

**Maryland Department of Health  
Developmental Disabilities Administration  
Live-In Caregiver Exemption  
Attestation Form**

**Instructions:**

1. Coordinators of Community Services (CCS) facilitate the completion of the DDA Live-In Caregiver Exemption Attestation Form.
2. The form must:
  1. Be included with the [DDA's EVV Live-in Caregiver Exemption Request](#); and
  2. Uploaded into the person's Client Attachments section in *LTSSMaryland*.

**Important:**

1. Attestation Forms are required on an annual basis.
2. Exemption request effective date can be as of July 1, 2023 or later.
3. The Live-in Caregiver Exemption Request and Attestation Form must be resubmitted under the following conditions:
  1. Any time a person changes providers or Financial Management and Counseling Services (FMCS) agency;
  2. Any time the live-in caregiver changes;
  3. Any time the live-in caregiver address changes; and
  4. Any time the person's address changes.
4. Reference: [Developmental Disabilities Administration Electronic Visit Verification Live-in Caregiver Exemption Guidance](#)

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**Request Date:** \_\_\_\_\_

**1. Coordinator of Community Services (CCS) Information**

CCS name: \_\_\_\_\_

CCS agency: \_\_\_\_\_

CCS email: \_\_\_\_\_

**2. Person's Information**

Name: \_\_\_\_\_

LTSS*Maryland* ID: \_\_\_\_\_

Program (Note: One form must be completed for each program)

- Family Supports Waiver (FSW)
- Community Supports Waiver (CSW)
- Community Pathways Waiver (CPW)

Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

Note: The effective date cannot be earlier than 7/1/2023 and is good for a one year period.

**3. Live-in Caregiver Information:**

Live-in Caregiver Name: \_\_\_\_\_

Caregiver Address: \_\_\_\_\_

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**4. Attestation Section**

**Person requesting exemption Attestation:**

I am requesting an EVV live-in caregiver exemption. This means my live-in caregiver does not have to clock in and out in real time. I understand that my CCS must resubmit this form annually. It must also be resubmitted:

- Any time I change providers or FMCS agency (as applicable);
- Any time the caregiver changes;
- Any time the caregiver address changes; and
- Any time the person changes address.

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Person's Name	Signature	Date
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**Live-in Caregiver Attestation:**

I have verified that the information above is accurate. I understand that my work hours submitted to my agency or self-directed participant for payment must be accurate and submitted timely. I understand the exemption from real clocking in/out in real time must be resubmitted and approved annually.

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Live-in Caregiver Name	Signature	Date
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**Coordinator of Community Services Attestation:**

I have verified that the information above is accurate and understand that this form must be submitted annually.

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CCS Name	Signature	Date
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Issue Date: July 10, 2023