EVV Live-In Exemption: Annual Attestation Form

MassHealth Personal Care Attendant (PCA) Program

Consumers and Personal Care Attendants (PCAs) are required to use the Electronic Visit Verification (EVV) system. However, if a Consumer and PCA live together permanently, they are not required to use EVV. This is called the EVV Live-In Exemption.

Important - Complete this form only if you qualify for the EVV "Live-In Exemption"
This form is for Consumers and PCAs in the MassHealth PCA Program. **Consumers and PCAs who live together permanently at the same address do NOT need to use EVV, although they may choose to use EVV**. EVV is the fastest and easiest way to submit timesheets. If you are completing this form, you are requesting to **NOT** use EVV because you live with your PCA or Consumer permanently.

Instructions

- Do **NOT** complete this form unless you qualify for the Live-In Exemption and can provide the required supporting documentation.
- PCA's supporting documentation must be submitted with the exemption form. To aid in processing, write "EVV" and the corresponding Consumer number on all supporting documentation.
- Requests will not be processed if the form and documentation are submitted separately.
- If you do not permanently live with your PCA or Consumer in the same residence, 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 permanently live with you.

PCA's Supporting Documentation: The PCA must include with the Annual Attestation Form one of the following supporting documents (the PCA's name and address must be clearly shown on the document):

- Valid Massachusetts Identification Card (Mass ID) or Massachusetts Driver's License
- Form 1040 Tax Return from the current year
- Valid Automobile registration
- Utility bill (Gas, electric, water, or landline phone—no cell phone) dated within the past 30 days
- Bank account statement dated within the past 30 days
- Letter or document from a school where the PCA currently attends
- Letter or document (e.g., bill) from a medical provider (no insurance paperwork)

If you qualify for the Live-In Exemption, please complete this form with your Consumer/PCA and send it, along with the PCA's supporting document, to Tempus FI for processing by:

Email*	Mail	Drop Off
EVVExemption@tempusunlimited.org	Tempus Unlimited 600 Technology Center Dr. Stoughton, MA 02072	Visit a Tempus FI Regional Office

**Email is not a secure method for sending personal information. To help protect your privacy, please do not email documents containing Personally Identifiable Information or Protected Health Information, such as Social Security numbers, bank account numbers, or medical details. If the supporting documentation includes this information, please redact it or cross it out before submitting it.*

Forms are processed in the order they are received. Tempus FI will notify you when your attestation is approved or denied. Please allow up to 1 week for processing. If your submission is incomplete, all corrected items must be resubmitted together as one complete submission. **This exemption must be renewed annually. Tempus FI will contact you 45 days before the expiration date. Renewal forms may not be submitted earlier than 45 days before the exemption expires.**

Tempus Unlimited, Inc. | 600 Technology Center Drive Stoughton, MA 02072
Phone: (877) 479-7577 | Email: EVVExemption@tempusunlimited.org

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

1. I am a Consumer (or a Surrogate or Administrative Proxy (AP) submitting this on behalf of a Consumer) or PCA in the MassHealth PCA program. 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), and I believe that I am exempt from the requirement to use EVV in the MassHealth PCA program.

2. I am exempt from using EVV because I live with my PCA/Consumer "permanently".
   Definition of "live together 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. If there is a unit or apartment within the building listed in the consumer's address, the PCA must also reside in that same unit or apartment

3. I understand that this form ONLY applies to the specific Consumer and PCA listed on the form. I understand that if I work with another Consumer or PCA, but I do not live with them permanently, I must still use EVV with them.

4. 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.

5. I understand that I must immediately update Tempus FI if my contact information changes. This includes changes to my home address, mailing address, phone number, or email address.

6. I understand that I must immediately submit an EVV Live-In Exemption: Removal Form to Tempus FI if I no longer live with my PCA/Consumer permanently. For instance, if I am a Consumer and my PCA moves to a new home, I must immediately submit the EVV Live-In Exemption: Removal Form to Tempus FI indicating I am no longer eligible for the EVV Live-In Exemption

7. 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.

8. I confirm that all PCA supporting documentation submitted with this form is true, accurate, and complete, and I agree to provide additional proof of eligibility, if requested by EOHHS or its designee.

9. I understand that I may be subject to an audit by EOHHS or its designee regarding my residency status or other information relevant to this EVV Live-In exemption.

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MassHealth Personal Care Attendant (PCA) Program

Consumer Full Name*	Consumer Number*

Consumer Home Address* *(P.O. Box is **not** acceptable)* **(Tempus will change your home address on file, if different from below.)**					
Street Address*					
Bldg/Unit/Apt					
City*		**State***	MA	**Zip Code***	
Is Consumer's mailing address the same as Consumer's home address?				☑ Yes	☐ No

Consumer, Surrogate or Administrative Proxy (AP) 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) permanently reside with the PCA named below.

✍

Consumer, Surrogate or AP Signature **Printed Name** **Date**

PCA Full Name*	PCA Unique ID*

PCA Home Address* *(P.O. Box is **not** acceptable)* **(Tempus will change your home address on file, if different from below.)**					
Street Address*					
Bldg/Unit/Apt					
City*		**State***	MA	**Zip Code***	
Is PCA's mailing address the same as PCA's home address?				☑ Yes	☐ No

PCA's Supporting Documentation Included*

Please use the checkbox to indicate at least one of the supporting documents submitted

- ☐ Valid Massachusetts Identification Card (Mass ID) or Massachusetts Driver's License
- ☐ Form 1040 Tax Return from the current year
- ☐ Valid Automobile registration
- ☐ Utility bill (Gas, electric, water, or landline phone) dated within the past 30 days
- ☐ Bank account statement dated within the past 30 days
- ☐ Letter or document from a school where the PCA currently attends
- ☐ Letter or document (e.g., bill) from a medical provider (no insurance paperwork)

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 and the Supporting Documentation is true and accurate, and that I (the PCA) permanently reside with the Consumer named above.

✍

PCA Signature **Printed Name** **Date**

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