



# Electronic Visit Verification (EVV) Live-in Caregiver Attestation Form

---

**\*\*Send completed form to provider agency or FMS vendor unless you are requesting PART C: Extenuating Circumstances Determination \*\***

## Instructions

Validity of information on this form must be reviewed and updated by the provider agency or Financial Management Service (FMS) vendor with the member and caregiver annually. Changes must be documented immediately. The provider agency or FMS vendor is responsible for maintaining this form and any relevant evidence for Department verification and auditing. If live-in caregiver status is not valid at any time, the attendant and provider agency or FMS vendor shall collect EVV per state rule. Service dates prior to the completion of this form and required approvals must have a corresponding EVV record. The Department reserves the right to deny or revoke live-in caregiver status for an EVV exemption when information on completed form does not meet Department specification or if information is found to be misrepresented or falsified.

On the attached form, complete all informational fields with the most current and accurate information available. Part A, Part B, or Part C attest to the determination of live-in caregiver status by meeting the criteria of a Federal entity definition or Department approval of extenuating circumstances. Select only one and provide the most relevant evidence for that definition. If attesting to an extenuating circumstance, contact the Department for pre-approval\*. "Reside" for Part B means the place of residence or the place used most often for domestic activities outside of work such as sleeping, living, eating, etc. "Premise" for Part B means any property, dwelling, apartment, or structure that the member resides in.

### *Permissible Supporting Documentation (Minimum of 1):*

Copy of both state ID's showing shared residency; address listed on tax returns; automobile registration; voter registration card, utility or other household bill showing individuals address; bank account statement; or Medicaid records. All documentation must be current or have a date within the last three months. Other documentation may be used upon Department approval.

*\*Extenuating circumstance exceptions may be approved for time less than one year. Approval of extenuating circumstance may take 2 - 4 weeks.*



## Live-In Caregiver Attestation Form

Electronic Visit Verification (EVV) is a technology solution which electronically verifies visit information to ensure that home or community-based services are delivered to members needing those services by documenting the precise time service begins and ends. Section 12006 of the 21st Century Cures Act requires all state Medicaid agencies implement an EVV solution. Federal guidance permits states to exempt live-in caregivers from EVV. This exemption may or may not apply to the parent or family of a member, depending on living arrangement.

Caregiver/Member Information	
Caregiver Name:	
Caregiver EVV ID# (Last 5 digits of SSN):	
Member Name:	
Member Medicaid ID#:	
Shared Address:	
Provider or FMS Vendor Information	
Provider Agency or FMS Vendor Name:	<b>Palco - CDASS FMS</b>
Medicaid Provider ID:	<b>1801276738</b>
Provider Agency or FMS Vendor Representative Name:	<b>Palco - CDASS FMS</b>

A **live-in caregiver** is a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by either the U.S. Department of Labor, Internal Revenue Service, or Department-approved extenuating circumstances. Documentation of live-in caregiver status must be collected and maintained by the provider agency. Live-in caregiver status is established by the member/caregiver relationship and only pertains to relationships where documentation has been provided and approved.



**Part A: IRS Determination<sup>1</sup>**

I declare that I am an individual care provider receiving payments under a qualifying state Medicaid program as defined in IRS notice 2014-7 for care I provide to an individual (whether or not related) living in the individual care provider’s home.

**Part B: DOL Determination<sup>2</sup>**

“Permanently” - I reside on the same premises as the individual I provide services to permanently by living, working, and sleeping on premises seven days per week and have no home of my own.

“Extended Periods of Time” - I reside on the same premises as the individual I provide services to for an extended period of time by living, working, and sleeping on premises for five days a week (120hrs or more) OR I spend less than 120 hours per week working and sleeping on premises, but I spend five consecutive days or nights residing on premises.

**Part C: Extenuating Circumstances Determination**

The Department, at its discretion, permits live-in caregiver establishment beyond the above definitions. Pre-approval of the extenuating circumstances is required by emailing the completed form first to [EVV@state.co.us](mailto:EVV@state.co.us)

<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Members transitioning out of residential service
<input type="checkbox"/> Child in Foster Care	
<input type="checkbox"/> Other:	
<b>Part C Department Approver:</b>	
<b>Part C Date of Approval:</b>	

*Signing this document is an attestation that, to the best of my knowledge, the information on this form is true and accurate. I understand that falsifying information may result in a Program Integrity investigation or recoupment of paid claims.*

Caregiver Signature:
Member or Authorized Representative Signature <sup>3</sup> :
Provider Agency:
Effective Date:

Send completed form to provider agency or FMS vendor **unless requesting PART C: Extenuating Circumstances Determination - See Part C for details**

<sup>1</sup> IRS Notice 14-07 effective January 03, 2014 regarding §131 of the Internal Revenue Code

<sup>2</sup> Department of Labor Application of the Fair Labor Standards Act to Domestic Service, Final Rule; Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act (FLSA)

<sup>3</sup> For CDASS, this signature line is intended for the Employer of Record.



**For FMS Vendor Processing Only**

Date of form and supporting documentation receipt:

Effective date of EVV exemption:

By dating this form, the FMS vendor confirms the receipt and review of documentation. Review includes verification that all necessary information is included, not a validation of validity.

Section required to be completed by FMS at processing. If section is not completed, EVV must be submitted per state rule.

Electronic stamp acceptable.