LIVE-IN CAREGIVER ATTESTATION

Michigan Department of Health and Human Services

Live-in caregivers employed by beneficiaries or agency providers are exempt from using Electronic Visit Verification (EVV). Exemptions must be approved by MDHHS or an Approving Entity. An “Approving Entity” is designated by MDHHS but is not an agency provider. The following criteria must be met for the caregiver to qualify for the EVV live-in caregiver exemption:

- The caregiver must live in the same home as the beneficiary; and
- The home must be the caregiver’s permanent and primary residence.

Live-in caregivers who do not meet the above criteria must use EVV to document personal care services.

INSTRUCTIONS

1. Use **two** of the following proofs of residency to verify the caregiver and beneficiary live at the same permanent, primary residence. Documents must include the live-in caregiver’s name and current home address. Electronic copies are acceptable. For annual renewals if the caregiver and beneficiary reside in the same address, these proofs of residency are not required.

   - Valid Michigan driver’s license
   - Valid Michigan state identification
   - Utility bill or credit card bill issued within the last 90 days
   - Account statement from a bank or other financial institution issued within the last 90 days
   - Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord’s telephone number)
   - Pay stub or earnings statement issued within the last 90 days
   - Life, health, auto or home insurance policy
   - Michigan title and registration
   - Federal, state or local government documents, such as receipts, licenses or assessments

2. Complete this form using the following instructions.

   SECTION 1: Fill in the caregiver’s first and last name, email address, phone number, CHAMPS Provider ID Number, if applicable, and home address. The address must be the caregiver’s current, primary and permanent address.

   SECTION 2: Fill in the beneficiary’s first and last name, Medicaid ID number and home address. Check the box of the program of which the beneficiary is enrolled in and receives services. The address must be the beneficiary’s current, primary and permanent address.

   SECTION 3: The caregiver must provide a handwritten signature and the date of signature. The MDHHS or Approving Entity representative must review the form and attached documentation, sign and date the attestation form and check "Approved" or "Denied" with a reason for denial, if applicable.

HOW TO SUBMIT THIS FORM: Complete this form and submit it along with the documents to your program’s Approving Entity or MDHHS representative. This form can be submitted in person, by email, mail, or fax. Contact your beneficiary's adult services worker, supports/care coordinator, or case manager for assistance turning this form in.

HOW TO RETAIN THIS FORM: Keep a copy of the completed form in a secure place for seven years after the approved signature date in Section 3 of the form. The MDHHS or Approving Entity representative must comply with the privacy, security, and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).

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SECTION 1 – CAREGIVER INFORMATION

Purpose of Attestation (Check One): ☐ Initial Request ☐ Address Change ☐ Renewal			
First Name	Last Name		
Street Address	City	State	Zip Code
Email Address	Phone Number	CHAMPS Provider ID Number	

SECTION 2 – BENEFICIARY INFORMATION

First Name	Last Name	Medicaid ID Number	
Street Address	City	State	Zip Code
(Check One): ☐ Behavioral Health ☐ Home Help ☐ MI Choice ☐ MI Health Link			

SECTION 3 – ATTESTATION

I attest that I live with and provide personal care services to the beneficiary named above. I have provided the required proofs of address and agree to provide updated attestation every year or upon request to maintain live-in caregiver status and be exempt from Electronic Visit Verification (EVV) requirements. I also agree to notify MDHHS, the approving entity, fiscal intermediary or home care agency within 10 calendar days if my living arrangement changes and I no longer live with the beneficiary named above. I understand that failure to provide necessary updated documentation will result in me being required to use EVV.

Live-In Caregiver Signature	Date Signed

FOR MDHHS OR APPROVING ENTITY USE ONLY

I attest that the caregiver documented above provided at least two proofs of residency listed on the instructions page of this form or is renewing their attestation at the same address as previously recorded and approved. Based on my review of the documents provided, the caregiver is:

☐ Approved for the EVV live-in caregiver exemption.

☐ Denied Reason for Denial:

Name of Organization/Program of Approving Entity	
MDHHS or Approving Entity Staff Printed Name	

MDHHS or Approving Entity Staff Signature	Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

AUTHORITY: Title XIX of the Social Security Act and Administrative Rule 400.1104(a)
COMPLETION: Is voluntary but is required if Medical Assistance program payment is desired.