

## Live-in Caregiver FAQ

# AHCCCS E.V.V.

## ELECTRONIC VISIT VERIFICATION

### General

#### Why is AHCCCS requiring EVV for members who have live-in caregivers?

In August 2019, the Centers for Medicare and Medicaid Services released guidance that gives states the flexibility to decide whether or not to require EVV for members with live-in caregivers. AHCCCS has decided to continue to require EVV for members in these situations to make sure all members get the care they need when they need it while building in more flexibility in the EVV program for members and their live-in caregivers.

#### What other service delivery scenarios are like having a live-in caregiver?

In addition to the common scenario for ALTCS members with a live-in caregiver, some behavioral health services are provided in settings where there is a caregiver onsite or on demand to provide services both on a set schedule and whenever a member needs them. For example, a member may live in an apartment, but the service provider has an office in the apartment complex and staff is available 24/7 to offer supports and services to the member. Another example is a member that is served by an ACT Team. During the provider's daily check-ins with the member, the provider may identify a support need the member has and provide the service on the spot.

#### What is AHCCCS going to do for members with a live-in or onsite caregiver to help ensure that EVV does not impact the flexible way in which these members receive services?

While still requiring EVV, AHCCCS is giving the member's service planning/treatment team the flexibility to determine whether or not a schedule is required for members receiving services provided by a live-in or onsite caregiver. The schedule is what helps the provider agency know if services are being provided as originally planned based upon the member's service plan. It will be important for members and their families to understand that without a schedule, the provider agency is unable to know if services cannot be provided within a given day unless the member/family communicate this issue to the provider agency directly. Services must continue to be provided within the authorization limits and tasks performed (during the days of the week and times) consistent with the medically necessary needs and preferences outlined in the service plan. AHCCCS encourages members, their families, case managers (if applicable) and the provider agency to have a discussion and make a determination whether or not the exemption from the scheduling requirement is the best decision in support of a member's need to get care when they need it.

While members and their families have the freedom to choose among available EVV device options, AHCCCS is allowing the continued use of paper timesheets along with a device to electronically verify the actual date, start and end time of the delivered services. For some EVV systems, this means a FOB device will be used. In those situations, the FOB device will be stored in the member's home. Caregivers will click a button to generate a code that acts as a time and date stamp. The caregiver will write down

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the code at the beginning and at the end of each service. Those codes are expected to be entered onto the timesheet and the timesheet signed by the member (or designee) before given to the provider agency for processing. The timesheet must be entered into the EVV system in order for the provider to get paid for services.

***This is just ONE example of what this device and process might look like, that may be a flexible EVV option for members and their live-in caregivers. AHCCCS encourages members and their families to talk with providers about which EVV device options are the best fit for their lifestyle and how they receive services. There may be other options for EVV the provider may have depending upon the EVV system they have chosen to use.***

## The following questions and answers pertain to updates made in July 2025 to the technical specifications requiring provider agencies to identify DCWs who are live-in caregivers.

Many agencies have caregivers that care for more than one member that lives in the same home with them but may fall under a different relationship category for each member they provide care to. Is this going to be a problem?

Not at all. This is the reality of our system. Please send the XREF for each unique client, relationship and service combination.

### What if the EVV vendor we chose doesn't have this capability?

The provider agency is directly responsible for ensuring their chosen and contracted EVV vendor is compliant with AHCCCS policy as that agency has (or will have) a direct contract with the vendor. The providers and EVV vendors have until September 30, 2025, to input and transmit data to the Aggregator.

### Does this apply only to live-in caregivers of minor children?

No, AHCCCS wants any live-in caregiver relationship documented in the EVV system. If any type of live-in caregiver relationship exists, it should be documented in the XREF and sent to the Aggregator.

### What services are permitted to have live-in caregivers?

The following services are appropriate to have live-in caregivers.

- Attendant Care S5125
- Habilitation T2017
- Home Health Aide T1021
- Homemaker S5130
- Personal Care T1019
- Respite S5150 and S5151

### What is the difference between Parents/adoptive parents/legal from Guardians?

AHCCCS combined those relationships together as one option because those are individuals who have a legal responsibility to provide care. This information will help us identify those relationships that might need to adhere to the parents paid caregiver (PPCG) requirements specifically. For more information on

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that service model, please visit the AHCCCS Member Resources [webpage](#).

## How will the system distinguish between live-in caregivers and guardians providing services to minors?

As part of the technical specifications, you will need to identify the appropriate live-in caregiver relationship among the available options. If a caregiver falls into the category of a parent, adoptive parent, or legal guardian, you would select that category. If the caregiver is a step-parent that has not legally adopted the child, then you would just select the step-parent option. If there is a situation where the grandparents are the legal guardian, then we want you to select the parent, adoptive parent or legal guardian option because there are specific requirements with the PPCG service model waiver and the state law that must be monitored.

## Billing codes reflect the type of live-in caregiver vs. non-live in, then by family vs. non-family. There are live-in family caregivers that are not parents but are live-in caregivers for a minor child. How will only checking live-in family vs. non-family provide data regarding usage of the parents as paid caregiver service model?

The information shared by the providers will be used to develop reports. The reports will be able to identify when a minor member and a parent live-in caregiver relationship exists. These reports are available in the Aggregator. AHCCCS and Health Plans will also monitor the EVV data.

## If our organization does not employ live-in caregivers, are we still required to send the XREF data endpoint with all elements of the specifications set to Null?

No, the information is only needed when there is a live-in caregiver relationship.

## What are the exact relationship values that are required?

The exact relationship values are as follows, including dashes and forward slash:

Spouse  
Adult children/Stepchildren  
Son-in-law /Daughter-in-law\*  
Grandchildren  
Siblings/Step siblings  
Parents/Adoptive Parents/Legal Guardians  
Stepparents  
Grandparents  
Mother-in-law/Father-in-law  
Brother-in-law/Sister-in-law  
Other

*\*The space after Son-in-law is intentional.*

## Can I assume that “Other” is “No Relationship?”

No, if there is no live-in relationship, the XREF does not need to be sent. The category of “other” is to be used for live-in caregiver relationships not otherwise defined in the list of options.

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**If a client receives two different services, and they have a live-in caregiver, do we need to send this interface request for both services, or just once?**

You will need to send the information for both services. It would be accepted as two different cross references by service.

**It asks us to define the start date of the relationship. Is it the first shift or something else?**

The date must be before the first visit. The agency can decide if they want to use the start date the date the individual was officially hired by the agency, or the date of the first shift. We're flexible about that, but it must be before the actual visit occurs.

**If we go live on 9/30, do we have to send retroactive live-in caregiver data from 7/1?**

You do not have to send retroactive data. When you EVV system goes live with this feature, only the data for current live-in caregiver relationships is required to be sent. Thereafter, the relationship must be updated in the system within 30 days of hire or when there is a change to the relationship (i.e. end date).

**Can we send live-in caregiver data before July 1, 2025, for older visits or is this applicable only for visits starting July 1, 2025?**

You do not have to send retroactive data. When you EVV system goes live with this feature, only the data for current live-in caregiver relationships is required to be sent. Thereafter, the relationship must be updated in the system within 30 days of hire or when there is a change to the relationship (i.e. end date).

**Can the XREF be submitted multiple times with no changes for the same member live-in caregiver relationship or will it cause an error?**

Yes, it can be submitted multiple times but the duplicate will be ignored. We would suggest that this information only be sent when there is a change.

**Will we be able to send multiple caregivers in the new XREF file or does each live-in caregiver need to be sent in a separate file?**

The XREF is its own endpoint. It must be sent for each unique member, service and live-in caregiver relationship combination.