

Electronic Visit Verification (EVV) Live-in Caregiver (LIC) Exemption Updates



COLORADO

Department of Health Care
Policy & Financing

Previous LIC Exemption Form



Live-In Caregiver Attestation Form

Electronic Visit Verification (EVV) is a technology solution which electronically verifies visit information to ensure that home or community-based services are delivered to members needing those services by documenting the precise time service begins and ends. Section 12006 of the 21st Century Cures Act requires all state Medicaid agencies implement an EVV solution. Federal guidance permits states to exempt live-in caregivers from EVV. This exemption may or may not apply to the parent or family of a member, depending on living arrangement.

Caregiver/Member Information

Caregiver Name:

Caregiver EVV ID# (Last 5 digits of SSN):

Member Name:

Member Medicaid ID#:

Shared Address:

Provider or FMS Vendor Information

Provider Agency or FMS Vendor Name:

Medicaid Provider ID:

Provider Agency or FMS Vendor Representative Name:

A **live-in caregiver** is a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by either the U.S. Department of Labor, Internal Revenue Service, or Department-approved extenuating circumstances. Documentation of live-in caregiver status must be collected and maintained by the provider agency. Live-in caregiver status is established by the member/caregiver relationship and only pertains to relationships where documentation has been provided and approved.

Current "New" LIC Exemption Form



Electronic Visit Verification Attestation of Exemption Form

1. Member Information		
Complete this section with the Health First Colorado Member information. Move to section 2.		
Member first name	Member last name	Health First Colorado ID
2. Caregiver Information		
Complete this section with the caregiver information. Move to section 3. This information is optional when a member is asking for an EVV exemption because of ADA reasonable modification.		
Caregiver first name	Caregiver last name	ID (Last 5 of SSN)
Is the caregiver legally responsible for the member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe their relationship (parent, spouse, sibling, etc.):		
3. Provider or FMS Vendor Information		
Complete this section with the provider information for the billing provider or the FMS Vendor. Then, if asking for an EVV exemption for a caregiver move to section 4. If asking for an EVV exemption for a member because of ADA reasonable modifications, skip to section 5.		
Provider or FMS Vendor name		
Provider Medicaid ID (Not NPI)		
Provider or FMS Vendor Representative name		
4. Caregiver Exemption Type		
Complete this section ONLY if you are a caregiver asking for an EVV exemption. Select only ONE exemption type. If you select live-in caregiver enter the residential address shared by the member and caregiver, then skip to section 7. If you select extenuating circumstances or ADA reasonable modification, then skip to section 6. See Terms and Definitions for more information on the EVV exemptions.		

Electronic Visit Verification Attestation of Exemption Form
Updated DATE 2024

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Electronic Visit Verification Attestation of Exemption Form

5. Member Exemption	
If you are a member asking for the EVV Exemption due to ADA reasonable modifications, fill out this section and go to section 6. See Terms and Definitions (page 5) for more information on the member EVV Exemption.	
<input type="checkbox"/> ADA Reasonable Modifications (If checked, then go to section 6.)	
6. Explanation for Request Extenuating Circumstances or ADA Reasonable Modifications	
If you are asking for an EVV Exemption for extenuating circumstances or due to ADA reasonable modifications, explain below why you are asking for an EVV Exemption and go to section 7. HCPF may request other documentation before approving. See Terms and Definitions (page 5) for more information on the EVV Exemption.	
7. Attestation Sign and Date (Effective Date)	
Complete this section with signatures and dates by the member or authorized representative, billing provider or FMS representative, and caregiver*. If asking for the Live-in Caregiver EVV Exemption, then send this form and supporting documentation to the billing provider or FMS Vendor. If asking for an EVV Exemption for extenuating circumstance or due to ADA reasonable modifications, go to section 8. Billing providers or FMS Vendors must submit this form and supporting documentation through the Provider Web Portal within 30 days of the member's attestation date. *A caregiver signature is optional when a member is asking for the EVV Exemption due to ADA Reasonable Modifications.	
I declare that this form, to the best of my knowledge, is true, correct, and complete. I understand that falsification or misrepresentation of information may result in HCPF revocation of the EVV Exemption, program integrity investigation, and/or recoupment of paid claims. If the EVV Exemption is revoked, EVV must be collected for required services.	
Member or Authorized Representative Signature:	Date: (Effective Date)
Provider or FMS Vendor Representative Signature:	Date:
Caregiver Signature: (Optional if a member is asking for an EVV Exemption due to ADA reasonable modifications)	Date:



Updates to EVV LIC Exemption Form

The Department of Health Care Policy and Financing (HCPF) has updated the form, it is [on EVV Resources Page](#).

Changes include:

1. Simplified Exemption Types

- Live-in caregiver - Most common
- Extenuating circumstances includes extended periods of time - Less common
- Americans with Disabilities Act (ADA) reasonable modification - Least common

2. New Question(s)

- Are you legally responsible for the member?
- Describe relationship (parent, spouse, sibling, etc.)

3. New supporting documents permitted, examples:

- Change of Address Form (CNL107)
- Motor Vehicle Registrations
- Insurance policies (homeowner's, renters, and motor vehicle)
- Tax Returns

CDASS Members - What to Expect

- Financial Management Services (FMS) contractors for Consumer-Directed Attendant Support Services (CDASS) may contact members, or their Authorized Representatives, and request that they to complete part of LIC Exemption Form:
 - Member and Attendant (caregiver) name
 - Member Medicaid ID
 - Attendant FMS ID (Last 5 digits of Social Security Number)
 - Address (if traditional live-in caregiver exemption)
 - Supporting documentation (e.g. utility bill, pay stub, copy of driver's license, etc.)
 - Attendant and Member signature
- Exemption will need to be renewed each year.

Purpose of the Updated LIC Process

- Agencies/vendors previously maintained documents at the agency/vendor-level.
 - FMS will still do this as of now. CDASS participants will complete the new form.
- HCPF audits of LIC exemptions show a need for more HCPF oversight.
- This more formal approval process now requires agencies to update and upload exemption information in the Gainwell Provider Web Portal.
- Strengthens the overall exemption process.
- Simplifies the exemption type selection process.
- Improved reminders for renewal/expiration of exemptions.
- Leverages the application tracking process (ATN) request process.
- Improved and more timely feedback.
- Improves HCPF oversight while maintaining LIC flexibilities.

Future Plans

- To improve efficiency, HCPF is developing a process to support bulk uploading of exemption requests into Gainwell Provider Web Portal for high-volume providers, like the FMS.
 - This will allow large batches of exemptions to be uploaded.
 - Expected to be available before the end of the calendar year.
- Updates on this process will be provided to stakeholders through the EVV Newsletter and other communication channels.
 - Visit the EVV webpage to [sign up for the newsletter](#).
 - Visit the [OCL Stakeholder Engagement Calendar](#) to attend an upcoming EVV Listening Session.



Questions?

Contact Information

Contact Us using the EVV Inbox Form

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EVV Website

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