

Palco Electronic Visit Verification (EVV) Consent

This form is for the purpose of consenting to use the Palco EVV system. Electronic Visit Verification (EVV) is a technology solution which electronically verifies visit information to ensure that home and community-based services are delivered to the client. If the worker meets a live-in status requirement, this form does not need to be completed (please see the Electronic Visit Verification (EVV) Live-in Caregiver Exemption Attestation).

PARTICIPANT INFORMATION

Full Name (First, Middle, Last):

Palco ID:

WORKER INFORMATION

Full Name (First, Middle, Last):

Palco ID:

The Palco EVV solution provides two methods for complying with EVV. The Palco Connect Mobile Application is used via a smartphone or telephony used via the participants touch tone phone. Visit www.palcofirst.com for instructions on using the mobile application and telephony/IVR.

Location Permissions: To ensure accurate Electronic Visit Verification (EVV) records, we require your permission to access your mobile device's location. By consenting, you enable us to verify the location of visits conducted by workers using our application. Your privacy is important to us, and we assure you that this information will be used solely for EVV purposes.

Offline Mode Stipulation: In the event a worker utilizes Offline Mode, it's essential to reconnect to the mobile network within a certain number of days to ensure the integrity of the data captured during visits is uploaded to Palco. Failure to reconnect within the specified period will result in the automatic discarding of offline data.

Payment of Services: 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 required under the 21st 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 NJ FamilyCare/Medicaid funds.

Consent:

By signing below, both the participant and worker (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/Authorized Representative Signature

Worker Signature

Date

Date