



## **Developmental Disabilities Administration**

### **Electronic Visit Verification**

#### **Exemption for Live-in Caregivers Guidance**

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## Audience

- People who use DDA services and their Person-Centered Planning Teams
- Coordinators of Community Services
- Developmental Disabilities Administration
- Financial Management and Counseling Services Agencies
- Medicaid Provider Services
- DDA Traditional Agency Service Providers

## Purpose

This guidance outlines the Maryland Department of Health's (MDH) Developmental Disabilities Administration's Electronic Visit Verification (EVV) live-in caregiver exemption processes including:

- Exemption for Live-in Caregivers request process and Attestation Form;
- Program verification of meeting standards;
- Tracking exempt status of live-in caregivers; and
- Sharing information with DDA Providers and Financial Management and Counseling Services (FMCS) agencies.

## Definitions

- A. "Coordination of Community Services" are targeted case management services to help people receiving and/or requesting services funded by the DDA. Targeted case management services are provided in accordance with, [COMAR 10.09.48](#).
- B. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services either as an employee or contractor of a DDA provider licensed or certified/approved to provide Coordination of Community Services.

- C. "Community First Choice" is a Medicaid program that provides home and community-based services to older adults and individuals with disabilities.
- D. "Community Personal Assistance Services" is a Medicaid program that provides in-home personal assistance services to older adults and individuals with disabilities.
- E. "DDA" is the Developmental Disabilities Administration
- F. "DDA Medicaid Waiver Program" is one of 3 Medicaid Home and Community-Based Waiver programs operated by the Developmental Disabilities Administration, that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
  - 1. Family Supports Waiver;
  - 2. Community Pathways Waiver;
  - 3. Community Supports Waiver.
- G. "Department" is the Maryland Department of Health.
- H. "Electronic Visit Verification" or "EVV" is the technology that electronically verifies and records time associated with the delivery of services so that services are delivered at the right time, in the right place and to the right person.
- I. "Live-in Caregiver", in this guidance, is an individual who lives with and provides paid direct care services to a person.
- J. "LTSS*Maryland*" is an electronic data management system, developed and supported by the Department. For DDA-operated programs, it is used by the DDA, the CCS, and DDA Providers to create, review, and maintain records about:
  - 1. An person's eligibility status for DDA-funded services; and
  - 2. The person's Person-Centered Plan, services, and funding authorized by the DDA.

- K. "Office of Long Term Services and Supports" or "OLTSS" is the Maryland Department of Health's Medicaid Office that oversees all home and community-based service programs and waivers.
- L. "Person" is an individual who receives DDA-funded services.
- M. "Personal Supports" or "PS" provide habilitative and personal care services and overnight supports to assist people, who live in their own or family homes, with development or maintenance of skills related to daily and community living.
- N. "Residency verification document" means a document that includes information about the live-in caregiver's address.
- O. "Respite Care Services" or "Respite" is short-term care that:
1. Provides a break to families, primary caregivers, and people getting DDA funded-services from their daily routines; or
  2. Is used as an emergency backup plan for unpaid caregivers
- P. "Self-directing" is a way of arranging services that empowers the person, with the support from their team, by expanding the degree of choice and control over the services and supports they receive. It gives the person decision-making authority and lets them take responsibility as the legal employer for managing their services with the support of a team they select.
- Q. "Self-Directed Services Delivery Model" or "SDS Delivery Model" is a model of service delivery in the SDS Model the person (not the provider) has:
1. The power and responsibility for overseeing, coordinating and directing the services they have been approved to receive;
  2. Budget authority over how the Medicaid funds are spent to purchase authorized services; and
  3. Employer authority to recruit, hire, train, and supervise the staff and service providers they want to hire.

R. "Traditional Service Delivery Model" is a service delivery model that the DDA provides through its Waiver Programs. In the Traditional Service Delivery model the person chooses a DDA Provider who is responsible for overseeing, coordinating and providing their approved services.

## Overview

MDH provides an option for people to request an exemption for their live-in caregivers who provide Personal Support (PS) and Respite Care Services from Electronic Visit Verification (EVV) requirements. That means that once it has been approved, live-in caregivers do not have to clock in and out in real time.

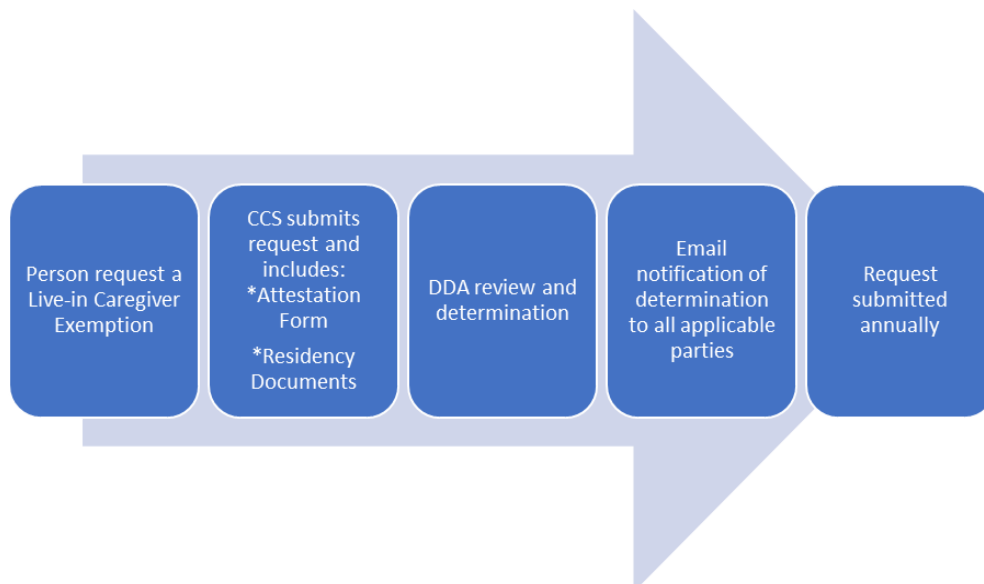
This applies to both the traditional and self-directed services delivery model.

This guidance and exemption applies to the following MDH DDA programs:

- Family Supports Waiver (FSW);
- Community Supports Waiver (CSW); and
- Community Pathways Waiver (CPW).

## Live-in Caregiver Exemption Process

### Stakeholder Process Overview



- A. People interested in seeking an EVV exemption for their live-in caregiver will inform their Coordinator of Community Services (CCS).
- B. The CCS shall:
  - 1. Work with the person and their team to obtain and electronically submit:
    - a. [DDA EVV Live-In Caregiver Exemption Request](#);
    - b. [Attestation Form](#);
    - c. 2 residency verification documents as noted below.

Note: The DDA must have proof that the person and their live-in caregiver live at the same address. A residency verification documents are used as proof.

- 2. Upload the Attestation Form and residency verification documents to LTSS*Maryland* Client Attachments section under the "Other" category.
  - 3. Enter a progress note in LTSS*Maryland* to indicate that the form and verifications have been uploaded.
- C. Upon submission of the DDA EVV Live-In Caregiver Exemption Request, the request and supporting documents are electronically directed to the DDA - Federal Programs Unit for review.
- D. The DDA - Federal Programs Unit will:
  - 1. Review the request and attached documents;
  - 2. Follow up with the CCS as needed; and
  - 3. Document their determination.
- E. Once a determination is made, an email is sent to the person, CCS, live-in caregiver, and traditional provider agency or Financial Management and Counseling Services (FMCS) (as applicable), along with other team members included in the request.
- F. Information related to the request and determination will be captured.

## People Enrolled in Multiple Programs

- A. Some people are enrolled in multiple MDH programs. For example, a DDA Waiver program and Community First Choice or Community Personal Assistance Services.
- B. The DDA will review and make determinations for the FSW, CSW, and CPW programs.
- C. The Office of Long Term Services and Supports (OLTSS) will review and make determinations for the Community First Choice or Community Personal Assistance Services.
- D. People seeking an EVV exemption for live-in caregivers providing services under two MDH programs will need to:
  - 1. Request their case manager from each program complete a separate exemption request, as well as complete the process in *LTSSMaryland*; and
  - 2. Be determined to meet the requirements.
- E. In the event of conflicting determinations for the same caregiver, the DDA and OLTSS will review submitted information, follow up with teams on any discrepancies, and make a final joint determination.

## DDA Live-In Caregiver Exemption Attestation Form

- A. The DDA Live-In Caregiver Exemption Attestation Form must be included with the request form.
- B. Attestations are required on an annual basis.
- C. The effective date cannot be earlier than July 1, 2023 and is good for a one-year period.**
- D. Attestations are required from the following:
  - 1. Person;
  - 2. Live-in caregiver; and
  - 3. CCS.
- E. Attestation Forms must also be uploaded to the person's *LTSSMaryland* Client Attachments section under the "Other" category.
- F. The CCS is responsible for uploading the form.
- G. The Attestation Form must be saved with the following standardized format:

1. EVV Attestation Form - (Person's First Name)(Last Name) (Form Date)
2. For example: EVV Attestation Form - JohnSmith 7-15-2023.

## Residency Verification Documents

- A. Each EVV exemption request submitted must include 2 residency verifications documents for the live-in caregiver.
- B. Acceptable residency verifications documents include:
  1. Real-ID or other State-issued identification (examples include: Maryland driver's license, voter registration card, and photo identification);
  2. Vehicle registration card;
  3. Bank account statement;
  4. Insurance card;
  5. Utility bill;
  6. Lease or mortgage statement; and
  7. Cable or phone bill.
- C. Residency verifications documents must also be uploaded to the person's LTSS *Maryland* Client Attachments section under the "Other" category.
- D. The CCS is responsible for uploading the form.
- E. The documents must be saved and uploaded using the following standardized format:
  1. EVV Real-ID - (Person's LTSS ID#)-(caregiver's Initials);
  2. EVV Other ID - (Person's LTSS ID#)-(caregiver's Initials);
  3. EVV Vehicle Registration - (Person's LTSS ID#)-(caregiver's Initials);
  4. EVV Bank Statement- (Person's LTSS ID#)-(caregiver's Initials);
  5. EVV Insurance - (Person's LTSS ID#)-(caregiver's Initials);
  6. EVV Utility - (Person's LTSS ID#)-(caregiver's Initials);
  7. EVV Lease - (Person's LTSS ID#)-(caregiver's Initials);
  8. EVV Mortgage statement- (Person's LTSS ID#)-(caregiver's Initials);
  9. EVV Cable - (Person's LTSS ID#)-(caregiver's Initials); and
  10. EVV Phone - (Person's LTSS ID#)-(caregiver's Initials).



## DDA Review and Determination Process

- A. DDA will review the request and provide a determination within 20 business days.
- B. DDA may make a request for additional information if the request is not complete.
- C. Request for additional information will be sent when:
  - 1. Requests do not include the attestation form with all required signatures;
  - 2. Requests have a requested effective date prior to July 1, 2023; and
  - 3. Requests do not include 2 residency verification documents.

Note: Additional information requested must be submitted within 5 business days.

- D. Approval standards:
  - 1. Signed attestation by the person, live-in caregiver, and CCS;
  - 2. Request date of July 1, 2023 or later; and
  - 3. 2-approved forms of residency verification for the live-in caregiver which confirm that the person and live-in caregiver's address match.
- E. Denial standards:
  - 1. Requests that do not include attestation with all required signatures (after request for additional information);
  - 2. Requested effective date prior to July 1, 2023 (after request for additional information);
  - 3. Request without 2 residency verification documents (after request for additional information); or
  - 4. Participants and live-in caregiver's addresses do not match.
- F. Denial Letter and Appeal Rights:
  - 1. The DDA will send a denial letter for all requests that do not meet the requirements.
  - 2. The letter will include the person's option to request a reconsideration and right to appeal the decision.

## Financial Management and Counseling Services Notification

- A. The DDA will inform the person's FMCS agency of the DDA's determination.
- B. For all approved requests, the FMCS will receive information related to the live-in caregiver name and the exemption effective date.

## DDA Provider Agency Notification

- A. The DDA will inform the person's DDA Provider agency of the DDA's determination.
- B. For all approved requests, the DDA Provider will receive information related to the live-in caregiver name and the exemption effective date.

## Annual EVV Exemption Request and Attestation Requirement

- A. Live-in Caregiver Exemptions are approved for a one-year period based on the effective date.
- B. Annually, the Exemption Request and Attestation Form must be submitted **30 days prior to the expiration date** unless otherwise authorized due to unique circumstances.

## Changes in Circumstance

The Live-in Caregiver Exemption Request and Attestation Form must be resubmitted under the following conditions:

1. Any time a person changes providers or FMCS agency (as applicable);
2. Any time the live-in caregiver changes;
3. Any time the live-in caregiver address changes; and
4. Any time the person's changes address.

## Traditional Agency Services Providers Billing Requirements

- A. The DDA Provider Agency LTSS*Maryland* Administrators must create a staff profile in LTSS*Maryland* for the live-in caregiver staff.
- B. Providers with exempt live-in caregiver staff may submit their service activities to MDH without the requirement to use the LTSS*Maryland* EVV Clock in and out System (i.e., LTSS*Maryland* EVV Mobile App and the Interactive Voice Response (IVR) system).
  - 1. For those opting to use the mobile app or the phone system, the caregiver will not be required to use an One-time Password (OTP) device and should select "home" for all service provision.
  - 2. For those opting to submit manual time entries, the provider agency must submit manual time entries within 30 calendar days of the date of service into the LTSS*Maryland* Provider Portal system.
- C. The DDA Provider Agency Administrator must submit manual time entries within 30 calendar days of the date of service into the LTSS*Maryland* Provider Portal system.

## Self-Directed Services Billing Requirements

- A. Under the self-directed service delivery model, a live-in caregiver employee who is exempt does not have to use the FMCS EVV real time clock in and out system.
- B. Exempt live-in caregiver employees must use the FMCS electronic billing system including the web based application or FMCS portal.

## Developmental Disabilities Administration EVV Live-in Caregiver Exemption Request

The Developmental Disabilities Administration provides an option for people to request an exemption for their live-in caregivers who provide Personal Support and Respite Care Services from Electronic Visit Verification (EVV) requirements. This applies to both the traditional agency and self-directed services delivery model. The exemption is that the live-in caregiver staff/employee does not have to clock in and out in real time.

**Coordinator of Community Services (CCS) Name \***

**CCS Email Address \***  
A copy of this form will be emailed to this address

**Person's Name \***  
Person's Full Name as noted in LTSSMaryland

**Person's Email**

**Person's LTSS ID \***  
Do not include spaces

**Street Number and Name \***  
The physical address where the person and live-in caregiver live

**City \***

**State \***

- Maryland
- Other

**Zip Code \***

**Live-In Caregiver Name \***

**Live-In Caregiver Email**

**Requested Effective Date \***

The Live-In Caregiver Exception Start Date (Note: Can be no earlier than July 1, 2023)

**Program \***

One form must be completed for each program

- Family Supports Waiver (FSW)
- Community Supports Waiver (CSW)
- Community Pathways (CPW)

**Service Model \***

- Self-Direction Model
- Traditional Service Model

Additional questions associated with the Self-Directed Service Model

**Service Model \***

Self-Direction Model

Traditional Service Model

**Financial Management and Counseling Service (FMCS) \***

GT Independence (GTI)

The Arc of Central Chesapeake Region (Arc CCR)

**Does the Person have a Support Broker? \***

Yes

No

Additional questions associated with the Traditional Service Delivery Model

**Service Model \***

Self-Direction Model

Traditional Service Model

**Provider Name \***

**Provider Email \***

The email address for the main contact at the Provider Agency

**Provider Medicaid Number \***

## Required File Uploads

**Upload the following documents to this form:**

A. MDH Live-In Caregiver Exemption Attestation Form ([LINK](#))

B. Two (2) Forms of Residency Verification (Choose two from the following):

- Real-ID or other State-issued identification;
- Vehicle registration card;
- Bank account statement;
- Insurance card;
- Utility bill;
- Lease or mortgage statement; and
- Cable or phone bill.

### File Upload

Drag and drop files here or [browse files](#)

## LTSSMaryland Upload Checklist

**Please also make sure that the documents shared in this form are uploaded into LTSSMaryland Client Attachments under "Other."**

Check below that the documents have been uploaded into LTSSMaryland.

- Attestation Form \***
- Two Residency Verification documents check \***

## Email Addresses

Send a copy of this form to the following people as directed by the Participant.

### Additional Email 1

### Additional Email 2

**Submit**

MDH Electronic Visit Verification Live-In Caregiver Attestation  
Form - **Example**

**Maryland Department of Health  
Developmental Disabilities Administration  
Live-In Caregiver Exemption  
Attestation Form**

**Instructions:**

1. Coordinators of Community Services (CCS) facilitate the completion of the DDA Live-In Caregiver Exemption Attestation Form.
2. The form must:
  - a. Be included with the DDA's EVV Live-in Caregiver Exemption Request; and
  - b. Uploaded into the person's Client Attachments section in *LTSSMaryland*.

**Important:**

1. Attestation Forms are required on an annual basis.
2. Exemption request effective date can be as of July 1, 2023 or later.
3. The Live-in Caregiver Exemption Request and Attestation Form must be resubmitted under the following conditions:
  - a. Any time a person changes providers or Financial Management and Counseling Services (FMCS) agency;
  - b. Any time the live-in caregiver changes;
  - c. Any time the live-in caregiver address changes; and
  - d. Any time the person's address changes.
4. Reference: Developmental Disabilities Administration Electronic Visit Verification Live-in Caregiver Exemption Guidance



**Maryland Department of Health  
Electronic Visit Verification  
Live-In Caregiver Exemption  
Attestation Form**

**Request Date:** \_\_\_\_\_

**1. Coordinator of Community Services Information**

Coordinator of Community Services Name:

\_\_\_\_\_

Coordinator of Community Services Agency:

\_\_\_\_\_

Coordinator of Community Services Email:

\_\_\_\_\_

**2. Participant's Information**

Name: \_\_\_\_\_

LTSS*Maryland* ID: \_\_\_\_\_

Program (Note: One form must be completed for each program)

- Family Supports Waiver
- Community Supports Waiver
- Community Pathways Waiver

Participant Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Note: The effective date cannot be earlier than 7/1/2023 and is good for a one year period.

### **3. Live-in Caregiver Information:**

Caregiver Name: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **4. Attestation Section**

I acknowledge that this request and related information will be shared with the support broker/provider and all contacts included in the request.

#### **Participant requesting exemption Attestation:**

I am requesting an Electronic Visit Verification live-in caregiver exemption. This means my live-in caregiver does not have to clock in and out in real time. I understand that my Coordinator of Community Services must resubmit this form annually. It must also be resubmitted:

- Any time I change providers or Financial Management and Counseling Services Agency (as applicable);
- Any time the caregiver changes;
- Any time the caregiver's address changes; and
- Any time the participant changes address.

Participant Name	Signature*	Date
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\* If another person is signing on behalf of the participant, please indicate your authority to do so. This includes a legal guardian of person, legally responsible person, or designated representative.

I am authorized to sign on behalf of the participant.

Name \_\_\_\_\_

Authority to Sign \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Live-in Caregiver Attestation:**

I have verified that the information above is accurate. I understand that my work hours submitted to my agency or self-directed participant for payment must be accurate and submitted timely. I understand the exemption from real clocking in/out in real time must be resubmitted and approved annually.

Live-in Caregiver Name	Signature	Date
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**Coordinator of Community Services Attestation:**

I have verified that the information above is accurate and understand that this form must be submitted annually.

_____	_____	_____
Coordinator of Community Services Name	Signature	Date

Issue Date: July 10, 2023

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