



ELECTRONIC VISIT VERIFICATION - (EVV)

LIVE-IN CAREGIVER ATTESTATION

The Federal 21st Century CURES Act requires all state Medicaid agencies to implement Electronic Visit Verification (EVV), a web-based system that ensures people receive their authorized Medicaid services by verifying Personal Support Worker (PSW) visits and documenting the precise time services begin and end. Federal guidance allows states to exempt caregivers who live in the same home as the Medicaid member/program customer receiving services from the EVV requirement.

To be eligible for IDHS-DDD's EVV Live-In Caregiver exemption, a Personal Support Worker (PSW) funded through IDHS-DDD's Children and Young Adults Support Waiver or Adults with Developmental Disabilities Waiver must be determined to be an individual care provider under a state Medicaid Home and Community Based Services Waiver program defined in [IRS notice 2014-7](#), or meet the live in caregiver requirements, either **permanently** or for an **extended period of time**, as set forth in the U.S. Department of Labor ([Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act](#)). The definitions of **permanently** and **extended period of time** are provided below.

In Illinois, a PSW's EVV Live-in Caregiver Attestation Form is managed by the provider agency (PSW Agency) or Financial Management Services (FMS) entity, also known as ACES\$, by the collection of the signed attestation form and by **an annual review of documentation supporting the customer and PSW residence**. An address change or change in live-in status must be reported promptly, within 5 days of the change in living arrangement, by the Employer of Record (EOR) to the provider agency or ACES\$ to ensure the EVV Live-in Status Attestation Form is updated and accurate.

Acceptable documentation of customer and PSW residence (Choose one of the following):

- Copy of current IL State Driver's License, State ID or Photo ID;
- Vehicle registration or voter registration card;
- Utility or other household bill showing name and address of customer;
- Address on federal or state income tax returns or refunds;
- Bank statement;
- Medicaid records;
- Mail from medical service providers when the address is clearly stated;
- School ID Card (if an address is clearly stated on the ID card);
- Other documentation, upon Division of Developmental Disabilities (DDD) approval.

By signing the attached EVV Live-In Caregiver Attestation Form, the Employer of Record (EOR) and the customer's PSW are attesting that they meet either of the live-in definitions established by the U.S. Department of Labor ([Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act](#)):

- A PSW is an individual care provider receiving payments under a qualifying state Medicaid program as defined in for care provide [IRS notice 2014-7d](#) to a customer living in the PSW's home.
- A PSW resides on the customer's premises **permanently** when the PSW lives, works, and sleeps on the customer's premises seven days per week and therefore has no home of their own.
- A PSW resides on the customer's premises for an **extended period of time** when the PSW lives, works, and sleeps on the customer's premises for five days per week (120 hours or more). If a PSW spends less than 120 hours per week working and sleeping on the customer's premises, but consistently spends five consecutive days or nights residing on the premises, this also constitutes an extended period of time.
- This form is to be used for terminating the Live-In Caregiver exemption when the living arrangement between the PSW and customer no longer meets the definition of a Live-In Caregiver.

Please note that falsifying or misrepresenting information on the EVV Live-In Caregiver Attestation Form may result in disenrollment from the applicable program (Home-Based Services--HBS), termination of PSW employment, Recoupment of PSW payment and/or the case could be turned over to the Illinois State Police Medicaid Fraud Control Unit (ISP - MFCU) to further investigate for fraud. Additionally, the customer could lose their right to self-direct services and be required to use Agency-Based PSW services.

As stated above, please note that submitting this attestation form is an annual requirement in order to remain exempt under the EVV Live-In Caregiver exemption. It is the PSW and/or employer's responsibility to submit the Live-In Caregiver exemption Attestation Form annually.



**ELECTRONIC VISIT VERIFICATION - (EVV)
 LIVE-IN CAREGIVER ATTESTATION**

Customer and Personal Support Worker (PSW) Information:

Customer Name:	
Customer Recipient Identification Number (Medicaid Number):	
PSW Name	
Last Four Digits of PSW Social Security Number (SSN)	
Shared Address:	

Provider Agency/Financial Management Services (FMS) Vendor Information

Provider Agency / FMS Vendor Name:	
Medicaid Provider ID:	

To be eligible for IDHS-DDD's EVV Live-In Caregiver exemption, a direct caregiver must meet either of the definitions as set forth in the U.S. Department of Labor ([Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act](#)). Please select the status below that applies to the direct caregiver:

- 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 a customer living in the PSW's home.
- Live-In Permanently:** I permanently reside on the same premises as the customer to whom I provide services by living, working, and sleeping on the premises seven days per week, and I have no home of my own.
- Live-In for Extended Periods of Time:** I reside on the same premises as the customer to whom I provide services for an extended period of time by living, working, and sleeping on the premises for at least five days (120 hours) per week, **OR** I spend less than 120 hours per week working and sleeping on premises, but I consistently spend five consecutive days or nights residing on premises.
- Termination:** I am terminating my Live-In Caregiver Exemption because the living arrangement between myself and the customer no longer meets the Live-In Caregiver definition.

By signing this document, I attest that, to the best of my knowledge, the information on this form is true and accurate. I understand that falsifying information may result in disenrollment from the applicable program, termination of PSW employment, recoupment of PSW payments and/or the case could be turned over to the Illinois State Police Medicaid Fraud Control Unit (ISP - MFCU) to further investigate for fraud. Additionally, the customer could lose their right to self-direct services and be required to use Agency-Based PSW services.

Once this form is completed, signed and dated, submit it to your PSW Agency/ACES\$ for processing and approval.

Signatures and Dates:

SIGNATURES	DATES
PSW:	Date:
Employer of Record (EOR):	Date:
FOR OFFICIAL USE ONLY:	Effective Date: