



Maryland
DEPARTMENT OF HEALTH

Developmental Disabilities Administration (DDA) Electronic Visit Verification Exemption for Live-in Caregivers

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Agenda

- Overview
- Request Process
- Attestation Form
- Address Verification
- Resources
- Questions

Overview

- Electronic Visit Verification (EVV) is a process that the federal government has put in place for clocking in and out in real time to verify that services are provided to the right person, at the right time, and in the right place.
- EVV requires direct support professionals to clock in and out in real time.

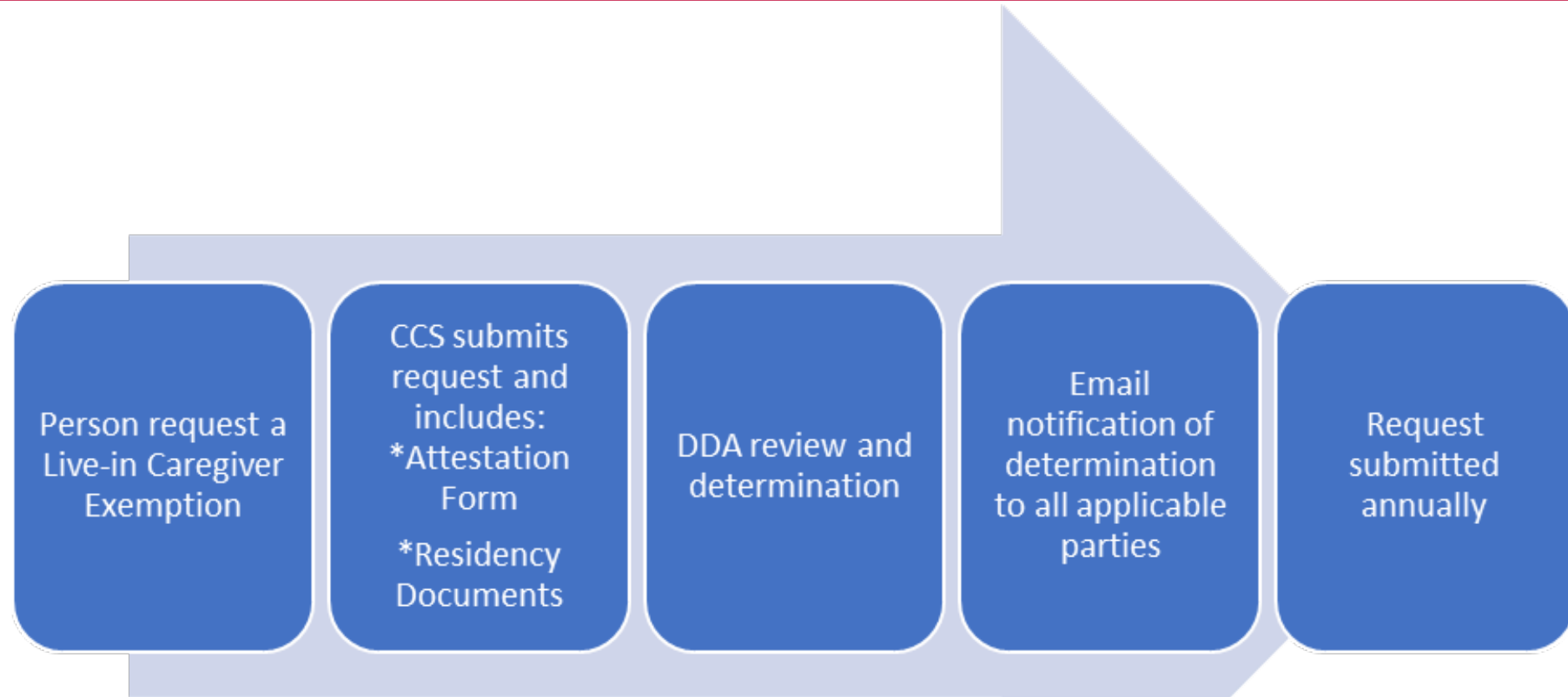
Overview

- For the DDA-operated Medicaid Waiver programs, EVV is required for Personal Supports and Respite Care Services.
- The requirements apply to both the self-directed and traditional service delivery models.

Overview

- Maryland Department of Health is providing an option for people to request an exemption for their live-in caregivers' EVV requirements.
- Live-in caregivers are individuals who live with the person and regularly provide personal support services or respite to them in their home.
- The DDA will review all requests for an exemption and inform the person if the request is approved.
- When a request is approved, the live-in caregiver does not have to clock in and out in real time.

Request Process for DDA Programs



DDA's EVV Exemption Request (1 of 5)

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

- The CCS completes and submits the exemption request.

DDA's EVV Exemption Request (2 of 5)

- 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

DDA's EVV Exemption Request (3 of 5)

- 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 *

DDA's EVV Exemption Request (4 of 5)

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](#)

- The person or live-in caregiver shares documents with the CCS about the live-in caregiver's address.
- The CCS uploads into the request.

DDA's EVV Exemption Request (5 of 5)

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

- The CCS completes the checklist after uploading the Attestation Form and residency documents into LTSSMaryland.
- Additional team member's email can be noted in the request.

Attestation Form

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

Request Date: _____

1. Coordinator of Community Services (CCS) Information

CCS name: _____
 CCS agency: _____
 CCS email: _____

2. Person's Information

Name: _____
 LTSSMaryland ID: _____

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

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

Address: _____

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:

Live-in Caregiver Name: _____
 Caregiver Address: _____

4. Attestation Section

Person requesting exemption Attestation:

I am requesting an EVV 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 CCS must resubmit this form annually. It must also be resubmitted:

- Any time I change providers or FMCS agency (as applicable);
- Any time the caregiver changes;
- Any time the caregiver address changes; and
- Any time the person changes address.

 Person's Name 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

Coordinator of Community Services Attestation:

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

 CCS Name Signature Date

- The CCS facilitates the completion of the Attestation Form.
- The form must be included with the request and uploaded to LTSSMaryland.



Attestation Form Requirements

- Attestation Forms are required on an annual basis.
- Exemption request effective date can be as of July 1, 2023 or later.
- The Live-in Caregiver Exemption Request and Attestation Form must be resubmitted under the following conditions:
 - Any time a person changes providers or Financial Management and Counseling Services (FMCS) agency.
 - Any time the live-in caregiver changes.
 - Any time the live-in caregiver address changes.
 - Any time the person's address changes.

Address Verification Documents

- Acceptable residency verification documents include:
 - Real-ID or other state-issued identification (examples include: Maryland driver's license, voter registration card, and photo identification).
 - Vehicle registration card.
 - Bank account statement.
 - Insurance card.
 - Utility bill.
 - Lease or mortgage statement.
 - Cable or phone bill.

EVV Exemption Summary

- EVV is required for Personal Supports and Respite Care Services.
- The person can request an EVV exemption for their paid live-in caregiver.
- The CCS submits the exemption request.
- The requested effective date can be July 1, 2023 or later.
- The request must include 2 address verification documents and the signed attestation form.
- An email determination notification will be sent to all people included in the request for which an email address was provided.
- Once approved, the request must be submitted annually with residency documentation.

Resources

- [DDA's EVV Live-in Caregiver Exemption Guidance](#)
- [DDA EVV Live-In Caregiver Exemption Request](#)
- [Attestation Form](#)

Resources

- For questions about the live-in caregiver exemption, please contact your DDA Regional Office or the DDA's Federal Programs Unit at DDA.EVV@maryland.gov.
- For questions about traditional services time entry through use of the EVV mobile application, phone system, or manual time entries please contact mdh.ltssbilling@maryland.gov.
- For questions about time entry for self-directed services, please contact the participant and their FMCS.

Questions

