



**State of New Jersey
Department of Human Services**

EVV Live-In Worker Attestation

The Federal 21st Century CURES Act requires all state Medicaid agencies to implement Electronic Visit Verification (EVV), a web-based system that ensures that people receive their authorized Medicaid services by verifying provider 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 participant receiving services from the EVV requirement.

To be eligible for New Jersey's EVV Live-In Worker exemption, a caregiver must meet either the live-in definition of **permanently**, or of the Division of Developmental Disabilities (DDD) **extended period of time** definition, based on the U.S. Department of Labor's extended period definition ([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 New Jersey, a worker's EVV Live-in Status Attestation Form is managed by the Support Coordination Agency through collection of the signed attestation form and **annual review of documentation of member/participant and worker residence**. An address change or change in live-in status must be reported promptly by the member/participant to the Support Coordination Agency to assure the EVV Live-in Status Attestation Form is updated and accurate. The form, and supporting documentation, should be uploaded in iRecord. Upon uploading the form, and e-mail should be sent to the DDDEVV@DHS.NJ.GOV helpdesk indicating the form was uploaded with the DDD ID as the identifying value.

Acceptable Documentation of Member/Participant and Caregiver Residence must be provided to the Support Coordination Agency and can include (Choose one of the following):

- Copy of current NJ State Driver's License or Photo ID.
- Vehicle registration or voter registration card.
- Utility or other household bill showing name and address.
- Address on federal or state income tax returns or refunds.
- Other documentation, upon Department approval.

By signing the attached EVV Live-In Worker Attestation Form, the member/participant and their caregiver are attesting that they meet either of the live-in definitions described below:

- A worker resides on the member/participant's premises **permanently** when the worker lives, works, and sleeps on the member/participant's premises seven days per week.
- A worker resides on the member/participant's premises for an **extended period of time** when the worker lives, works, and sleeps on the member/participant's premises for five days per week (120 hours or more).

Please note that falsifying or misrepresenting information on the EVV Live-In Worker Attestation may result in dis-enrollment from the applicable program, termination of worker employment, and/or recoupment of worker payment.



EVV Live-In Worker Attestation Form

Member/Participant and Caregiver Information

Table with 2 columns and 5 rows for Member/Participant Name, Medicaid ID, Caregiver Name, SSN, and Shared Address.

Provider Agency/ FMS Vendor Information

Table with 2 columns and 2 rows for Provider Agency/ FMS Vendor Name and Medicaid Provider ID.

To be eligible for New Jersey's EVV Live-In Worker exemption, a direct caregiver must meet either of the definitions noted below. Please select the status below that applies to the direct caregiver:

- Live-In Permanently: I permanently reside on the same premises as the individual to whom I provide services...
Live-In for Extended Periods of Time: I reside on the same premises as the individual to whom I provide services for an extended period of time...

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 caregiver employment, and/or recoupment of caregiver payments.

Signatures

Table with 2 columns and 3 rows for Caregiver, Member/Participant or Authorized Representative, and Date.