For more information, visit the Minnesota Department of Human Services and Medicaid.gov's EVV webpages: <u>http://bit.ly/3oQZBjy</u> and <u>http://bit.ly/39zkp95</u>.

Each employee will receive their own username and password to enter their <u>OWN</u> time entries. The time entries will be electronically sent to the support manager. The support manager will receive their own username and password to approve the time entries. Once approved, the time entries are sent to our Payroll Department.

Highlights of the new system:

- Mobile, tablet, and computer app that can be used for time entry and approvals
- Ability to provide budget expense summaries for participants
- Multi-lingual translation to increase accessibility
- Ongoing, custom software updates to further improve the user experience.

If you need assistance or have a question, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> or by calling 651-454-2732 and asking for Cashé Support.



When submitting an email ticket, please provide the following information:

- Screenshot of error message (if appliable)
- Description of why you are reaching out
- Your Full Name
- Your Username
- Name of Your Responsible Party (if applicable)
- Name of Participant
- Preferred contact method for the response
 - If a phone call is preferred, please specify best Date & Time for a returned call.



GETTING STARTED

SNAPSHOT OF NAVIGATION

Home (Default View) Ist Icon on the bottom of the screen	
Care Recipients 2nd Icon on the bottom of the screen	
My Profile 3rd Icon on the bottom of the screen	8
Notifications 4th Icon on the bottom of the screen	\sim
Refresh Upper Right Corner of the screen	C
Menu Upper Left Corner of the screen	



GLOSSARY

Cashé Term(s)	Lifeworks Term(s)	Definition
Client	Darticipant	Individual who
Recipient of Care	Participant	receives services
Caragivar		Individual who works
Caregiver	aregiver Employee	
		Individual responsible
Responsible Party	Support Manager	for managing the
		participant's services

MINIMUM SYSTEM REQUIREMENTS

For Cashé FMS EVV to work properly on your device, please be sure you have the minimum system requirements as listed below.

- Phone/Tablet
 - iPhone (iOS) Version IOS 10 or above
 - Android Version Android 6.0 Marshmallow or above
- Website URL Computer
 - Google Chrome Version 88.0.4324 or above



HOW TO ACCESS CASHÉ FMS EVV

ANDROID APP - PHONE AND TABLET

 On your phone or tablet, select the Play icon on your device to open the store. Please note: the Cashé EVV app is free to download.



In the search, type the word cashe evv and select the app:







3. Select Install to add the app to your device. The app will now



 When opening the app for the first time, you will be prompted to Select your language.



 As soon as your preferred language is selected, you will need to select **OK** and will be directed to the Cashé FMS EVV login page.





IOS/APPLE APP – IPAD AND IPHONE

1. On your iPad or iPhone, select the

App Store icon on your device to open the store. Please note: the Cashé FMS EVV app is free to download.



2. In the search tab, type the word **cashe evv** and select the app:





6636 Cedar Ave S, Suite 250, Richfield, MN 55423 · p. 651-454-2732 f. 651-454-3174 · lifeworks.org © 2022 Lifeworks Services, Inc. All rights reserved.

3. Tap the **GET** button to add the app to your device. The app will now appear on the home screen of your device.

4. When opening the app for the first time, you will be prompted to **Select your language**.

5. <u>As soon as your preferred language is selected, you will need to</u> <u>select **OK** and will be directed to the Cashé FMS EVV login page.</u>











WEBSITE URL – COMPUTER

 To access Cashé FMS EVV on your computer, type the following website <u>https://evv.cashesoftware.com/app</u>

The vendor and Lifeworks recommend using Chrome as your browser for accessing the new system. (To download Chrome, select the following website <u>https://bit.ly/2QCJQ0p</u>)



2. Once you press enter, Cashé FMS EVV may prompt you to select your preferred language. You must select your preferred language even if it seems to have already been chosen.





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3. <u>As soon as your preferred language is selected, you will need to</u> <u>select **OK** and will be directed to the Cashé FMS EVV login page.</u>





HOW TO LOG IN AND SET UP YOUR PASSWORD

1. Before accessing the new Timekeeping and Spending-Summary

System, you will receive an email from <u>admin@cashesoftware.com</u> with your login information.

- a. Login ID This is your unique email that Lifeworks has on file
- b. Password This is a temporary password; you will be required to change after logging into Cashé FMS EVV



For instructions on how to download the app onto your phone, tablet, or computer reference the <u>How to Access Cashé EVV</u> section in this User Guide.

3. Prior to logging in to Cashé FMS EVV, select your preferred language. Note: English is the default choice. If English is your preferred choice, you must select **English** to continue.







4. On Language setting has been applied successfully message, select OK.

- 5. In the **Email/Username** field enter your Login ID.
 - a. Reminder: This is your unique email that Lifeworks has on file
- 6. In the **Password** field enter your temporary password
 - a. Reminder: Because this is a temporary password; you will be required to change it after logging into Cashé FMS EVV
- 7. After you've entered your email and password, select the **Login** button.



- 8. You will be prompted to change your password. For your password to be accepted, it will need to include:
 - Lowercase letters (includes spaces)
 - Uppercase letters
 - Special characters (!\$%^&*()_+|~-=\`{}[]:";'<>?,/)
 - A number (0-9)
 - Be at least 8 characters in length
- 9. Enter a New Password of your choosing in the following:
 - a. New Password
 - b. Confirm Password

10.Select Proceed





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11. Select **Login** on the **Password has been changed successfully** message



12. Enter the following:

- a. Email/Username = Login ID
- b. **Password** = The password you just created

13. Select Login



NOTE: After logging in, you will be redirected to the Home screen of Cashé FMS EVV.



HOW TO RESET YOUR PASSWORD

1. On Login screen, select Forgot Password



- 2. Enter Email ID
- 3. Select Proceed



- 4. Check your email for **Temporary password** notification
- 5. Make note of the temporary password



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- 6. Enter the temporary password in the **OTP** field
- 7. Select Validate

NOTE: if you did not get the email, select Resend





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- 8. Enter a **New Password** of your choosing in the following
 - a. New Password
 - b. Confirm Password

NOTE: Be sure to follow the password guidelines below:

- Lowercase letters (includes spaces)
- Uppercase letters
- Special characters (!\$%^&*()_+|~-=\`{}[]:";'<>?,/)
- A number (0-9)
- Be at least 8 characters in length

9. Select Proceed

10.Once the Password has been changed successfully select Login

11. Enter the following:

- a. Email/Username = Login ID
- b. **Password** = The password

you just created

12. Select Login







HOW TO USE CASHÉ FMS EVV: One to One Services

HOW TO CLOCK IN (START VISIT)

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Directly under the Participants name, select **Start Visit** to clock in at the beginning of your shift

<u>Geofence NOTE:</u> This will trigger the app to identify and compare your location to the client's home address.

≡	Care Recipients	
View Details	PLUTO DOGGIE No upcoming appointments. 2. Start Visit	•
ft (1.) <u></u> 0 🖬	•



- 3. In the Select Job box, select the service you will provide
- 4. The Service Start Visit Location will default to Care Recipient's Home.
 - a. Choose **Community** from the drop-down menu if you are <u>not</u> in the home

<u>Geofence NOTE:</u> If the **Care Recipient's Home** is chosen <u>and</u> the current location is more than 500 feet from the participant's home address, the following message will display: **You are recording your visit outside of your selected location. Please Start Visit to continue with the current selection, or Change your service location to "Community".**

5. Select Start Visit in the lower right corner.

Select		
Service Start Visit Location	ก	
Care Recipient's Home	2	~
You are recording your Visit to continue with th to "Community".	visit outside of your selected locat e current selection, or Change you	tion. Please Start Ir service location
Cancel	(Start Visit



6. Start your shift with the participant.





HOW TO CLOCK OUT (STOP) – PART 1

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Select the **Stop** button for the participant you supported.

<u>Geofence NOTE:</u> This will trigger the app to identify and compare your location to the participant's home address.

=	Care Recipi	ents	
View Details	PLUTO DOGGIE On upcoming appoint Started at 11:04 AM	10marts. 2.	Stop Visit
A 1.		Θ	



- 3. In the **Do you want to end this visit** box, the **Service Stop Visit Location** will default to **Care Recipient's Home**.
 - a. Choose **Community** from the drop-down menu if you are <u>not</u> in the home

<u>Geofence NOTE:</u> If the **Care Recipient's Home** is chosen <u>and</u> the current location is more than 500 feet from the participant's home address, the following message will display: **You are recording your visit outside of your selected location. Please Start Visit to continue with the current selection, or Change your service location to "Community".**

Service Stop Visit Location	1
Care Recipient's Home	~
You are recording your vi Visit to continue with the to "Community".	isit outside of your selected location. Please Stop current selection, or Change your service location

4. Select Stop Visit

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Support Staff U1

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Complete Visit

Sign and Submit

Θ

-

Recipient of care Erin Tester

SERVICE DETAIL Service type

ACTIVITIES

A

NOTES

5.

Support Staff

5. Optional: In the **Notes** section, type any details about the visit that you would like to share with the responsible party or participant.

Note: You may need to scroll down on your device to locate ALL the details to review.

- 6. Review the following are correct:
 - a. Service Type
 - b. Time In
 - c. Time Out

ancel	Complete \	Visit	
Recipie Erin Te	int of care- ster		
SERVICE DETAIL Service type ACTIVITIES		a. Suppo	et Staff U1
Support Sta			
SERVICE TIME Time in Time out	b. c.	April 14, 20: April 14, 20:	Edit Time 22 3:24 PM 22 3:26 PM
SERVICE LOCATION 867 Jesse's Gri Rd LOCATION VERIFIC/	, 55044, ,New Market,MN ATION		
 LOCATION VER LOCATION VER This timecard reflects the services as specified in in person who was in a hos submitted time are fund expression 	IFIED BY GPS IFIED BY GPS e actual hours and specific times I v a person's Care Plan or Service author Ipital, Care facility or Incarcented, I ed by federal and state programs an	vorked or provided in-person or on b nitration. I did not include services understand that gaments to me fo di it is a crime to provide false or fra	xehalf of for a ir the iudulent.
information.	ovide materially false information or	n service billings for medical assistr	ance or
services provided under 2568.0913, 2568.0915, 2	a federafly approved waiver plan, as 2568.092 and 2568.49.	authorized under Minnesota States	s, sections



HOW TO CLOCK OUT (STOP) – PART 2

OPTION 1 – SIGN, SUBMIT, <u>AND</u> RESPONSIBLE PARTY APPROVES

*Use this option if your Responsible Party <u>IS</u> present at the end of your shift while clocking out.

1. Select Sign and Submit



 Use your touch screen or your mouse to sign your name inside of the text box.

> NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

3. Select the Get Responsible Party Signature





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4. (If applicable) Select the Responsible Party's name from the dropdown menu

Select Responsible Party	CLOSE
Responsible Party:	•

- a. Select the **Responsible Party** that is present
- b. Select OK



c. Select Submit

Select Responsible Party	CLOSE
Responsible Party:	^ David Tester 👻
	Submit

5. Hand your device to the responsible party



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6. The **Responsible Party** will use your touch screen or your mouse to **sign** <u>their</u> name inside of the text box.

> NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

Responsible Party enters their
 4-digit PIN



8. Select the **Submit Time Entry** button.





 Select Ok in the Thank you! Your Signature was accepted, and your visit details have been submitted for processing box to move forward





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OPTION 2 – SIGN AND SUBMIT TO RESPONSIBLE PARTY FOR APPROVAL

 Select the Sign and Submit

SERVICE LOCATION			
867 Jesse's Grl Rd , 5	5044, ,New Market,MN		
LOCATION VERIFICAT	ION		
LOCATION VERIF	IED BY GPS		
LOCATION VERIF	TED BY GPS		
his timecard reflects the a ervices as specified in a p erson who was in a hospi ubmitted time are funded nformation.	actual hours and specific lerson's Care Plan or Serv tal, Care facility or Incarc by federal and state prog	times I worked or provide ice authorization. I did no erated. I understand that rams and it is a crime to	ed in-person or on behalf of ot include services for a payments to me for the provide false or fraudulent
is a federal crime to prov ervices provided under a 56B.0913, 256B.0915, 25	ide materially false inform lederally approved waiver 68.092 and 2568.49.	nation on service billings plan, as authorized unde	for medical assistance or er Minnesota States, sections
	1. Sign	and Submit	
		0	
*			

 Use your touch screen or your mouse to sign your name inside of the text box.

> NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

Cancel	Signature	Verification	
2.			
This timecard reflects the ectu	Sign your name Clear t	using your Note	
In a persons care rian or serv incarcerated. Lunderstand tha crime to provide faise or fraud	t payments to me for the submit ulent information.	ted time are funded by federal and st	ate programs and it is a
It is a federal crime to provide a federally approved waiver pla 2560.49.	materially false information on s in, as authorized under Minneso	ervice bilings for medical assistanc ta States, sections 2568 0913, 2568	e or services provided under 0915, 2568.092 and
Get Client Signature		Gel Responsible Par	ty Signature
	Submit	Time Entry	
ft.		Θ	



- terms
 Signature Verification

 Image: Signature Verification
 Image: Signature Verification
- 3. Select the Submit Time Entry button.

4. Select OK in the Thank you! Your Signature was accepted, and your visit details have been Signature Verification

submitted for processing box to move forward



Repeat ALL steps when working MULTIPLE shifts on the SAME day



HOW TO EDIT REJECTED TIME ENTRIES

What is a rejected timecard? A rejected timecard occurs after a timecard has been submitted for approval to the Responsible Party. The Responsible Party will review if the timecard is accurate. If it is NOT, they can REJECT the timecard so that corrections can be made.

It is important to pay attention to any "Incomplete Timesheets" notifications identified on the Home screen. This message will ONLY appear if there are timesheets that need your attention, as they could be rejected. However, there is still an opportunity to make corrections and resubmit for approval.

 On the Home Screen select the View in the Incomplete Timesheets box.

	Cashé EVV	C
Hello, Peppa Pig	É n	
E	0 Timesheets to submit Incomplete Timesheets	
Upcoming Visits		
No appointments are	currently scheduled	×
No appointments are	currently scheduled	×
No appointments are	currently scheduled	x
No appointments are	currently scheduled	x



2. On the **Missing Visits & Timesheets** screen, select the **Complete it now** text located in the lower left corner for the <u>specific</u> record labelled **Incomplete visit record (Rejected by Client/RP)**.

÷		Cash	é EVV	C
Missing	g Visits & Timeshee	ts		
0	0 Timesheets to s Its look like you have Complete it now	ubmit some timesheets to cor	nplete and submit.	
2.)	Incomplete visit re For Monday, May 9, 2 Complete it now	ecord (Rejected by Client 022.	/RP)	
	f		Θ	\sim



Edit Time

 \sim

3. Locate the **Rejected Notes** to identify what needs to be corrected.

Note: You may need to scroll down on your device to locate ALL the details to review.

- 4. The following information can be corrected:
- a. Time In b. Time Out Recipient of care Peter Pan Reference HOW TO EDIT **INCOMPLETE TIME ENTERIES** SERVICE DETAIL (Temporarily Allowed) Steps 4-Service type Support Staff U1 10 for assistance in adjusting ACTIVITIES the time and date if needed. Support Staff 1 4c. NOTES Enter notes c. Notes REJECTED NOTES 3. test SERVICE TIM Time in 4a. May 9, 2022 2:00 PM 4b. Time out May 9, 2022 2:01 PM SERVICE LOCATION • 987 Wonderland Way, 55119, ,Maplewood,MN LOCATION VERIFICATION LOCATION VERIFIED BY GPS

LOCATION VERIFIED BY GPS

A

This timecard reflects the actual hours and specific times I worked or provided in-person or on behalf of services as specified in a person's Care Plan or Service authorization. I did not include services for a person who was in a hospital Zere facility or Incarcerated. I understand that payments to me for the submitted time are funded by federal and state programs and it is a crime to provide false or fraudulent information.

t is a federal crime to provide materially false information on service billings for medical assistance or services provided inder a federally approved waiver plan, as authorized under Minnesota States, sections 2568.0913, 2568.0915, 2568.092 and 2568.49.

Sign and Submit

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- 5. Once the adjustments have been made, reference <u>HOW TO</u> <u>CLOCK OUT – PART 2</u> for next steps.
- 6. If there are any other notes requesting a correction that is not listed above submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> to have the rejected record removed
 - a. Include the following:
 - i. Your Name
 - ii. Name of the Participant
 - iii. Time In & Time Out of Entry
 - iv. Note that the record should be deleted



HOW TO EDIT INCOMPLETE TIME ENTRIES (Temporarily Allowed)

An Incomplete timecard is when you, as the employee, have NOT yet submitted the timecard to the Responsible Party for approval.

Best practice for recording your time is to clock in at the beginning of your shift and clock out at the end your shift. Once EVV is implemented, it is Lifeworks' understanding that the edit feature will no longer be allowed.

1. On the **Home** Screen select **View** in the **Incomplete Timesheets** box.

≡	Cashé E	vv	C	9
Hello, June Test	ter			Î
	1 Timesheets to submit Incomplete Timesheets		1. VIEW	
Upcoming Visits				
No appointments are	e currently scheduled		×	
				Ţ
1.	** \$\$	Θ	\searrow	
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2. On the Missing Visits & Timesheets screen, select the Complete

it now text located in the lower left corner for the <u>specific</u> <u>Incomplete</u> <u>visit</u> record.

Note: You may need to scroll down on your device to locate ALL the details to review.



3. Optional: In the **Notes** section, type details about visit that you would like to share with the Responsible Party if any.

Cancel	Comple	ete Visit	
Recipie Erin Te	int of care ster		
SERVICE DETAIL			
Service type			Support Staff U1
ACTIVITIES			
Support Sta	ff		
NOTES			
Enter notes			
	Sign and	I Submit	
			_



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4. In the **Service Time** section, on the upper right side select **Edit Time**.

Cancel	Complet	e Visit	
SERVICE TIME		4.	Edit Time
Time in		April 14	I, 2022 3:07 PM
Time out		April 14	4, 2022 3:16 PM
SERVICE LOCATION			
♦ 867 Jesse's Grl Rd , 5	5044, "New Market,MN		
LOCATION VERIFICAT	10N		
LOCATION VERIF	IED BY GPS		
LOCATION VERIF	IED BY GPS		
This timecard reflects the a services as specified in a p who was in a hospital, Care are funded by federal and	actual hours and specific times I v ierson's Care Plan or Service auth a facility or Incarcerated. I underst	vorked or provided in-person or on i orization. I did not include services tand that payments to me for the su provide false or foundulant informer	behalf of for a person ibmitted time
	Sign and	Submit	
÷		Θ	\searrow

5. To adjust the Time In; click on the Time In numbers

Cancel	Comp	lete Visit	
Time In 2022-04-14 03:07 pm Time Out 2022-04-14 03:16 pm	5. CANCEL	SAVE	
A		θ	\geq



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 A new window opens with Year Month Day Hour Minute. Select the number that needs adjusted. Select Done

ncel			Compl	ete Visit			
Time In 2022-04-1 Time Out 2022-04-1	4 03:07 pm 4 03:16 pm					\frown	
	2022	CANCEL 02 03 04 05	12 13 14 15	01 02 03 04	DONE 05 06 07 08	am pm	
 A	2020	06	16	05	09		

7. To adjust the **Time Out**; click on the **Time Out numbers**



8. A new window opens with Year Month Day Hour Minute. Select the number that needs adjusted. Select **Done**

Cancel			Compl	ete Visit			
Time In 2022-02- Time Out 2022-04-	12 01:00 am 14 03:16 pm	1				\frown	
		CANCEL			DONE	8.)
		02	12	01	14		
		03	13	02	15	am	
	2022	04	14	03	16	pm	*
	2021	05	15	04	17		
n	2020	06	16	05	18		

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9. Once you have successfully adjusted the time, Select **Save**



10.Select **OK** in the **Changes Updated** box to move forward



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 Double check the time was saved correctly. Once completed, select on the Sign and Submit button.



12. Use your touch screen or your mouse to **sign** your name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box



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14.Select OK in the Thank you! Your Signature was accepted, and your visit details have been submitted for processing box to

move forward





HOW TO ADD TIME AFTER YOUR SHIFT (Temporarily Allowed)

Best practice for recording your time is to clock in at the beginning of your shift and clock out at the end your shift. Once EVV is implemented, it is Lifeworks' understanding that the edit feature will no longer be allowed. For more information about EVV, please refer to About Cashé FMS EVV.

<u>Geofence Note:</u> If a caregiver adds a manual visit, they will receive the message to select the job and service location by designating either Home or Community. <u>GPS location is not recorded on any</u> <u>manual visit entry.</u>

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Directly under the Participants name, select Start Visit to clock in



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- 3. In the **Select Job** box, select the service you will provide
- 4. Select **OK** in the lower right corner.



5. Immediately select the **Stop** button.



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6. In the **Do you want to end this visit** box, select the **YES** text

displayed in the lower right corner.



Note: You may need to scroll down on your device to locate ALL the details to review.

7. Optional: In the **Notes** section, type details about the visit that you would like to share with the responsible party or participant.

1			
Recipi Erin Te	ent of care ester		
SERVICE DETAIL		*******	******
Service type			Support Staff U1
ACTIVITIES			
Support St	aff		
NOTES			
Enter notes			
	Sign and	i Submit	
		0	1987



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 In the Service Time section, on the right side select Edit Time.

Cancel	Compl	ete Visit	
SERVICE TIME			6. Edit Time
Time in		Apri	il 14, 2022 3:07 PM
Time out		Apri	il 14, 2022 3:16 PM
SERVICE LOCATION			
• 867 Jesse's Gri Rd , 5	5044, ,New Market,MN		
LOCATION VERIFICAT	ION		
LOCATION VERIF	ED BY GPS		
LOCATION VERIF This timecard reflects the a services as specified in a p who was in a hospital, Care are funded by federal and o	IED BY GPS inclual hours and specific times erson's Care Plan or Service au facility or Incarcerated. J unde tate programs and it is a crime	I worked or provided in-person or thorization. I did not include servi stand that payments to one for th to provide false or fraudulant info	on behalf of ces for a person e submitted time
	Sign an	d Submit	
÷.	**	Θ	\succ

9. To adjust the **Time In**; select the **Time In numbers**. A new window opens with Year Month Day Hour Minute AM/PM.

Cancel	Compl	lete Visit	
Time In 2022-04-14 03:07 p Time Out 2022-04-14 03:16 p	m 9. CANCEL	SAVE	
A		Θ	



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- 10.Adjust the number or numbers that need to be changed.
- 11. Select the **Done** in the upper right corner of the box

Cancel			Comple	ete Visit				
Time In 2022-04 Time Out 2022-04	·14 03:07 pm ·14 03:16 pm					\sim	`	
		CANCEL			DONE	11.)	
		02	12	01	05	\sim		
		03	13	02	06	am		
	2022	04	14	03	07	pm		Ŧ
	2021	05	15	04	08			
Ĥ	2020	06	16	05	09			

12. To adjust the **Time Out**; select the **Time Out numbers**. A new window opens with Year Month Day Hour Minute AM/PM.



13. Adjust the number or numbers that need to be changed.

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14.Select **Done** in the upper right corner of the box

Cancel			Compl	ete Visit			
Time In 2022-02- Time Out 2022-04-	12 01:00 am 14 03:16 pm	1				\sim	
		CANCEL	12	01	DONE	14.)
		03	13	02	15	am	
	2022	04	14	03	16	pm	+
	2021	05	15	04	17		
†	2020	06	16	05	18		

15. Confirm the information was updated.

NOTE: To make corrections to the visit, refer to Steps 9-15 on how to make edits

16. Select Save





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17. Select OK in the Changes Updated box to move forward



18. Review the Time Details again to confirm they saved correctly19. Select Sign and Submit

ancel	Complete	Visit
Enter notes		
SERVICE TIME		Edit Time
Time in		February 12, 2022 1:00 AM
Time out		February 12, 2022 3:00 PM
SERVICE LOCATION		
🕈 867 Jesse's Grl Rd , 5	5044, "New Market,MN	
LOCATION VERIFICAT	ION	
LOCATION VERIFI	ED BY GPS	
LOCATION VERIFI	ED BY GPS	
This timecard reflects the a services as specified in a p who was in a hospital, Care are funded by federal and s	ictual hours and specific times I wo erson's Care Plan or Service authori facility or Incarcerated. I understar date programs and it is a crime to p	rked or provided in-person or on behalf of zation. I did not include services for a person id that payments to me for the submitted time rovide false or fraudulent information.
It is a federal crime to provi services provided under a f 2568.0913, 2568.0915, 25	ide materially false information on s eduction and waiver plan, as an ro	pervice billings for medical assistance or uthorized under Minnesota States, sections
	Sign and Si	ibmit



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20. Use your touch screen or your mouse to **sign** your name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box



21. Select the Submit Time Entry button.

NOTE: A Responsible Party CAN use their PIN to approve this time entry. Before continuing with Step 21, reference **Option 1: Sign, Submit, <u>AND</u> Responsible Party Approves** for the correct steps.





22. Select OK in the Thank you! Your Signature was accepted, and your visit details have been submitted for processing box to

move forward



23. Repeat steps 2-22 until ALL time has been entered.



HOW TO USE CASHÉ FMS EVV: Shared Services

HOW TO CLOCK IN (START VISIT)

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Directly under the Participant's name, select **Start Visit** to clock in at the beginning of your shift

<u>Geofence NOTE:</u> This will trigger the app to identify and compare your location to the client's home address.

	Care Recipients	
View Details	PLUTO DOGGIE No upcoming appointments. Start Visit	^
O ViewDetails	TINKER BELL • No upcoming appointments. 2. Start Visit	22
A	1	-



- 3. In the Select Job box, select the service you will provide
- 4. The Service Start Visit Location will default to Care Recipient's Home.
 - a. Choose **Community** from the drop-down menu if you are <u>not</u> in the home

<u>Geofence NOTE:</u> If the **Care Recipient's Home** is chosen <u>and</u> the current location is more than 500 feet from the participant's home address, the following message will display: **You are recording your visit outside of your selected location. Please Start Visit to continue with the current selection, or Change your service location to "Community".**

5. Select Start Visit in the lower right corner.

Select	
Service Start Visit Locati	ion
Care Recipient's Hom	ie
You are recording your Visit to continue with the to "Community".	r visit outside of your selected location. Please Sta he current selection, or Change your service locatio
Cancel	Start V



6. Repeat Steps 1-5 for the 2nd Participant you will be working with



7. Start your shift with the participants.



HOW TO CLOCK OUT (STOP)

**NOTE: To AVOID DELAYS in PAYROLL processing, it is CRUCIAL that the details for the Shared Service time entry match for each participant.

OPTION 1 – CLOCK OUT, SIGN, AND SUBMIT TO RESPONSIBLE PARTY FOR APPROVAL

*Use this method if the Responsible Party is <u>NOT</u> present at the end of your shift while clocking out.

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Select the Stop button to end your shift with the first participant

<u>Geofence NOTE:</u> This will trigger the app to identify and compare your location to the participant's home address.

	Care Recipients
View Details	PLUTO DOGGIE No upcoming appointments. Started at 11:20 AM Stop Visit
View Details	TINKER BELL No upcoming appointments. Started at 11:17 AM 2. Stop Visit
ŧ	1. <u></u> <u>.</u> <u>.</u> <u>.</u> <u>.</u> <u>.</u> <u>.</u> <u>.</u> <u>.</u> <u></u>



- 3. In the **Do you want to end this visit** box, the **Service Stop Visit Location** will default to **Care Recipient's Home**.
 - a. Choose **Community** from the drop-down menu if you are <u>not</u> in the home

<u>Geofence NOTE:</u> If the **Care Recipient's Home** is chosen <u>and</u> the current location is more than 500 feet from the participant's home address, the following message will display: **You are recording your visit outside of your selected location. Please Start Visit to continue with the current selection, or Change your service location to "Community".**

Service Stop Visit Location	
Care Recipient's Home	v
You are recording your visit out Visit to continue with the curren to "Community".	side of your selected location. Please Stop t selection, or Change your service location

4. Select Stop Visit



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5. Select **Cancel** in the upper right corner

ancel 5.	Complete Visit
Recipient of care Elephant Pun	
SERVICE DETAIL	
Service type	Shared Services 1:2
ACTIVITIES	
Shared Services 1:2	
NOTES	
Enter notes	
SERVICE TIME	Edit Time
Time in	April 15, 2022 1:00 PM
≠'.	Sign and Submit

6. Repeat Steps 1-4 for the **2nd participant**

	Care Re	cipients	
View Details	PLUTO DOGGI No upcoming a Started at 11:20	E pppointments.) AM	Stop Visit
View Details	TINKER BELL No upcoming a Uuration mi	ppointments. in	Start Visit
f	#	θ	



Note: You may need to scroll down on your device to locate ALL the details to review.

- 7. Review the following:
 - a. Service Type = "Shared Services"
 - b. Notes: (this is an optional field) type any details about the visit that you would like to share with the responsible party or participant
 - c. Time In
 - d. Time Out

incel	Complete V	<i>l</i> isit
Recipient of Elephant P	f care un	
SERVICE DETAIL	.)	Shared Services 1:2
Shared Servicer		
SERVICE TIME Time in	c.	Edit Time April 15, 2022 1:00 PM April 15, 2022 2:00 PM
SERVICE LOCATION	<u> </u>	
• 10 Lasso Truth Trail, 5	5374, "Rogers,MN	
LOCATION VERIFICATIO	N .	
LOCATION VERIFIE	D BY GPS	
LOCATION VERIFIE	D BY GPS	
his timecard reflects the ac evices as specified in a per tho was in a hospital, Care f refunded by federal and str	tual hours and specific times I work son's Care Plan or Service authoriz acility or incorcerated, I understand te programs and it is a crime to pro	ked or provided in-person or on behalf of ation. I did not include services for a person d that payments to me for the submitted time ovide failse or fraudulent information.
is a federal crime to provid ervices provided under a fe S6B.0913, 256B.0915, 256B	e materially false information on se derally approved waiver plan, as aut 8.092 and 2568.49.	rvice billings for medical assistance or thorized under Minnesota States, sections
	Sign and Sub	amit



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8. Select the **Sign and Submit** button.



9. Use your touch screen or your mouse to **sign** your name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

9.		
	Sign your nam Clear	e using your Note
This timecard reflects the n a person's Care Plan or S nearcerated. Lunderstand rime to provide faise or th	Sign your nam Clear botual hours and specific times I w service authorization. I did not incli that payments to me for the submi audulent information.	e using your Note Signature Note estimate the services as specified de services for a person who was in a hospital. Care facility or itted time are funded by federal and state programs and itts a
This timecaid reflects the a person's Care Plan or 5 near-created. I understand inter to provide faile or th I is a federal citime to provi I federally approved waive 1562-89.	Sign your nam Clear actual hours and specific times I w fervice authorization. I did not inclu- that gayments to me for the autom audulent information. Ide materially false information on plan, as authorized under Minnes	e using your Note Signatur Note deservices for a specified deservices for a service as specified deservices for a service with a bospital. Care facility or itted time are funded by federal and alate pregrams and its a service billings for medical assistance or services provided under tates, sections 2568.0913, 2568.0915, 2568.092 and
This timecard reflects the na person's Care Plan or to sourcerated. Usundenstand rime to provide faise or for is a federal entime to prov federal happroved waiver toda 49.	Sign your nam Clear actual hours and specific times twi tervice authorization. I did not inch that agyments to me for the authori audulent information. dide materially false information on plan as authorized under Minnes Zienet Signature	e using your Note Signature Net orde or provided synamic and a specified de services for a person with was in a hospital. Gave facility or stretch time are funded by federal and state programs and its a service billings for medical assistance or services provided unde to states, sections 2568.0913, 2568.0915, 2568.092 and Ber Responsible Party Signature

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10.Select the **Submit Time Entry** button.



11. Select OK in the Thank you! Your Signature was accepted, and your visit details have been submitted for processing box to

move forward





12. Repeat ALL Steps for the 2nd participant

	Care Recipients	
View Details	PLUTO DOGGIE No upcoming appointments. Started at 11:20 AM	12. Stop Visit
View Details	TINKER BELL No upcoming appointments. Uuration min	Start Visit
A	<u></u>	

Repeat ALL steps when working MULTIPLE shifts on the SAME day



OPTION 2 – CLOCK OUT, SIGN, SUBMIT, <u>AND</u> RESPONSIBLE PARTY APPROVES

*Use this option if your Responsible Party <u>IS</u> present at the end of your shift while clocking out.

- 1. Select Care Recipients, the 2nd icon located at the bottom
- 2. Select the **Stop** button for the 1st participant you supported.

<u>Geofence NOTE:</u> This will trigger the app to identify and compare your location to the participant's home address.





- 3. In the **Do you want to end this visit** box, the **Service Stop Visit Location** will default to **Care Recipient's Home**.
 - a. Choose **Community** from the drop-down menu if you are <u>not</u> in the home

<u>Geofence NOTE:</u> If the **Care Recipient's Home** is chosen <u>and</u> the current location is more than 500 feet from the participant's home address, the following message will display: **You are recording your visit outside of your selected location. Please Start Visit to continue with the current selection, or Change your service location to "Community".**

Service Stop Visit Location	
Care Recipient's Home	v
You are recording your visit out Visit to continue with the curren to "Community".	side of your selected location. Please Stop t selection, or Change your service location

4. Select Stop Visit



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5. Select **Cancel** in the upper right corner

ancel 5.	Complete Visit
Recipio Elepha	ent of care Int Pun
SERVICE DETAIL	
Service type	Shared Services 1:2
ACTIVITIES	inge 1-2
NOTES	
Enter notes	
SERVICE TIME	Edit Time
Time in	April 15, 2022 1:00 PM
. .	Sign and Submit

6. Repeat Steps 2-5 for the 2nd participant

	Care Rec	ipients	
View Details	PLUTO DOGGIE • No upcoming ap Started at 11:20	apointments.	Stop Visit
V iew Details	TINKER BELL No upcoming ag Uuration min	pointments. 1	Start Visit
A	*	θ	



7. Select the Home, the 1st icon located at the bottom of the screen

≡r	Care F	Recipients	
0	PLUTO DOG • No upcomin V Duration	GIE 19 appointments. 19 min	Î
View Details			Start Visit
0	TINKER BEL No upcomin ✓ Duration	L 19 appointments. 19 min	
7.		θ	

8. Select the **View** in the lower right corner of the **Incomplete Timesheets** box.

≡	Cashé EVV	/	C
Hello, Toast Ne	w Year		
	2 Timesheets to submit Incomplete Timesheets		8. VIEW
Upcoming Visits			
No appointments ar	re currently scheduled		×
A		Θ	\checkmark



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9. On the Missing Visits & Timesheets screen select the Complete it

now text located in the lower left corner for the <u>specific</u> <u>Incomplete</u> <u>visit</u> record.

	€.	Cash	né EVV	G
Mis	ssing Visits & Time	sheets		
	2 Timesheets Its look like you Complete it no	to submit have some timesheets to w	o complete and submit.	
	Incomplete vi For Friday, April Complete it no	sit record 15, 2022 w 9.		
	Incomplete vi For Friday, April Complete it no	sit record 15, 2022. w		
	A	*	Θ	

Note: You may need to scroll down on your device to locate ALL the details to review.



10.Review the following:

- a. Service Type = "Shared Services"
- b. **Notes**: (this is an optional field) type any details about the visit that you would like to share with the responsible party or participant
- c. Time In
- d. Time Out

Service type a. ACTIVITIES Shared Services 1.2 NOTES b. Enter notes b. SERVICE TIME Edit Time Time in C. Time in C. April 15, 2022 1:00 PM SERVICE TIME Edit Time Time out C. SERVICE LOCATION P 10 Lesson Trath Trail, 55374, "Rogers "AIN LOCATION VERIFIED BY CFS That the parsent of care Heart on the parsent of care Heart on the parsent or on behalf of more service submitted time to react on the for the submitted time to transfer the set on the parsent of care Plan or Service subhorization. I did not include services for a person transfer the parsent Care Plan or Service subhorization. I did not include services for a person set care Plan or Service subhorization. I did not include services for a person set care Plan or Service subhorization. I did not include services for a person set care Plan or Service subhorization. I did not include services for a person set care Plan or Service subhorization. I did not include services for a person set care Plan or Service subhorization. I did not include services for a p	ancel	Complete Vis	it	
SERVICE DETAIL Service type a. Shared Services 1:2 ACTIVITIES Shared Services 1:2 NOTES b. Enter notes b. Enter notes C. SERVICE TIME C. April 15, 2022 1:00 PM C. SERVICE LOCATION SERVICE LOCATION C. SERVICE LOCATION C. SERVICE LOCATION SERVICE LOCATION C. SERVICE LOCATION C. SERVICE LOCATION C. SERVICE LOCATION C. SERVICE LOCATION SERVICE LOCATION C. SERVICE LOCATION SERV	Recipient Elephant	of care Pun		
Service type a. Shared Services 1:2 ACTIVITIES Shared Services 1:2 NOTES b. Enter notes Extrice time c. April 15, 2022 1:00 PM C. April 15, 2022 1:00 PM C. April 15, 2022 1:00 PM C. April 15, 2022 2:00 PM SERVICE LOCATION SERVICE LOCATION 10 Lasso Truth Trail, 55374, Rogers,MN LOCATION VERIFIED BY GPS LOCATION VERIFIED BY GPT AND	SERVICE DETAIL	`		
Shared Services 1:2 NOTES b Enter notes b SERVICE TIME C April 15, 2022 1:00 PM April 15, 2022 2:00 PM April 15, 2022 2:00 PM SERVICE LOCATION 10 Lasso Truth Trail, 55374, Rogers,MN LOCATION VERIFICATION LOCATION VERIFICATION LOCATION VERIFICATION LOCATION VERIFICE BY GPS This threeard effects the actual hours and specific times I worked or provided in person or on behalf of services as specified in a person's Care Plan or Service subinstation. I did not include service for a person who was in a hospital, Care facility or incarcerated. I understand that payments to me for the submitted time are funded by ledera and state programs and it is a cimine to provide lase or traudium information. Explose the specified in a person's Care Plan or service billings for medical assistance or the vices provided under a federally approved waiver plan, as authorized under Minnesota States, sections 256B.0913, 256B.0915, 256B.092 and 256B.49.	Service type ACTIVITIES	a.		Shared Services 1:2
NOTES b. Enter notes Edit Time SERVICE TIME Edit Time Time out C. d. April 15, 2022 1:00 PM SERVICE LOCATION April 15, 2022 2:00 PM SERVICE LOCATION SERVICE LOCATION * 10 Leasso fruth Trail, 55374, Rogers, MN LOCATION VERIFICATION • LOCATION VERIFIED BY GPS Services as provided in person or on behalf of services as provided in person or on behalf of services as provided in person or on behalf of services as provided by ledera and state programs and it is a crime to provide dings for medical assistance of the services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2548.0913, 2568.0915, 2568.092 and 2568.49.	Shared Service	es 1:2		
SERVICE TIME Edit Tim Time in C. April 15, 2022 1:00 PM d. April 15, 2022 2:00 PM SERVICE LOCATION 10 Lasso Truth Trail, 55374, Rogers,MN LOCATION VERIFICATION COLOCATION VERIFICATION CLOCATION VERIFICATION CLOCATION VERIFICATION CLOCATION VERIFICATION CLOCATION VERIFICATION LOCATION VERIFICATION LICENTION VERIFICATION LICENTION VERIFICATION SIGn and state programs and specific times I worked or provided in person or on behalf of services as specified in a person's Care Plan or Service subhorization. I did not include services for a person who was in a hospital, Care facility or incarcerated. I understand that payments to me for the submitted time are funded by lederal and state programs and it is a climite to provided information on service billinges for medical states, sections ES6B.0913, 256B.0915, 256B.092 and 256B.49.	NOTES b	.)		
SERVICE LOCATION 10 Lasso Truth Trail, 55374, Rogers, MN LOCATION VERIFICATION COLOCITION VERIFICATION COLOCITION VERIFIED BY GPS COLOCITION VERIFIED BY GPS This feedral effects the actual hours and specific times I worked or provided in person or on behalf of services as specified in a person's Care Plane Plane Service authorization. I did not include services for a person services as provided under a distate programs and it is a critice taise or fraudulent information. Lis a federal crime to provide materially false information on service billings for medical assistance of textinese provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2548.0913, 2558.0915, 2558.092 and 2558.49. Sign and Submit	SERVICE TIME Time in Time out	c. d.		Edit Time April 15, 2022 1:00 PM April 15, 2022 2:00 PM
10 Lasso Truth Trail, 55374, ,Rogers,MN LOCATION VERIFICATION	SERVICE LOCATION			
LOCATION VERIFICATION LOCATION VERIFIED BY GPS LOCATION VERIFIED BY GPS LOCATION VERIFIED BY GPS LOCATION VERIFIED BY GPS This timesard reflects the actual hours and specific times I worked or provided in person or on behalf of services as specified in a person's Care Plan or Service authorization. I did not include services for a person who was in a hospital, Care facility or incarcerated. I understand that payments to me for the submitted time are funded by lederal and state programs and it is a climite to provide false or fraudulent information. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2568.0913, 2568.0915, 2568.092 and 2568.49. Sign and Submit	• 10 Lasso Truth Trail.	55374, .Rogers.MN		
COCATION VERIFIED BY GPS COCATION VERIFIED BY GPS COCATION VERIFIED BY GPS COCATION VERIFIED BY GPS This times and specific times i worked or provided in person or on behalf of services as specified in a person's Care Plan or Service authorization. I did not include services for a person who was in a bospital, Care facility or incarcerated. I understand that payments to me for the submitted the services as provided under a data state programs and it is a crime to provide tailse or fraudulent information. Ut is a federal crime to provide materially false information on service billings for medical assistance of services provided under a federally approved waiver plan, as authorized under Minnesota States, sections State	LOCATION VERIFICAT	ION		*******
COCATION VERIFIED BY GPS This timecard reflects the actual hours and specific times I worked or provided in person or on behalf of services as specified in a person's Care Plan or Service authorization. I did not include services for a person who was in a hospital, Care facility or incarcerated. Understand that payments to me for the submitted time art funded by ident and state programs and it is a crine to provide failes or fundational information. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2568.0913, 2568.0913, 2568.092 and 2568.49. Sign and Submit.	LOCATION VERIF	IED BY GPS		
This timecard reflects the actual hours and specific times I worked or provided in person or on behalf of services as specified in a person's Gane Plan or Service authorization. I did not include services for a person who was in a hospital, Care facility or incarcerated. I understand that payments to me for the submitted time are funded by lederal and state programs and it is a crime to provide failse or fraudulers information. It is a federal crime to provide materially failse information on service billings for medical assistance or services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2560.0913, 2568.0915, 2568.092 and 2568.49.	LOCATION VERIF	IED BY GPS		
It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2560.0913, 2568.0915, 2568.092 and 2568.49.	This timecard reflects the i services as specified in a p who was in a hospital, Car are funded by lederal and s	ictual hours and specific times I worked erson's Care Plan or Service authorizati facility or incarcerated. I understand th itate programs and it is a crime to provi	l or provided in-persor on. I did not include se rat payments to me fo de false or fraudulent	or on behalf of rvices for a person r the submitted time information.
Sign and Submit.	It is a federal crime to prov services provided under a 2568.0913, 2568.0915, 25	de materially false information on servi ederally approved waiver plan, as autho 58.092 and 2568.49.	ce billings for medica rized under Minnesoti	assistance or a States, sections
Sign and Submit				
* " A M		Sign and Subm	R	
	÷		0	~

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11. Select Sign and Submit



12. Use your touch screen or your mouse to **sign** your name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

13. Select the **Get Responsible Party Signature** button

Cancel	Signature V	erification	
12.			
	Sign your name u Clear Sig	nature No	te
This timecard reflects the actual in a person's Care Plan or Service incarcerated. Lunderstand that p crime to provide faise or fraudul	hours and specific times I work authorization. I did not include ayments to me for the submittle nt information.	d or provided in-po- services for a person who was time are funded by federal as	s in a hospital, Care facility or id state programs and it is a
It is a federal crime to provide m a federally approved waiver plan 2560.49.	iterially false information on ser as authorized under Minnesota	vice billings for medical assist sections 2568.0913, 2	lance or services provided under 568.0915, 2568.092 and
Get Clien	Signature	3. Responsible	Party Signature
	Submin	1	
ft .	22	Θ	$\mathbf{\Sigma}$



14. (If applicable) Select the Responsible Party's name from the dropdown menu

Select Responsible Party	CLOSE
Responsible Party:	· · ·
a. Select the Responsible Party that is present b. Select OK	Select Responsible Party: Responsible Party: a. David Tester Linda Tester CANCEL <ok< td=""></ok<>
	Submit

c. Select Submit

Select Responsible Party	CLOSE
	^
Responsible Party:	David Tester 👻
Submit	

15. Hand your device to the Responsible Party



16. The **Responsible Party** will use your touch screen or your mouse to **sign** their name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box

17. The Responsible Party enters their **4-digit PIN**

\frown			
(16.)			
\bigcirc			
	David Tester is sig	ning this timecard	
	on behalf of	Erin Tester.	
	Cine sour some	uning wave for	
	Sign your name of CLEAR SI	USING YOUR IN	
Enter your own PIN	Sign your name (CLEAR SI	USING YOUR IND	\mathcal{O}_{-}
Enter your own PIN	Sign your name i CLEAR SI	using your fin GNATURE NOTE	
Enter your own PIN	Sign your name of CLEAR SI	IN THE CONTRACT OF THE INFORMATION OF THE INFORMATI	ehalf of services as
Enter your own PIN	Sign your name of CLEAR SI CLEAR SI hours and specific times I wor or Service authorization. I did and that psymmatic nor North or fraudulent information.	In a submitted time are funded by f	shalf of services as who was: in a hospil ederal and state pro

18. Select the **Submit Time Entry** button.





19. Select **Ok** in the **Thank you! Your Signature was accepted, and** your visit details have been submitted for processing box to move forward



20. Repeat Steps 8-19 for the 2nd participant



HOW TO EDIT REJECTED TIME ENTRIES

What is a rejected timecard? A rejected timecard occurs after a timecard has been submitted for approval to the Responsible Party. The Responsible Party will review if the timecard is accurate. If it is NOT, they can REJECT the timecard so that corrections can be made.

It is important to pay attention to any "Incomplete Timesheets" notifications identified on the Home screen. This message will ONLY appear if there are timesheets that need your attention, as they could be rejected. However, there is still an opportunity to make corrections and resubmit for approval.

 On the Home Screen select the View in the Incomplete Timesheets box.




2. On the Missing Visits & Timesheets screen, select the Complete it now text located in the lower left corner for the specific record labelled Incomplete

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- 3. Locate the **Rejected Notes** to identify what needs to be corrected.

A



Note: You may need to scroll down on your device to locate ALL the details to review.

Cancel

- 4. The following information can be corrected:
 - a. Time In
 - b. Time Out

Reference <u>HOW TO EDIT</u> <u>INCOMPLETE TIME E NTERIES</u> (<u>Temporarily Allowed</u>) for assistance in adjusting the time and date if needed.

Recipient of care Peter Pan SERVICE DETAIL Service type Support Staff U1 ACTIVITIES Support Staff 1 4c. NOTES Enter notes REJECTED NOTES 3. test SERVICE TIME Edit Time 4a. May 9, 2022 2:00 PM Time in 4b. Time out May 9, 2022 2:01 PM SERVICE LOCATION 987 Wonderland Way, 55119, ,Maplewood,MN LOCATION VERIFICATION LOCATION VERIFIED BY GPS LOCATION VERIFIED BY GPS This timecard reflects the actual hours and specific times I worked or provided in-person or on behalf of services as specified in a person's Care Plan or Service authorization. I did not include services for a person who was in a hospital. Care facility or incarcerated I understand that payments to me for the submitted time are funded by federal and state programs and it is a crime to provide false or traudulent information. It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan, as authorized under Minnesota States, sections 2568.0913, 2568.0915, 2568.091 nd 256B.49. Sign and Submit ** 0 n $\mathbf{\mathbf{\nabla}}$

c. Notes



- 5. Once the adjustments have been made, reference <u>HOW TO</u> <u>CLOCK OUT – PART 2</u> for next steps.
- 6. If there are any other notes requesting a correction that is not listed above submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> to have the rejected record removed
 - a. Include the following:
 - i. Your Name
 - ii. Name of the Participant
 - iii. Time In & Time Out of Entry
 - iv. Note that the record should be deleted



HOW TO EDIT INCOMPLETE TIME ENTRIES (Temporarily Allowed)

Best practice for recording your time is to clock in at the beginning of your shift and clock out at the end your shift. Once EVV is implemented, it is Lifeworks' understanding that the edit feature will no longer be allowed.

 On the Home Screen select the View in the Incomplete Timesheets box.

≡	Cashé EVV	7		G
Hello, June Te	ster			÷
	1 Timesheets to submit Incomplete Timesheets		1. VIEW	
Upcoming Visits				-
No appointments a	re currently scheduled		×	
1.	00 Mh	Θ		

2. On the Missing Visits & Timesheets screen, select the Complete

it now text located in the lower left corner for the <u>specific Incomplete</u> <u>visit</u> record.

. d Thursday			
Its look like yo	ts to submit ou have some timesheets to cor	nplete and submit.	
Complete it i	low		
For Thursday, Complete it i	April 14, 2022.		



Note: You may need to scroll down on your device to locate ALL the details to review.

 Optional: In the Notes section, type details about visit that you would like to share with the Responsible Party if any.

Cancel	Compl	ete Visit	
Recip	ient of care iester		
SERVICE DETAIL			
Service type			Support Staff L
ACTIVITIES			
Support St	taff		
NOTES			
Enter notes			
	Sime an	d Submit	
	sign an		
		0	1987

 In the Service Time section, on the upper right side select Edit Time.



5. To adjust the **Time In**; click on the **Time In numbers**



6. A new window opens with Year Month Day Hour Minute. Select the number that needs adjusted. Select **Done**

Cancel			Comple	ete Visit			
Time In 2022-04 Time Out 2022-04	-14 03:07 pm -14 03:16 pm	1				\frown	
		CANCEL	10	01	DONE	6.)
<u> </u>	-	02	12	02	06	am	
	2022	04	14	03	07	pm	*
	2021	05	15	04	08		
ń	2020	06	16	05	09		

7. To adjust the **Time Out**; click on the **Time Out numbers**

Cancel	Comp	lete Visit	
Time In 2022-02-12 01:00 Time Out 2022-04-14 03:16	am pm 7. CANCEL	SAVE	
A	** @b	θ	

8. A new window opens with Year Month Day Hour Minute. Select the number that needs adjusted. Select **Done**

Cancel			Comple	ete Visit			
Time In 2022-02- Time Out 2022-04-	12 01:00 am 14 03:16 pm	1			(
		CANCEL 02	12	01	done 14	8.	
		03	13	02	15	am	
	2022	04	14	03	16	pm	~
	2021	05	15	04	17		
A	2020	06	16	05	18		

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9. Once you have successfully adjusted the time, Select **Save**

Cancel	Comp	olete Visit	
Time In 2022-02-12 01:00 am Time Out 2022-02-12 03:00 pm	CANCEL	SAVE 9.	
ft	*	θ	

10.Select OK in the Changes Updated box to move forward

Cancel				
Time In 2022-02-12 01:00 am Time Out 2022-02-12 03:00 pm	Change: The timecard w has been sent t for re	s Updated as updated and o your caregiver view.	,	
A		Θ		



people with disabilities

11. Double check the time was saved correctly. Once completed, select on the Sign and Submit button.

 Curred
 Complete Visit



12. Use your touch screen or your mouse to **sign** your name inside of the text box.

NOTE: If you make a mistake, you can clear your signature by selecting the **Clear Signature** text displayed at the bottom of the box



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13. Select the **Submit Time Entry** button.



14.Select OK in the Thank you! Your Signature was accepted, and

your visit details have been submitted for processing

box to move forward



15. Repeat Steps 2-14 for ALL Shared Services Time Entry's that need adjusted as they should match for each Participant



HOW TO ADD TIME AFTER YOUR SHIFT (Temporarily Allowed)

Best practice for recording your time is to clock in at the beginning of your shift and clock out at the end your shift. Once EVV is implemented, it is Lifeworks' understanding that the edit feature will no longer be allowed. For more information about EVV, please refer to About Cashé FMS EVV.

<u>Geofence Note:</u> If a caregiver adds a manual visit, they will receive the message to select the job and service location by designating either Home or Community. <u>GPS location is not recorded on any</u> <u>manual visit entry.</u>

- 1. Select Care Recipients, the 2nd icon located at the bottom
- Directly under the 1st
 Participant's name, select
 Start Visit to clock in



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- 3. In the **Select Job** box, select the service you will provide
- 4. Select **OK** in the lower right corner.



5. Immediately select the **Stop** button.

	Care Rec	ipients	
8	PLUTO DOGGIE • No upcoming ap	pointments.	ĺ
View Details			Start Visit
View Details	TINKER BELL • No upcoming ap Started at 11:37	pointments. AM	Stop Visit
f		Θ	

6. In the **Do you want to end this visit** box, select the **YES** text displayed in the lower right corner.

Note: You may need to scroll down on your device to locate ALL the details to review.

≡	Care R		
0	PLUTO DOGO O No upcoming V Duration 1	GIE g appointments. min	
View Details	Do you war vi	nt to end this sit?	Start Visit
8	Started at 11:	NO YES	
View Details			Stop Visit
÷.		Θ	

7. In the **Service Time** section, on the upper right side select **Edit Time**.

Cancel	Comp	lete Visit
SERVICE TIME		7. Edit Time
Time in		April 14, 2022 3:07 PM
Time out		April 14, 2022 3:16 PM
867 Jesse's Grl Rd , LOCATION VERIFICA	55044, ,New Market,MN TION	
LOCATION VERI Inis timecard reflects the services as specified in a	FIED BY GPS actual hours and specific times person's Care Plan or Service a	s I worked or provided in-person or on behalf of uthorization. I did not include services for a person
who was in a hospital, Ca are funded by federal and	e facility or Incarcerated. I unde state programs and it is a srim Sign ar	Instand that payments to me for the submitted time a to provide false or fraudulent information and Submit
÷	*	θ 🗳



8. To adjust the Time In; select the Time In numbers. A new window

opens with Year Month Day Hour Minute AM/PM.



9. Adjust the number or numbers that need to be changed.

10.Select the **Done** in the upper right corner of the box

Cancel			Comple	ete Visit			-
Time In 2022-04- Time Out 2022-04-	14 03:07 pm 14 03:16 pm					\sim	
2022.04	14 00.10 pm	CANCEL 02	12	01	done 05	10.	
		03	13	02	06	am	
	2022	04	14	03	07	pm	-
	2021	05	15	04	08		
ń	2020	06	16	05	09		

11.To adjust the **Time Out**; select the **Time Out numbers**. A new window opens with Year Month Day Hour Minute AM/PM.

Cancel	Compl	ete Visit	
Time In 2022-02-12 01:00 Time Out 2022-04-14 03:16	am pm 11. CANCEL	SAVE	•
Ĥ		Θ	

- 12. Adjust the number or numbers that need to be changed.
- 13. Select **Done** in the upper right corner of the box

Cancel			Comple	ete Visit			
Time In 2022-02- Time Out 2022-04-	12 01:00 am 14 03:16 pm	1				\sim	
		CANCEL	12	01	DONE	13.	
		03	13	02	15	am	
	2022	04	14	03	16	pm	~
	2021	05	15	04	17		
A	2020	06	16	05	18		

14.Confirm the information was updated.

NOTE: To make corrections to the visit, refer to Steps 9-15 on how to make edits



15. Select Save

Cancel	Compl	ete Visit	
Time In 2022-02-12 01:00 am Time Out 2022-02-12 03:00 pm	CANCEL	SAVE 15.	
ń	*	Θ	

16. Select OK in the Changes Updated box to move forward





17. Review the Time Details again to confirm they saved correctly, then select **Cancel**

Cancel 17.	Complete Visit
Recipient of care Elephant Pun	
SERVICE DETAIL	
Service type	Shared Services 1:2
ACTIVITIES	
Shared Services 1:2	
NOTES	
Enter notes	
SERVICE TIME	Edit Time
Time in	April 15, 2022 1:00 PM
	Sign and Submit

18. Repeat Steps 2-17 for the 2nd participant

	Care Recip	oients	
View Details	PLUTO DOGGIE No upcoming appr Started at 11:40 Al	ointments. M	3. Stop Vinit
View Details	TINKER BELL No upcoming app Uuration min	pintments.	Start Visit
A	*	Θ	



19. Select the Home, the 1st icon located at the bottom of the screen

=	Care Ro	ecipients	
0	ELEPHANT PU No upcoming a Start Visit ✓ Duration mi	N ppointments.	
0	SALLY TESTER No upcoming a Start Visit V Duration mi	ppointments.	
19.	*	Θ	

20. Select the **View** in the lower right corner of the **Incomplete Timesheets** box.

≡	Cashé EV	G	
Hello, Toast Nev	v Year		*
	2 Timesheets to submit Incomplete Timesheets		20. VIEW
Upcoming Visits			
No appointments are	e currently scheduled		×
A		Θ	\searrow



people with disabilities

21. On the Missing Visits & Timesheets screen select the Complete it

now text located in the lower left corner for the <u>specific Incomplete</u> <u>visit</u> record.

÷		Cash	né EVV	C
Missin	ng Visits & Timeshee	ts		
0	2 Timesheets to su Its look like you have Complete it now	ibmit some timesheets to	complete and submit.	
9	Incomplete visit re For Friday, April 15, 20 Complete it now	22 21.		
0	Incomplete visit re For Friday, April 15, 20 Complete it now	cord 122.		
	^	-	θ	

Note: You may need to scroll down on your device to locate ALL the details to review.



- 22. Review the following:
 - 1. Service Type = "Shared Services"
 - 2. **Notes**: (this is an optional field) type any details about the visit that you would like to share with the responsible party or participant
 - 3. Time In
 - 4. Time Out

Cancel		Co	mplete Visit			
0	Recipient of a	are				
SERVICE D Service type ACTIVITIES	a.)			Shared Si	ervices 1:2
Sh NOTES	b.					
SERVICE T						Edit Time
Time in Time out	c. d.				April 15, 202 April 15, 202	22 1:00 PM 22 2:00 PM
SERVICE L	OCATION					
• 10 Lasso	Truth Trail, 553	74, "Rogers,MN				
LOCATION	IVERIFICATION					
S LOCAT	ION VERIFIED	BY GPS				
S LOCAT	ION VERIFIED	BY GPS				
This timecard services as sp who was in a l are funded by	reflects the actu ecified in a perso hospital, Care fac federal and state	al hours and specific m's Care Plan or Sen ility or Incarcerated. programs and it is a	times I worked or vice authorization. I understand that o crime to provide	provided in pe I did not inclu- payments to m false or fraudu	erson or on behal de services for a ne for the submitt lent information.	f of person ed time
It is a federal of services provi 256B.0913, 25	rime to provide i ded under a fede 568.0915, 2568.0	naterially false infor rally approved waive 92 and 256B.49.	mation on service r plan, as authoriz	billings for me ed under Minn	dical assistance esota States, sec	or tions
		5	ion and Submit			
			-g. and oddrilli			
A	t.			Θ		\sim



23. Select Sign and Submit

ncel	Comp	plete Visit
inter notes		
SERVICE TIME		Edit Tim
Time in		April 15, 2022 1:00 PM
Time out		April 15, 2022 2:00 PM
SERVICE LOCATION		
10 Lasso Truth Trail	, 55374, ,Rogers,MN	
LOCATION VERIFICA	TION	
LOCATION VERI	FIED BY GPS	
LOCATION VERI	FIED BY GPS	
is timecard reflects the rvices as specified in a to was in a hospital, Ca a funded by federal and	actual hours and specific time person's Care Plan or Service re facility or Incarcerated. I und state programs and it is a crin	es I worked or provided in-person or on behalf of authorization. I did not include services for a person derstand that payments to me for the submitted time ne to provide false or fraudulent information.
s a federal crime to pro rvices provided under a 6B.0913, 256B.0915, 2	wide materially false information federally approved waiver plan 568,092 and 2568.49.	on on service billings for medical assistance or n, as authorized under Minnesota States, sections
	23. Sign a	and Submit
		0

Reference

OPTION 1 – CLOCK OUT, SIGN, AND SUBMIT TO RESPONSIBLE PARTY FOR APPROVE

or

<u>OPTION 2 – CLOCK OUT, SIGN, AND RESPONSIBLE PARTY APPROVES</u> for next steps

24. Repeat Steps 22-23 for the 2nd participant



ADDITIONAL FEATURES OF CASHÉ FMS EVV HOW TO CHANGE YOUR PREFERRED LANGUAGE

1. Select the Menu Icon in the upper left corner of the Home Screen

=	Casi	hé EVV	c
Hello, June Tester Upcoming Visits			
No appointments are currently	scheduled		×
	_		
1.) 🔒		Θ	$\mathbf{>}$

2. <u>Select the first option Language</u>



3. Select your preferred language





- 4. A confirmation message, Language setting has been applied successfully will appear
- 5. Select OK
- 6. Select the **back arrow** in the upper left corner of the screen to return to the Home Screen





HOW TO REVIEW SUBMITTED TIME ENTRIES

- Select Care Recipients, the 2nd icon located at the bottom
- 2. Select the **View Details** button on the right.



3. Select Time Entries





4. Select the **Month** you would like to review



5. Select the **Day** you would like to review





6. Review the details of the Time Entry

÷	Ju	ne 7					
APPROVED THIS TIMESHEET ON June 7 2022, 11:58 AM							
	1	00%					
	Lifewo	L rks FMS					
8	RECIPIENT OF CARE PLUTO DOGGIE						
8	PROVIDED BY ACEOF CLUBS						
DA	TE OF SERVICE June 7,2022	TOTAL TIM 0 hr 0 min	E				
S	ERVICE TYPE Ipport Staff U1						
ACTIVITIES							
🗸 s	Support Staff						
CLIENT NOT	ES						
EMPLOYEE	NOTES						
TIME IN							
11:57 AM							
LOCATION VERIFIED BY GPS							
TIME OUT							
11:57 AM							
	VERIFIED BY GPS		*				
f		Θ	\mathbf{r}				



7. If you find have not submitted the Time Entry, Sign and Submit the time entry at this time

Cancel	Complete Visit	
8	Recipient of care Pluto Doggie	-
SERVIC	E DETAIL	
Service	type Support Staff U1	i
ACTIVI	TIES	
	Support Staff	
NOTES		
Enter no	otes	
	Sign and Submit	•

8. If you find you HAVE submitted the time entry & it is incorrect reach out to your Responsible Party or Reference the Employee User Guide Commonly Asked Questions for next steps



HOW TO REVIEW TOTAL WEEKLY HOURS WORKED

- 1. Select My Profile, the 3rd icon on the bottom of the screen
- 2. Scroll down until you see Hours Worked
 - a. This will show ONLY the total hours for the current week.
 The hours will reset every Saturday at 11:59 pm.

	My Profile
JUN Care	IE TESTER egiver
Personal Inform	ation
Phone	
(651) 728-0101	
Email	
ulifeworks+FMSJT	í@gmail.com
Address	
1 Fake Street, New	/ Market, MN, 55044
Caregiver Inform	nation
Hours remaining th	his month
Timesheets verifie	d this month
If you are currently	at the service location, please click the "Get Location" button.
GET LOCATION	
	Hours Worked
	2. 3.95 Hours progress
	2. 3.95 Hours progress This Week (04/10/2022 - 04/16/2022)



COMMONLY ASKED QUESTIONS MISSING LOGIN INFORMATION

- An email was sent from <u>admin@cashesoftware.com</u>; be sure to search your junk/spam, Promotions tab (Gmail accounts) AND Inbox folders for the information. You can refer to <u>How to Log In</u> <u>and Set Up Your Password</u> for an example of the email.
- If you cannot find the original email, please send an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> to request new login information to be sent. Include the following information:
 - Your Full Name
 - Your Username
 - Preferred contact method for the response
 - If a phone call is preferred, please specify best the Date & Time for a returned call.

CANNOT LOG IN

- 1. Confirm that your username and password have been entered correctly.
- 2. If you still cannot to log in, restart the device by turning it completely off and then turning the device back on. Attempt to log in again.
- 3. If restarting the device does not work, if you are on your phone or tablet uninstall and reinstall the Cashé FMS EVV app. If you are using your computer, use the Google Chrome browser to type the website <u>https://evv.cashesoftware.com/app/</u>.
- 4. If you still cannot log in, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>.



Include the following information:

- Screenshot of the error message
- Your Full Name
- Your Username
- Preferred contact method for the response
 - If a phone call is preferred, please specify best the Date & Time for a returned call.

WHY DO I HAVE TO SELECT A ROLE?

This means you are listed as both a Caregiver AND Responsible Party for the Participant. When working with the Participant you will choose the **Caregiver** role to Clock In and Clock Out. When approving timecards for your Caregivers you will choose the **Responsible Party** role. For assistance with the Responsible Party role reference the Support Manager User Guide for Cashé FMS EVV located on our website <u>https://www.lifeworks.org/timekeeping/</u>.

Select Your Ro	le
Caregiver	•
Responsible Party	•



IS THE PASSWORD THE SAME FOR THE RESPONSIBLE PARTY ROLE?

Yes, the password is the same for both the Employee AND the Responsible Party role.

If your password is NOT working for either login, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>.

Include the following information:

- Screenshot of where the language is not updated
- Your Full Name
- Your Username
- Preferred contact method for the response
 - If a phone call is preferred, please specify best the Date & Time for a returned call.



HOW TO SWITCH FROM CAREGIVER TO RESPONSIBLE PARTY

To switch roles, you will need to Log Out of the Cashé FMS EVV app and Log back in. Then select the Responsible Party role. To Log out:

1. Select Menu

1. =	Cashé EVV
Hello, June Tester Upcoming Visits	
No appointments are currently scl	heduled
A	**

2. Select Logout





LANGUAGE PREFERENCE NOT UPDATING

- The Change Language function should immediately update all fields with your preferred language. If that is not the case, log out of Cashé FMS EVV by selecting the menu icon in the upper left corner of the screen and Log Out. Then, log back into Cashé FMS EVV. The language should be updated with the preferred language.
- 2. If your preferred language still has not updated, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>. Include the following information:
 - Screenshot of where the language is not updated
 - Your Full Name
 - Your Username
 - Preferred contact method for the response
 - If a phone call is preferred, please specify best the Date & Time for a returned call.

PARTICIPANT IS NOT LISTED

 If your participant is not listed, it could mean that some information is missing from your Employee Profile. Please submit an email ticket to our technical team at

CasheSupport@lifeworks.org

Include the following information:

- Screenshot of error the message on the Care Recipients screen showing the participant is missing
- Your Full Name
- Your Username



- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

GEOFENCE INFORMATION

On December 1, 2023, DHS will change the geofence range for EVV providers. A geofence is a virtual perimeter around a specific point. For EVV, that point is the home address of the person receiving services. **DHS intends to reduce the approved EVV geofence to 500 feet.** This geofence data is only captured during the initial clock-in at the start of a shift, and when clocking out at the end of a shift, <u>it does not track location during the duration of a shift while an employee is working</u>.

To meet the DHS requirement for the geofence reduction, the EVV app and the web-based platform were updated on Wednesday, November 15, 2023. **This update will only apply changes to the caregiver login; there are no changes to the responsible party logins.**

The reduction in the geofence does not limit the provision of services while the participant is accessing their community.

Per the <u>DHS Live-In Caregiver Policy</u>, live-in caregivers do not have to interact with the EVV system in real-time but must record their time daily on the date they worked.

Non-live-in caregivers must use their own devices to clock in and out in real-time daily at the start and end of each shift.

Please note: Currently, DHS does not require Safe at Home members or workers to participate in EVV. DHS is determining appropriate



alternatives to ensure that protected information remains confidential.

EVV Policy DHS EVV Page: <u>Electronic Visit Verification</u> DHS eList: <u>eList Announcement</u>

If you have additional questions, please reach out to your service coordinator.

DO I NEED CASHE FMS EVV APP OPEN ALL DAY?

You do NOT need to keep the Cashé FMS EVV app open during your shift.

All you need to do is open Cashé FMS EVV to Clock In but there is no reason to keep it open.

The next time Cashé FMS EVV needs to be open is when you are ready to Clock Out & submit your timecard.

CHECK THE STATUS OF A TIME ENTRY

There are 3 ways to check the status of your time entry:

- 1. Follow the steps within <u>How To View Approved and Unapproved</u> <u>Time Entries</u>.
- 2. Reach out to your Responsible Party.
- 3. Send an email ticket to the technical team at <u>CasheSupport@lifeworks.org</u>.

Include the following information:



- Details of the time entry
- Your Full Name
- Your Username
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

HOW TO SUBMIT MULTIPLE SHIFTS IN A DAY

Repeat ALL steps when working MULTIPLE shifts on the SAME day

Reference <u>HOW TO USE CASHÉ FMS EVV: One to One Services</u> OR <u>HOW TO USE CASHÉ FMS EVV: Shared Services</u>

RESPONSIBLE PARTY REJECTED MY TIME

Please refer to <u>HOW TO EDIT REJECTED TIME ENTRIES</u> for next steps. If you have additional questions, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>.

Include the following information:

- Screenshot of the time entry details
- Your Full Name
- Your Username
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.


DELETE A TIME ENTRY

If you or your Responsible Party would like to delete a time entry, please submit an email ticket to our technical team at

CasheSupport@lifeworks.org.

Include the following information:

- Description of why you are reaching out
- Screenshot of the time entry details
- Your Full Name
- Your Username
- Name of Your Responsible Party
- Name of Your Participant
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

WHY IS THERE A TIME LIMIT FOR SHARED SERVICES?

To make sure your Shared Services match there is a 3 minute 30 second window between both participants & entries to sign and submit the information.

If you are NOT able to submit BOTH entries within that window, submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>.

- Description of why you are reaching out
- Screenshot of the time entry details
- Your Full Name
- Your Username
- Name of Your Responsible Party
- Name of Your Participant



- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

ERROR MESSAGES GUIDE

Below are images of possible error messages while using Cashé FMS EVV along with instructions for how to troubleshoot them.

Password Mismatch

Reason: The password you entered in New password does NOT match what was entered in Confirm Password. Solution: Please carefully re-type the information. If you continue to receive the error message, submit an email ticket to our technical team at CasheSupport@lifeworks.org.

Ch	nange Password	
	Password Mismatch	
New passwoi	rd	_
•••••		
Confirm pass	sword	
	Proceed	
	Cancel	



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We don't recognize this Email/Username. Please Contact Admin

Reason: Your email username is incorrect, or you have not completed your registration with Cashé FMS EVV. **Solution:**

1. Check your email for a welcome email from Cashé FMS EVV

(admin@cashesoftware.com) and followthe steps for setting up your information.2. Send an email ticket to our technicalteam at <u>CasheSupport@lifeworks.org</u>

Username or password is incorrect

Reason: Your password or username is incorrect due to a typo or a different password was used to set up your login. **Solution:** Please carefully re-type the information. If you continue to receive the error message, select "Forgot Password" to reset your information.

Cashé EVV We don't recognize this Email / Username.Please Contact Admi Email/Username	n
ulifeworks+FMSBETTY@gmail.co	m
Password	
••••••	
Remember Me Forgot Pa	assword
Login	
powered by Cashe software	

Cash	é EVV
Username or pas	sword is incorrect
Email/Username	
ulifeworks+FMSJT@)gmail.com
Password	
•••••	
Remember Me	Forgot Password
Lo	gin



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There is no active FMS Budget available for the dates selected. Please contact admin.

Reason: We are not able to share the reason with anyone other than the Responsible Party.

Solution: Contact your Responsible Party for more information.

Client – Multiple sessions cannot be started at the same time. Please end any existing sessions.

Reason: Another employee is currently logged in meaning they forgot to clock out from their shift, or the Responsible Party scheduled someone else with the same shift.

Solution: Contact your Responsible Party for more information.

Invalid Time. Time out is lesser than time in.

Reason: An incorrect date or time has been entered & must be reviewed before it will be accepted.

Solution: Review the Time In and Time Out dates and times. Also, AM/PM may have not updated. Reference HOW TO

EDIT INCOMPLETE TIME ENTRIES (Temporarily Allowed) for steps on how to edit the date and time.









You've entered time that overlaps with an existing timecard.

You've entered time that overlaps with an existing timecard. (Code: WTTC005)

Reason: You or another

employee has entered a time entry that overlaps. The entry could overlap by 1 minute or the entire shift.

Solution: Review the Time Entries you have already submitted. Reference HOW TO EDIT INCOMPLETE TIME ENTRIES (Temporarily Allowed) for steps on how to edit the date and time. If you have questions reach out to your Responsible Party or Reference the Employee User Guide Commonly Asked Questions for next steps

Multiple Users Found.

Reason: The email address provided to Lifeworks is being used by another individual or agency.

Solution: Please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> if you need assistance.

Include the following information:

- Description of why you are reaching out
- Screenshot of error message
- Your Full Name
- Your Username
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.



Other error messages

If you receive any other error message and are unsure how to continue, please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u>.

Include the following information:

- Description of why you are reaching out
- Screenshot of error message
- Your Full Name
- Your Username
- Name of Your Responsible Party (if applicable)
- Name of Participant
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

UPDATING YOUR CONTACT INFORMATION

Please submit an email ticket to our technical team at <u>CasheSupport@lifeworks.org</u> if you need to update your contact information (email, phone number, etc.). Include the following information:

- Your current information and the new information you need updated
- Your Full Name
- Your Username
- Name of Your Responsible Party (if applicable)
- Name of Your Participant
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.



WHO CAN I CONTACT TO ANSWER CASHÉ FMS EVV RELATED QUESTIONS?

Please contact our technical team by sending an email ticket to <u>CasheSupport@lifeworks.org</u> or calling 651-454-2732 and asking for Cashé Support. Please have the following information available:

- Screenshot of error message (if applicable)
- Description of why you are reaching out
- Your Full Name
- Your Username
- Name of Your Responsible Party (if applicable)
- Name of Participant
- Preferred contact method for the response
 - If a phone call is preferred, please specify the best Date & Time for a returned call.

Note: Save a copy of this Employee User Guide to your device for future reference OR for the most recent version go to the following website <u>https://www.lifeworks.org/timekeeping/</u>.