

FLSA OVERTIME EXEMPTIONS

☒ FLSA Live-in Exemption Completed (Signed and Dated)


LIVE-IN EXEMPTION FROM OVERTIME PAY (OPTIONAL)

YES, The employee qualifies for the Live-in Exemption as per a Live-in Exemption Form (06/19/2020)

Live-in Exemption Effective Date (mm/yyyy)(optional): (06/19/2020)

Live-in Exemption Termination Date (mm/yyyy)(optional):

[Live-in Exemption](#) [Live-in Exemption History](#)



5. Note the success message

https://tra-olopfirst.com/WS/tra/Consumer/UnlinkedAssociatedProvider/oms.app/Consumer/Class?description=1

Ohio Department of Aging
HOA00007

Service Authorizations Associated Providers My Profile EVV File Upload Time Entries Time Entries

Participant (Employer) - Provider Relationship Checklist

Participant-Provider Relationship Checklist

Provider: P00A0002848: Mayra TestCO - DOB: 01/15/1980
Participant: Mayra TestCO
Employer: Mayra TestCO

Participant - Provider Checklist
The participant - provider Checklist Complete assumes a work date of 12/01/2020. A different work date may yield a different result.
[CHECKED] Completed

6. Re-access to change the consent at any time.

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Participant (Employer) - Provider Relationship Checklist

Provider: P00A0002848: Mayra TestCO - DOB: 1/1/1980
Participant: Mayra TestCO
Employer: Mayra TestCO

Participant - Provider Checklist
The participant - provider Checklist Complete assumes a work date of 12/01/2020. A different work date may yield a different result.

Consent Type: New
Relationship Good to Go Date (optional):
Provider Agreement Form Completed (Signed and Dated): Y
Provider Service (Rate(s)) Form Completed (Signed and Dated): Y
LQCS Form 1-9 Completed (Signed and Dated): Y

Provider Referral History
Provider Referral Data Range
Provider Referral History (optional)

Quarterly EVV Compliance Information
Please note, the information populated below is updated at the beginning of the new quarter and represents the prior quarter's behavior.

EVV Utilization Rate:	0.00
Total Shifts Paid:	0
Number of EVV Shifts Paid:	0
Number of Non-Compliant EVV Shifts Paid:	0

EVV Compliance*
Consent and signature for the participant for GPS monitoring will be requested when entering into the Electronic Visit Verification (EVV).
Has the participant provided consent for the EVV system to capture their GPS coordinates?

Difficulty of Care - Income Tax Exclusion
Application for Difficulty of Care Federal Income Tax Exclusion Form Completed (Signed and Dated)