

DEPARTMENT OF DEVELOPMENTAL SERVICES
ELECTRONIC VISIT VERIFICATION (EVV) EXEMPTION
VENDOR ATTESTATION FOR LIVE-IN STAFF

VENDOR NAME: _____
VENDOR
NUMBER(S): _____
RC SERVICE: _____
REGIONAL
CENTER(S): _____
CONSUMER UCI(S): _____
LIVE-IN STAFF
NAME(S) _____

A live-in paid staff is an individual who regularly remains in the consumer's home for more than 24 hours at a time. EVV does not apply to services provided by a live-in staff.

ATTESTATION

I confirm the staff named above are live-in staff and the hours of service they provide are not subject to EVV, and that I have the authority to provide this attestation on behalf of the vendored agency listed at the top of this form.

SIGNED BY: _____
TITLE: _____
SIGNATURE: _____
DATE: _____

This form will be retained as a part of the records of services provided to consumers referenced in Title 17, California Code of Regulations, Division 2, §54326(3) and must be updated by the vendor as needed*.

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Instructions:

Vendor Name: Enter the name of the vendored provider to which this attestation applies.

Vendor Number(s): Enter the vendor number(s) to which this attestation applies.

Service Code(s): Enter the authorized service code(s) to which this attestation applies.

Service codes currently identified as needing to comply EVV requirements are Respite Services (465, 862, 864), Supported Living Services (896), Personal Assistance Services (062) or Home Maker Services (858, 860). If you are a vendored provider who does not provide these services, EVV requirements and this form do not apply to you.

Regional Center(s): Enter the regional center(s) to which the vendor numbers you identified above apply.

Consumer UCI(s): Enter the unique client identifier (UCI) number(s) for those consumers that this attestation applies to. If this attestation applies to multiple consumers, you may attach a listing of consumers in lieu of listing all consumers in this space. You must assure that the attached listing of UCIs is dated (even if the date is written in) to match the date this attestation is signed.

Staff Name(s), if applicable: Enter the staff name(s) if this attestation is only for specific staff who are eligible for the exemption reasons.

Attestation: A person who is authorized to attest to the exemption at the vendored provider must complete this section attesting to the document being true and correct.

*This attestation must be updated when the information on it changes. An example includes when a staff person is no longer considered a live-in caregiver for the consumer.