



**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 **extended period of time** as set forth in the U.S. Department of Labor ([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 provider agency or Financial Management Services vendor 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 provider agency or Financial Management Service to assure the EVV Live-in Status Attestation Form is updated and accurate.

Acceptable Documentation of Member/Participant and Caregiver Residence (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 established by the U.S. Department of Labor ([Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act](#)):

- 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 and therefore has no home of their own.
- 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). If a worker spends less than 120 hours per week working and sleeping on the member/participant's premises but spends five consecutive days or nights residing on the premises, this also constitutes an extended period of time.



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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

Member/Participant Name:	
Member/Participant Medicaid ID #:	
Caregiver Name:	
Last Four Digits of Caregiver SSN:	
Shared Address:	

Provider Agency/ FMS Vendor Information

Provider Agency/ FMS Vendor Name:	
Medicaid Provider ID:	

To be eligible for New Jersey’s EVV Live-In Worker exemption, a direct caregiver must meet either of the definitions as set forth in the U.S. Department of Labor ([Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act](#)). 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 by living, working, and sleeping on the premises seven days per week; and, I have no home of my own.
- 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 living, working, and sleeping on premises for at least five days (120 hours) per week, **OR** I spend less than 120 hours per week working and sleeping on premises, but I spend five consecutive days or nights residing on premises.

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

Caregiver:	
Member/Participant or Authorized Representative:	
Date:	