

21st Century Cures Act – Electronic Visit Verification Paid Live-In Caregiver Attestation Form

In compliance with Section 12006 of the 21st Century Cures Act, NC Medicaid has implemented an Electronic Visit Verification (EVV) system to monitor visits of personal care services. Live-in caregivers who are hired to render Medicaid personal care services, and who participate in a 1915(c) Home- and Community-Based Service (HCBS) waiver, are exempt from the EVV reporting requirements.

To validate compliance with the EVV mandate to exempt a paid live-in caregiver from data capture during the time personal care services under the Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) are provided, home- and community-based services providers shall complete the Paid Live-in Caregiver Attestation Form to attest to their compliance with this mandate. This attestation form is effective beginning June 1, 2021 and must be updated every six months after that.

HCBS providers are required to comply with the 3K-1 and 3K-2 Clinical Coverage Policies and CAP Standard Operating Procedures as they relate to the EVV mandate. HCBS providers shall also confirm through the signing of this attestation form a hired caregiver rendering services to a CAP/C or CAP/DA waiver participant meets the paid live-in caregiver status to be exempted from EVV data capture. A paid live-in caregiver is defined as a person who lives in the same household as the waiver participant and is hired and paid by an in-home aide or home health agency or through the consumer direction program to assist with activities of daily living (ADL) and instrumental activities of daily living (IADL).

To confirm a hired caregiver meets the status of a paid live-in caregiver, the personnel file of the caregiver must contain a photo ID and one other supporting piece of evidence that lists the address of the paid live-in caregiver to be the same address as the CAP waiver participant, as described below.

- Driver's license or another valid photo ID, and
- Utility-type or credit card statement/bill, or,
- Residential lease agreement, or
- School enrollment forms if enrolled in school or graduated from school within the past three months, or
- An acceptable piece of evidence approved by NC Medicaid that paid live-in caregiver shares the same address as the CAP participant.

The CAP personal care service codes associated with the paid live-in caregiver exemption under section 1915(c) of the Social Security Act are listed below.

- S5125 – CAP/C and CAP/DA in-home aide services
- S5125UN – CAP/DA in-home aide congregate care services
- T1004 –CAP/C pediatric nurse aide respite services
- T1019- CAP/C pediatric nurse aide services
- T2027TF- CAP/C personal assistance congregate care services
- S9122 TG - CAP/C pediatric nurse aide congregate care services
- S9122 TF - CAP/C in-home aide congregate care services

This Paid Live-in Caregiver Attestation Form serves as evidence to bypass the EVV edits in the NCTracks system for claims submitted for a paid live-in caregiver. When submitting a claim for

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services rendered by a paid live-in caregiver, the provider agency must select the place of service (POS) code 99. POS code 99 is designated by NC Medicaid as the paid live-in caregiver exemption code to bypass the EVV edits.

This form must be filed in your agency’s business records for accessibility of verification and auditing by NC Medicaid. NC Medicaid will conduct random post-eligibility auditing to monitor compliance. Signing this document attests that the required documentation listed above was collected to confirm the hired caregiver met the paid live-in caregiver status. The worker is reassessed every six months to confirm ongoing eligibility for this status. Falsifying information may result in a Program Integrity referral and possible investigation or recoupment of paid claims.

HCBC Provider Name: _____

NPI _____

Name of Provider Representative: _____

Title of Provider Representative: _____

Signature of Provider Representative: _____

Date of Attestation: _____