

## CO CDASS EVV Registration Form

This form is for the purpose of Electronic Visit Verification (EVV) registration with Palco as well as changes to an existing EVV registration. Please complete the entire form and review for accuracy before submitting. **If you are submitting a CO CDASS live-in EVV Exemption form, this form is not required.**

- New EVV Setup for New Worker**
                 
  **Change to Existing EVV Registration**

PARTICIPANT INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email:	Phone:

EMPLOYEE INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email (Required):	Phone:

EVV METHOD SELECTION
<b>How would you like to utilize EVV? <i>Choose only <b>one</b> option</i></b>
<input type="checkbox"/> <b>Authenticare Mobile Application</b>  <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> <p><b><i>Device ID:</i></b></p> </div> <p style="text-align: center; color: red; font-weight: bold; margin: 10px 0;"> <b>PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE.</b> </p> <p style="text-align: center; font-style: italic; margin: 0;"> <i>For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on palcofirst.com. Failure to provide your proper device ID will result in your time being rejected and a delay in payroll.</i> </p>
<b>OR</b>
<input type="checkbox"/> <b>Telephony/IVR option via a touch tone phone</b>  <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%; text-align: center;"> <p><b><i>Phone Number:</i></b></p> </div>
<p><b><u>THIS FORM IS NOT TO BE USED TO UPDATE PHONE NUMBER; A CHANGE OF INFORMATION FORM MUST BE SUBMITTED SEPARATELY.</u></b></p>

**EVV APPROVALS**

Making edits and approvals to time submissions entered via the mobile application will require registration in our Connect online portal. Palco will register you in Connect with your email address. Please check your email address for further registration instructions.

***Employer Email Address:***

**\*\*REQUIRED FIELD\*\***

**Important Information:**

- ✓ Employers and employees may not share email addresses. Everyone must have a unique email address in the system.
- ✓ Please allow 3-5 business days for processing of this form and for updating and changes. Change will be effective the following pay period after processing.
- ✓ You may only use one method of EVV at a time and you must submit this form again to make a change to an existing registration. Changes take 3-5 business days to process.
- ✓ The selected method must be used for the capturing and recording of all time expected for payment reimbursement by Palco on services that have been mandated as a required under the 21<sup>st</sup> Century Cures Act. **Fraudulent misrepresentation of location, false registration of information, or failure to use EVV as required will result in your requirement to repay Medicaid funds.**
- ✓ This form cannot be used to change your email address or primary phone number for contact purposes. If you would like to update that information, please complete a Change of Information form instead.
- ✓ Visit [www.palcofirst.com](http://www.palcofirst.com) for instructions on using the mobile application and telephony/IVR.

**Consent:**

By signing below, both the participant and employee (collectively, “parties”) attest that the information provided is true and accurate. Both parties acknowledge that Palco will use the information provided herein to complete EVV registration on their behalf, which will include exchanging Personal Health Information (“PHI”), as defined at 45 CFR 160.103, and other personally identifiable information (“PII”) with the EVV vendor, any EVV aggregators, and other related organizations required for the treatment, payment, and operations under the self-directed program. Both parties have read and agree to Palco's Notice of Privacy Practices, Palco's EVV policies posted at palcofirst.com, and the Terms and Conditions of Palco's online system; agree to receive information, notifications, and other correspondence, which may contain PHI/PII, to the email address / phone number provided in this document; and, accept all risks associated with the transmission of such information. The parties understand it is their responsibility to obtain the credentials required to access the system by properly completing this form and using this form to update their information, and that Palco is not responsible for incorrect information that is submitted.

\_\_\_\_\_  
**Participant / Employer Signature**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**