

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 EVV for live-in workers. Completed forms must be retained by the provider agency or the program payer according to program document retention requirements.

1. Name – Member (Last, First, Middle Initial)

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

2. Member Medicaid ID Number

Enter the Medicaid ID of the member.

3. Program

Check the box next to the program under which the live-in worker provides services to the member.

4. Name – Live-in Worker (Last, First, Middle Initial)

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

5. Live-In Worker ForwardHealth ID Number

Enter the live-in worker's ForwardHealth Portal ID.

6. Identification

For the purposes of EVV, a live-in worker is a worker who permanently resides in the same residence as the member or participant receiving services. Additionally, a person could be considered a live-in worker if both of the following criteria are met and the documentation below is provided:

- The worker permanently resides in a two-residence dwelling such as a side-by-side duplex or upper and lower home where the member or participant receiving services lives in the other half of the dwelling.
- The worker is a relative of the member or participant receiving services. Relative is defined as a person related, of any degree, by blood, adoption or marriage, to the member or participant.

Permanent residency is determined by the worker being able to produce one of the listed documents that shows the worker's name and current residential address. Check the box next to the document being submitted. If none of the documents from the first list are available, the worker may instead produce **two** types of documents from the second list that show the worker's name and current residential address. Check the boxes for the documents being submitted.

The worker must be able to produce either one document from the first list **or** two documents from the second list. One document from the second list is not sufficient to prove live-in status.

7. Name – Representative Verifying Live-in Status

Print or type the name of the representative who has examined the documentation and attests that the address of the worker matches the address of the member.

8. SIGNATURE – Representative Verifying Live-in Status

The verifying representative must sign the form.

9. Name – Agency Verifying Live-in Status

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

10. Date Signed

Enter the date the form was signed in mm/dd/ccyy format.