

EVV Live-In Exemption: Annual Attestation Form

MassHealth Personal Care Attendant (PCA) Program

IMPORTANT

Complete this form if you think you qualify for the EVV “Live-In Exemption”

This form is for Consumers and Personal Care Attendants (PCAs) in the MassHealth PCA Program are required to use Electronic Visit Verification (EVV).

Consumers and PCAs who live together permanently or for extended periods of time do NOT need to use EVV together. Instead, they can continue to submit paper timesheets or eTimesheets. This is called the live-in exemption. If you are completing this form, you are requesting to **NOT** use EVV because you live with your PCA or Consumer permanently or for extended periods of time.

Instructions

Only complete this form if it is your turn to start using EVV or you are a new consumer or PCA who enrolled in the PCA program on or after 10/1/2023. When it is your turn, you will receive a letter from Tempus FI with a start date.

Most Consumers and PCAs are required to use the EVV system. However, if a Consumer and PCA live together permanently or for extended periods of time, they do not need to use EVV. This is called the Live-In Exemption.

Do **NOT** complete this form unless you think you qualify for the Live-In Exemption. If you do not live with your PCA or Consumer, you will not qualify for the Live-In Exemption. If you are a Consumer who uses multiple PCAs, you will still need to use EVV with any PCA(s) who do not live with you.

If you think you qualify for the Live-In Exemption, please complete this form with your Consumer/PCA and send it to Tempus FI for processing at:

- **Email:** MAFMS@tempusunlimited.org
- **Fax:** 800-359-2884
- **Mail:** Tempus Unlimited, 600 Technology Center Drive, Stoughton, MA 02072

Tempus will notify you within 2-3 weeks of receiving your attestation form. If it has been more than 3 weeks since you submitted this form, please call Tempus FI at [1-877-479-7577 ext. 1] to get an update.

You must send this form to Tempus FI every year. Each year, when the expiration date of the exemption is about 6 weeks away, Tempus FI will contact you to complete a new form.

MassHealth PCA Program: EVV Live-In Exemption Annual Attestation Form

By completing this form, I agree and attest to the following:

1. I am a Consumer (or Surrogate submitting this on behalf of a Consumer) or PCA in the MassHealth PCA program
2. I believe that I am exempt from the requirement to use EVV in the MassHealth PCA program, because:
 - a. I have reviewed the requirements described in this form, which are further described in Section 12006 of the 21st Century Cures Act at 42 USC 1396b(l)
3. I am exempt from using EVV because I live with my PCA/Consumer either “permanently” or for “extended periods of time.”

- a. I understand the following definitions:

Definition of “permanently:” The PCA lives, works, and sleeps at the same home as the Consumer-employer seven days per week, and therefore, has no home of his or her own other than the one in which the Consumer-employer lives.

Definition of “extended periods of time:” The PCA lives, works, and sleeps at the same home as the Consumer-employer for five days a week (120 hours or more). If the PCA spends less than 120 hours per week working and sleeping at the same home as the Consumer but spends five consecutive days or nights per week residing together with the Consumer, this is also considered an “extended period of time.”

- **Example 1:** A PCA resides in the same home as the Consumer-employer for five consecutive days: from 9:00 a.m. Monday until 5:00 p.m. Friday. The PCA sleeps on the premises Monday, Tuesday, Wednesday and Thursday nights. This arrangement **DOES** qualify as an “extended period of time.”
- **Example 2:** A PCA works in the Consumer-employer’s home five days per week, from 9:00am until 5:00pm. The PCA does **NOT** sleep at the Consumer-employer’s home. This arrangement **DOES NOT** qualify as an “extended period of time”

4. I understand that this form **ONLY** applies to the specific Consumer and PCA listed below. I understand that I will still need to use EVV with any Consumer or PCA who I do not live with. If I work with another Consumer or PCA, but I do not live with them permanently or for extended periods of time, I must still use EVV with them.
5. I agree to provide this attestation every year, or as required by the Executive Office of Health and Human Services (EOHHS) and Tempus FI. If I fail to complete this form and send it to Tempus FI each year, I will be required to start using EVV. If I fail to submit this form, Tempus FI will assume that I no longer qualify for the Live-In Exemption.
6. I understand that I must immediately update Tempus Fiscal Intermediary (FI) if my contact information changes. This includes changes to my home address, mailing address, phone number, or email address.
7. **I understand that I must immediately contact Tempus FI if I stop living with my PCA/Consumer permanently or for extended periods of time.**
 - a. For instance, if I am a Consumer and my PCA moves to a new home, I must immediately contact Tempus Unlimited FI and state that I am no longer eligible for the Live-In exemption.
8. I understand that if I am no longer eligible for this EVV Live-In exemption, I will need to use the EVV system. I agree to use the EVV system, if required.
9. I agree to provide proof that I qualify for the live-in exemption, upon request of EOHHS or its agent. This may include, but is not limited to, proof of residency or extended stay at a specific address.
10. I agree that I may be subject to an audit by EOHHS or its agent regarding my residency status or other information relevant to this EVV live-in exemption. I agree to participate in an audit by EOHHS or its agent.

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MassHealth PCA Program

Consumer/Surrogate Signature

By signing below, I attest under the pains and penalties of perjury that all of the information in this EVV Live-in Exemption Attestation Form is true and accurate, and that I (the Consumer) reside with the PCA named below permanently or for extended periods of time, as defined above.

Printed Name of Person Signing Form

Consumer Name (if this form is being completed by a Surrogate)

Consumer ID #

Signature

Date Signed

Consumer Home Address

Consumer Email Address

PCA Signature

By signing below, I attest under the pains and penalties of perjury that all of the information in this EVV Live-in Exemption Attestation Form is true and accurate, and that I reside with the above Consumer-employer permanently or for extended periods of time, as defined above:

PCA Printed Name

PCA Unique ID #

Signature

Date Signed

PCA Home Address

PCA Email Address