

Electronic Visit Verification (EVV) Registration Form

Use this form to set up or change an EVV registration with Palco. **This form is not required if you are approved for a** Colorado EVV Live-In Caregiver Exemption. A Consumer-Directed Attendant Support Services (CDASS) attendant/worker may use the EVV mobile application and telephone reporting/Interactive Voice Response (IVR).

□ New EV\	V Setup Because I'm a New Worker	☐ Change to My Existing EVV Registration
	MEMBER / EMPLO	YER INFORMATION
Full Name	(First, Middle, Last):	
Palco ID:		Phone:
	WORKER IN	IFORMATION
Full Name	(First, Middle, Last):	
Palco ID:		Phone:
	AUTHENTICA	ARE EVV SETUP
find your [· •	wn in your app in the box below. Instructions to bile App User Guide on your program's webpage clude any dashes (-).
If you d	o not provide your correct Device ID,	your time will be rejected and payroll delayed.
_		nber you want to register in the box below. 0456 if you want the prompts in Spanish.
	Phone Number:	
Do not use this form to update a phone number. See page two for instructions.		
	EVV AP	PROVALS
_	ur email addresses in the boxes belo	bw. Workers and employers must register in tyour time. Emails are required to register.
	Employer Email Address:	
Attendant Email Address:		
	Check your email for por	tal registration instructions.



How to Submit this Form:

Please ensure the form is complete and correct before submitting. Please return this form to Palco by emailing **enrollment@palcofirst.com** or by faxing to 1.877.859.8757.

Important Information:

- ✓ Please allow up to 3 business days to process this form and update changes.
- ✓ This form cannot be used to change your email address or primary phone number for contact purposes. To change your phone number on file with Palco, submit a Change of Information
 Form separately or update your information in Palco Connect.
- ✓ EVV must be used to record all time for which a worker expects to receive payment. **Submitting** fraudulent information about your location or registration details, or failure to use EVV as required will result in your requirement to repay Medicaid funds.
- ✓ Visit <u>Palco's website</u> for instructions on using the mobile application and telephone reporting/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

Member/Employer Signature	Worker Signature
Date Date	 Date