Department of Medicaid

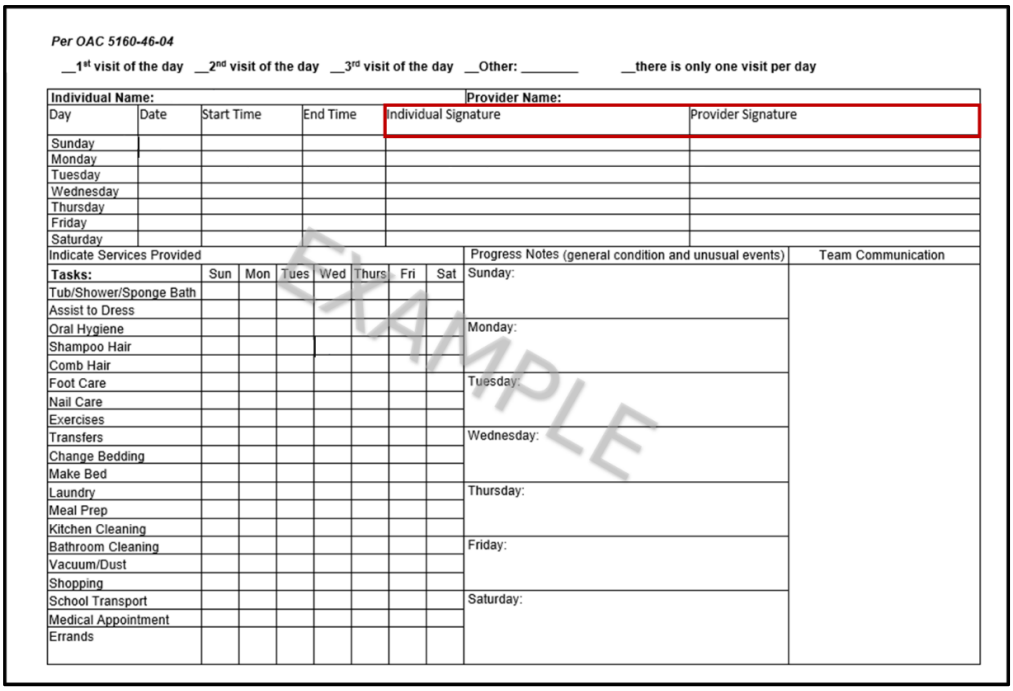
Ohio Department of Medicaid
Co-Signature Requirements by Service Type

Updated: February 17, 2026

This resource summarizes service documentation co-signature requirements for home and community-based services (HCBS). These services provided under the Ohio Department of Medicaid (ODM), Department of Aging (AGE), and Department of Developmental Disabilities (DODD) waiver programs are also subject to electronic visit verification (EVV).

For services requiring a co-signature, the provider must obtain both their own signature and the recipient's (or the authorized representative's, if applicable). These signatures verify that the documentation is complete and accurate and that the service was delivered as intended.

The method for collecting signatures depends on the waiver program and the service provided. ODM offers documentation resources **here** that may help meet these co-signature requirements. **Contact your provider agency to confirm the requirements for the services you provide and the appropriate method for recording these signatures.**



Per OAC 5160-46-04

__1st visit of the day __2nd visit of the day __3rd visit of the day __Other: _____ __there is only one visit per day

Individual Name:				Provider Name:	
Day	Date	Start Time	End Time	Individual Signature	Provider Signature
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Indicate Services Provided								Progress Notes (general condition and unusual events)	Team Communication
Tasks:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sunday:	
Tub/Shower/Sponge Bath									
Assist to Dress									
Oral Hygiene								Monday:	
Shampoo Hair									
Comb Hair									
Foot Care								Tuesday:	
Nail Care									
Exercises									
Transfers								Wednesday:	
Change Bedding									
Make Bed									
Laundry								Thursday:	
Meal Prep									
Kitchen Cleaning									
Bathroom Cleaning								Friday:	
Vacuum/Dust									
Shopping									
School Transport								Saturday:	
Medical Appointment									
Errands									

EXAMPLE

Please note: The screenshot above is an example of a documentation sheet for ODM Personal Care Aide services. Providers are not required to use this exact format to meet co-signature requirements.

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Service Documentation Co-Signature Requirements for Services Subject to EVV		
Service Type	**Payor**	**Recipient or Authorized Representative Co-Signature Required?**
State Plan		
Home Health Aide, Nursing, and Therapy	ODM/MCE	No
Private Duty Nursing	ODM/MCE	No
Registered Nurse Assessment	ODM/MCE	Yes
Registered Nurse Consultation	ODM/MCE	Yes
ODM-Approved Waiver Services		
Ohio Home Care Waiver (OHCW) Home Care Attendant	ODM	Yes
OHCW Personal Care Aide	ODM	Yes
OHCW Waiver Nursing	ODM	Yes
AGE-Certified Waiver Services		
PASSPORT Enhanced Community Living*	ODM/MCE	Signature or Unique Identifier Required
PASSPORT Home Care Attendant	AGE	Signature or Unique Identifier Required
PASSPORT Personal Care Aide	AGE	Signature or Unique Identifier Required
PASSPORT Waiver Nursing	AGE	Yes
DODD-Certified Waiver Services		
DODD Waiver Nursing	ODM	Yes
DODD Waiver Nursing Delegation	DODD	No
DODD Homemaker/ Personal Care Aide	DODD	No
DODD Residential Respite	DODD	No

* Standards for the applicable AGE service apply when delivered in a MyCare setting.