PO Box 13260
Maumelle, AR 72113
Toll Free 866.710.0456
Online: PalcoFirst.com

Colorado Consumer-Directed Attendant Support Services
Electronic Visit Verification Registration Form

Colorado Consumer-Directed Attendant Support Services (CDASS) attendants who are required to complete Electronic Visit Verification (EVV) must use this form to set up their EVV system registration or change a registration with Palco.

Instructions: Attendant, complete the entire form and review for accuracy before submitting. **If you are submitting a Department of Health Care Policy and Financing's (HCPF) Electronic Visit Verification Attestation of Exemption Form, this form is not required.** The HCPF form is on its EVV website (https://hcpf.colorado.gov/evv). Please return it to Palco by fax: 1-877-859-8757, email: enrollment@palcofirst.com or mail: PO Box 13260, Maumelle, AR 72113.

Registration Information

☐ New EVV Setup for New Attendant ☐ Change to Existing EVV Registration

Attendant Name (first, middle and last): _____ Palco ID: _____

Phone: _____ Email (required): _____

Employer Name (First, Middle, Last): _____ Palco ID: _____

Phone: _____ Email (required): _____

EVV Method Selection

How would you like to complete EVV? You may choose one or both options below.

☐ **AuthentiCare Mobile Application option**

Write your Device ID in the field below. For instructions to find your Device ID, see the AuthentiCare Mobile App instructions document on Palco's website (palcofirst.com). You must print your ID clearly and include any dashes that are shown. Failure to provide your correct Device ID will result in your timesheets being rejected and a delay in payroll.

AuthentiCare Mobile App Device ID: _____

☐ **Telephone Reporting/Interactive Voice Recognition (IVR) option**

Phone Number: _____

Write your phone number or your employer's phone number in the field below. You must print the phone number correctly. **Failure to provide a correct phone number will result in your timesheets being rejected and a delay in payroll. Do not use this form to update a phone number.** To change your phone number on file with Palco, please submit a Change of Information form separately. The form is on Palco's website (palcofirst.com).

EVV Approvals

Making edits and approving time submissions entered in the Telephone Reporting system or the AuthentiCare Mobile App can only be done in Palco's Connect online portal. Palco will register you in Connect with your email address. Please check your email address for further registration instructions.

Attendant Email Address: _____

Important Information:

- You may only use one method of EVV at a time.
- You must submit this form again to make a change to an existing registration. Changes take 3-5 business days to process and will be effective the following pay period after processing.
- For any services you provide which EVV is required (as mandated by the 21st Century Cures Act), you must use the EVV method(s) you selected for all time you record and expect to be paid for.
- **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 phone number for contact purposes. If you would like to update that information, submit a Change of Information form separately. The form is on Palco's website (palcofirst.com).
- Visit Palco's website for instructions on using the mobile application and telephone reporting/IVR.

Consent

By signing below, I attest that the information provided is true and accurate, and:

- I acknowledge that Palco will use the information provided in this form to complete EVV registration on my 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.
- I 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.
- I agree to receive information, notifications, and other correspondence, which may contain PHI/PII, to the email address/phone number I provided in this document.
- I understand it is my responsibility to obtain the credentials required to access these EVV systems by properly completing this form.
- I understand Palco is not responsible for incorrect information I submit on this form.
- I will not use this form to update my contact information.

Attendant Signature: _____ **Date:** _____