

North Carolina CAP/C and CAP/DA Electronic Visit Verification (EVV) Live-In Caregiver Attestation Form

Per North Carolina Medicaid Policy issued March 23, 2021 titled *Electronic Visit Verification for CAP/C and CAP/DA Waiver Beneficiaries*, waiver recipients who can demonstrate that their employee is a paid live-in caregiver are exempt from having to submit their shifts for payment according to EVV mandates.

This form and supporting documentation must be provided to the Fiscal Agent annually to prove that your employee (live-in caregiver) resides with the waiver recipient. Service dates either before or after the expiration of this form are subject to EVV compliance, per state rule. This form will not be made retroactive, nor will annual renewals of the live-in status be processed retroactively due to the real-time nature of EVV reporting. Please allow a minimum of 5 business days for processing.

If you have an employee who resides with the waiver participant (i.e. a paid live-in caregiver), you must provide the following items annually to be exempt:

- 1) A signed attestation form;
- 2) A drivers' license OR another valid photo identification;
- 3) One additional piece of supporting documentation showing the paid live-in caregiver shares the same address as the waiver recipient. This can be a:
 - a. Current Utility Bill
 - b. Current Credit Card Statement
 - c. Residential Lease Agreement
 - d. School enrollment forms (date must be within 3 months of submittal)**Other documents require the approval of NC Medicaid.*

Waiver Recipient: _____

Employer Name: _____

Employee/Live-in Caregiver: _____

Shared Address: _____

By signing this document I attest that, to the best of my knowledge, this information is true and correct; and that the above named employee is a paid live-in caregiver for the waiver recipient. I understand that providing false or inaccurate information will be reported and may be considered Medicaid Fraud and subject to consequences, including recoupment of paid claims.

Employer Signature: _____ Date: _____

Return this form and supporting documentation to: outreach.nc@outreachfiscalagent.com or fax to 866-463-7589.