

**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:
 1. Be included with the [DDA's EVV Live-in Caregiver Exemption Request](#); and
 2. 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:
 1. Any time a person changes providers or Financial Management and Counseling Services (FMCS) agency;
 2. Any time the live-in caregiver changes;
 3. Any time the live-in caregiver address changes; and
 4. 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

Revised Date: December 5, 2024