ELECTRONIC VISIT VERIFICATION LIVE-IN WORKER IDENTIFICATION INSTRUCTIONS

The Electronic Visit Verification Live-in Worker Identification form, F-02717, is used to identify a live-in worker and verify their live-in status. **Fee-for-service agencies must submit this form and supporting documentation with their prior authorization in order for live-in workers to meet the residency verification requirement.** This form may also be used by program payers if they do not require electronic visit verification (EVV) for live-in workers. Completed forms must be retained by the provider agency or the program payer according to program document retention requirements.

Element 1: Name – Member (Last, First, Middle Initial)

Enter the last name, first name, and middle initial of the member.

Element 2: Member Medicaid ID Number

Enter the Medicaid ID of the member.

Element 3: Name – Live-In Worker (Last, First, Middle Initial)

Enter the last name, first name, and middle initial of the live-in worker.

Note: The live-in worker's name must match both the worker's name as entered on the ForwardHealth Portal and the worker's name as it appears on the proof submitted.

Element 4: Live-In Worker ForwardHealth ID Number

Enter the live-in worker's ForwardHealth ID.

Element 5: Identification

For the purposes of EVV, a live-in worker is a worker who meets one of the following requirements:

- The worker permanently resides in the same residence as the member or participant receiving services.
- The worker permanently resides in a two-residence dwelling (such as a duplex) where the member or participant receiving services lives in the other half of the dwelling **and** is a guardian or relative of the member or participant receiving services. A relative is defined as a person related, of any degree, by blood, adoption, or marriage, to the member or participant.
- The worker is one of the member's parents or guardians and the member resides with them at regularly scheduled intervals. Both parents or guardians are considered live-in workers for purposes of EVV compliance. Each parent or guardian is required to submit their own separate form and proof of residency.

Permanent residency is determined by the worker being able to produce documentation that shows the worker's name and current residential address. The address must satisfy the requirements for a live-in worker listed above. The worker may use one document from Column A or two types of documents from Column B as shown on the form. Check the box(es) next to the document(s) being submitted as proof of residence. One document from the second list is not sufficient to prove live-in status.

Note: The worker may submit two kinds of household bills (for example, they **may** submit a gas bill and an internet bill), but not two copies of the same type of bill (for example, they **may not** submit two gas bills).

Element 6: Attestation

Check the box to attest that the worker's documentation has been examined and that the worker meets all the requirements of a live-in worker as defined on the form.

Element 7: Name – Representative Verifying Live-In Status

Print or type the name of the representative who has examined the documentation and attests that the worker meets the requirements of a live-in worker.

Element 8: SIGNATURE – Representative Verifying Live-In Status

The verifying representative must sign the form.

Element 9: Name – Agency Verifying Live-In Status

Enter the name of the agency verifying the worker's live-in status.

Element 10: Date Signed Enter the date the form was signed in mm/dd/ccyy format.