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 name entered on the ForwardHealth Portal and the name on the proof submitted.

Element 4: Live-In Worker ForwardHealth ID Number
Enter the live-in worker’s ForwardHealth Portal 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 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.

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. 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: If the worker is submitting documents from Column B, they must submit two documents from the different checkboxes listed. For example, the worker cannot use two gas service statements, or a gas service statement and a phone service statement. They could, however, use a gas service statement and a bank statement.

Element 6: Attestation
Check the box to attest that the worker’s documentation has been examined and that the worker meets all requirements of a live-in worker as defined on this 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.