



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

# Consumer-Directed Attendant Support Services Attendant Enrollment Packet

Welcome to self-direction and to Palco! This packet contains all the forms you need to enroll as a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. An attendant is an individual the approved CDASS employer (the member or their Authorized Representative) wants to hire. The CDASS employer is your legal employer of record and Palco is their Financial Management Services (FMS) provider. As such, Palco will assist them with some employer tasks.

**Please follow all directions in this packet.** You will not be paid for services until all forms are completed, Palco verifies all information and runs your background check. Palco will notify your employer of if you meet eligibility requirements. If you meet all the requirements, you will be notified of the date you may begin providing services to the member.

You must complete and return:

- |   |   |
|---|---|
| <input type="checkbox"/> Attendant Intake                           | <input type="checkbox"/> Supporting documentation for Direct Deposit  |
| <input type="checkbox"/> Attendant Information and Qualification    | <input type="checkbox"/> Attendant Pay Rate Information               |
| <input type="checkbox"/> US CIS Form I-9                            | <input type="checkbox"/> *EVV Registration Form <b>OR</b>             |
| <input type="checkbox"/> Supporting documentation for I-9           | <input type="checkbox"/> *EVV Live-in Caregiver Attestation Form with |
| <input type="checkbox"/> Payroll Information Worksheet              | supporting documentation  |
| <input type="checkbox"/> IRS Form W-4                               | <b>*Complete one EVV form not both</b>                                |
| <input type="checkbox"/> Pay Selection and Direct Deposit Agreement |   |

Your enrollment will be delayed if you fail to return any of these forms. We encourage you to use the checklist above as a final review before you return the forms to Palco. The other documents included in this packet, including Palco's payment schedule, Palco's Notice of Privacy Practices, F.A.Q., and other instructional forms are for informational purposes only. They do not need to be sent to Palco.

Send your completed paper forms by fax, email, or mail to Palco at the address below.

**Fax: 501.821.0045**

**Email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)**

**Mail: Palco, Inc., Attn: Enrollment, P.O. Box 13260, Maumelle, AR 72113**

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, call our customer support team and request to enroll online. If you need any assistance during this process, please contact a friendly Colorado-based customer support representative at 866-710-0456 or [CO-CDASS@palcofirst.com](mailto:CO-CDASS@palcofirst.com). We look forward to serving you!

Sincerely,

The Palco Team

## **Palco Enrollment Frequently Asked Questions (F.A.Q.)**

Palco, Inc. serves Colorado Consumer-Directed Attendant Support Services (CDASS) stakeholders by providing enrollment support, payroll and tax services, frequent training opportunities, and ongoing customer support. Commonly asked questions can provide helpful information on important CDASS program rules, Palco's role as the fiscal/employer agent (F/EA), our approach to F/EA service delivery, as well as information on the different ways you can contact us.

If you have questions or need help, our Customer Support team is available Monday through Friday, 8 AM - 5 PM MT (except state holidays). Translation and interpreter services are available. Visit our website for more information, [www.palcofirst.com/colorado](http://www.palcofirst.com/colorado).

### **Contact Us!**

Toll free phone: 1-866-710-0456

Email: [CO-CDASS@palcofirst.com](mailto:CO-CDASS@palcofirst.com)

Toll-free fax: 1-877-859-8757

Mail: PO BOX 13260, Maumelle, AR 72113

### **How do I complete forms if I am unable to sign?**

We encourage you to use our accessible online system to enroll. However, if you are unable to use our online system, please contact our enrollment team for support at [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com).

### **What if I need help completing forms?**

Online enrollment is the easiest method for completing forms because it will walk you through each form and many fields may already be completed for you. Palco's Customer Support team can help you with enrolling online or completing forms in this packet.

### **When can an attendant begin providing services?**

Palco will notify the CDASS employer and the attendant by email (or mail if enrollment was not completed online) once all requirements for enrollment have been met. The date of this notification is the date work can begin. It is also called a "good-to-go" date. Any work performed before this date will not be paid by the program.

### **Can an attendant provide services to multiple participants?**

Yes. However, an attendant must follow by all CDASS program rules.

### **What happens if an attendant wants to work for another employer?**

Each time an attendant begins working for a new employer, they must complete a new attendant employment packet. It's just like starting a new job. However, some requirements may be waived depending on the circumstances, such as providing a copy of Social Security cards or documentation to set up the attendant's direct deposit. Generally, background checks can also transfer from one employer to another but it's always good to check the program rules to understand what is allowed.

### **What happens if an attendant stops providing services?**

Anytime an attendant stops providing services, the employer must notify Palco using the Employment Separation Notice on our [Palco CO website](#). Even after termination, attendants should keep Palco updated on any address or direct deposit changes throughout the year. This allows us to send correspondence and W-2s to the correct address as well as process Federal Insurance Contributions Act (FICA), Social Security and Medicare tax, refunds promptly.

### **What steps should an employer take to terminate an attendant?**

Failure to let us know of an employee resignation/termination increases the risk for fraud. To terminate an employee, the employer should go to our [Palco CO website](#) and complete the Employment Separation Notice form. Return the completed form to Palco's Enrollment team by mail, email ([enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)), or fax 1-877-859-8757.

### **How does an employer change impact existing attendants?**

Attendants must resubmit some of the new hire forms, such as the I-9, if the employer of record changes. Palco's Enrollment team will let you know which forms need to be resubmitted during an employer change. Be sure to complete the required forms quickly to avoid any payroll disruptions.

### **What are employer taxes?**

Payroll taxes are paid by both employers and employees, and include taxes paid on the wages that an attendant earns unless they are exempt. Employer taxes include a portion of social security tax, Medicare tax, federal unemployment tax, and state unemployment tax. Some cities in Colorado may require employers to pay local taxes too.

Employer taxes impact the CDASS member's budget each month. You may hear or see the term "employer cost" or "cost to you" while attending CDASS orientation or reading CDASS materials. It relates to managing the member's budget and setting an attendant's pay rate. These employer taxes do have an impact on the member's monthly budget because they are subtracted from the budget during each payroll. Employee taxes have no impact on the member's budget.

### **What are employee taxes?**

Payroll taxes are paid by both employers and employees, and include taxes paid on wages attendant

earns unless they are exempt. Employee taxes include a portion of social security tax, Medicare tax, federal income tax, and state income tax. Some employees may be required to pay local taxes too.

Employees that are related to their employer(s) may be exempt from certain taxes, depending on how the employee and employer are related to each other. The CDASS Manual and the Palco Payroll Information Worksheet are good resources to learn more about employee taxes and whether an employee qualifies for any tax exemptions.

### **What is Electronic Visit Verification and why is it required?**

Electronic Visit Verification, commonly referred to as EVV, is a technology solution which electronically verifies that home and community-based services are actually delivered to the people needing those services. EVV captures six specific data points including the type of service performed, the CDASS member receiving the service, the date of the service, the location of the service, the attendant providing the service, and the time service begins and ends.

Congress passed the 21st Century Cures Act in 2016. As a result, the Centers for Medicare and Medicaid Services (CMS), a federal agency, issued a mandate requiring that every state implement EVV for Medicaid-funded personal care and home health services. EVV was implemented for the CDASS program on August 1, 2020.

Palco offers attendants a variety of EVV-compliant options for recording their work shifts including:

- AuthentiCare mobile app
- AuthentiCare telephone reporting
- Palco's online time entry portal, known as Connect

### **Is anyone exempt from using EVV?**

The Department of Health Care Policy and Financing has elected to give attendants who live with the member an opportunity to request an exemption from the EVV requirements. If you meet the eligibility criteria, you can complete the EVV Live-In Caregiver Exemption form and mail, email ([enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)), or fax (1-877-859-8757). This form is available on our [Palco CO website](#), and must be resubmitted to Palco by June 30th each year.

### **Do I have to comply with the EVV requirements?**

If the attendant does not meet the eligibility criteria to request a Live-In Caregiver Exemption, they must comply with the EVV requirements. Attendants who do not submit the EVV Live-In Caregiver Exemption form, by the due date each year, will be expected to comply with the EVV requirements.

### **What is the CDASS EVV Compliance Protocol?**

The CDASS EVV Compliance Protocol was put in place by the Department of Health Care Policy and Financing. It ensures CDASS employers comply with the federal EVV mandate. It requires:

Each month, 80% or more of a member's CDASS services must have EVV records that match the claims submitted by Palco.

- A member receives a strike if less than 80% of their EVV claims have a matching EVV record.
- The member be terminated from CDASS if they receive five strikes; however, strikes reset to zero on February 15th each year.

### **What happens if I am not EVV compliant?**

The CDASS EVV Compliance Protocol requires that CDASS employers take action to improve their compliance. As each strike is recorded, the employer and Palco will be notified and the notification will include specific instructions for the employer to follow. The instructions depend on how many strikes the employer has already received during the year, but may include mandatory EVV training with Palco, mandatory training with Consumer Direct for Colorado, a performance improvement plan, a discussion with the member's case manager on alternative service delivery model(s), and could ultimately result in termination from the CDASS program. More information about the CDASS EVV Compliance Protocol can be found on our [Palco CO website](#).

### **How are timesheets submitted?**

Timesheets should be submitted in our online Connect portal, unless the Department of Health Care Policy and Financing has given the employer and attendant approval to use a paper timesheet. Instructions for online timesheet submission are provided in the notification you receive when your enrollment is approved. Helpful resources are also available on our [Palco CO website](#), including EVV and time entry user guides and training videos. We also offer frequent trainings for members, Authorized Representatives, and attendants to help those new to CDASS and self-direction get comfortable with their roles and responsibilities as well as Palco's portal, people, and processes.

### **When should an attendant submit their timesheet?**

The CDASS payroll schedule provides the deadlines for submitting timesheets as well as the scheduled paydays. The payroll schedule can be found on our [Palco CO website](#).

### **How will I know a timesheet was received and approved?**

The online Connect portal will display timesheet approval messages in real time. The time entry user guide available on our [Palco CO website](#) provides helpful information on the timesheet submission process and how to navigate the portal to find information about a specific timesheet. The member, Authorized Representative, or attendant may also contact Customer Support for assistance.

### **What if an attendant doesn't receive their paycheck or deposits on the scheduled payday?**

Direct deposits payments should be visible in the attendant's account by 5 PM on the scheduled pay date; however, attendants should allow enough time for their bank to process the deposit.

Attendants receiving paper checks should allow at least five (5) business days for the check to arrive in the mail.

### **Will attendants receive a W-2 at the end of the year?**

Yes, attendants will receive a W-2 at the end of the year. Attendants can access their W-2 in the Connect portal on or around January 31st each year. Attendants that prefer to receive their W-2 by mail should allow at least one week for delivery. Attendants who have not received their W-2 by February 15th should contact Palco Customer Support for assistance. Attendants who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund for any over collected FICA (Social Security and Medicare) we withheld throughout the year. The employer should encourage their attendants to check the Connect portal to be sure we have the most up-to-date mailing address and payment information, even if the attendant is no longer working.

### **How do I file a complaint or grievance?**

To file a complaint or grievance specific to Palco's services or staff, you can access the Grievance Form on our [Palco CO website](#). The completed form can be submitted to us by mail, email: ([customersupport@palcofirst.com](mailto:customersupport@palcofirst.com)), or fax (1-877-859-8757). Once received, we will review, investigate, and contact you within two (2) business days. Our Customer Support team will work with you to ensure a resolution is achieved within five (5) business days.

### **Can someone correspond with Palco on my behalf?**

Federal and state privacy laws prevent Palco from disclosing your personal information to unauthorized individuals. When speaking to attendants, Palco will only discuss information specific to that attendant. We will not discuss member or employer information with attendants. However, when speaking to employers (member or Authorized Representative) we can discuss information on both the member and their attendants to enable the employer to carry out their employer duties.

### **How do I make changes to my contact information with Palco?**

The Connect portal allows you to make changes to your contact information, including address, phone number, attendant pay rate information, and email; and attendants to update their direct deposit information. The time entry user guide available on our [Palco CO website](#) provides step-by-step instructions on how update information. To update an attendant's pay rate, employers may also submit a new Rate of Pay form to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com). For a name change, complete a Change of Information form and provide documentation as proof of your name change like your driver's license, divorce decree or marriage license. For withholding changes, an attendant should complete an IRS W-4 or Payroll Information Worksheet. You can also contact Customer Support for help with anything you need.

## Notice of Privacy Practices

Palco may receive and create records concerning your medical and individually identifiable information ("PHI") and is required to maintain the privacy and security of your PHI. Please read this notice carefully. If you have questions or concerns, contact the Palco Privacy Officer at [privacy@palcofirst.com](mailto:privacy@palcofirst.com).

### **Palco will only use and disclose your information as allowed by law and as described below:**

- **Help manage the health care treatment you receive.** We may disclose your information to provide treatment and administer services, including performing assessments, issuing workers' compensation and administering similar programs, and recommending services in some situations. We may disclose information to others who implement your health services. We may correspond with you and/or your designated representative (e.g., surrogate employer or authorized user). All emailed correspondence from Palco is encrypted and secure. By emailing Palco with your personal email account, you accept the risk that your correspondence may not be encrypted, nor secure.
- **Run our business, including payment for and administration of your health services.** We may use and disclose your information to receive and issue payment on your behalf and bill Medicaid, Medicare, Managed Care Organizations, the Veterans Administration, or other bodies, as required by your program.
- **Comply with federal and state law, including investigations by the United States Department of Health and Human Services (U.S. DHHS) and law enforcement.** Palco is required by law to comply with investigations by regulatory bodies and issues involving national security. Palco may be required to disclose your information to coroners and other officials at your death.
- **Respond to legal actions and health oversight, such as lawsuits or quality assurance reviews.** Palco may be required to respond to requests, including discovery, subpoenas, audits, and other legal or regulatory matters.

### **You have the right to:**

- **Authorize the use and disclosure of your PHI for reasons not authorized by federal or state law.** Palco will seek your approval to disclose PHI for reasons not required at law, and you may reject disclosure.
- **Receive this notice of privacy practices.** You can request a copy of this notice or view the posting at [palcofirst.com](http://palcofirst.com), in enrollment packets, and in program manuals, as applicable. Palco can change the terms of this notice at any time. Changes will apply to all of your medical records. Direct complaints to the Privacy Officer or the U.S. DHHS.
- **Review and receive copies of your records and a list of disclosures.** Requests must be on a Request for Sensitive Records. We will provide you with a copy or summary within 10 days of receiving your request. We may charge a reasonable, cost-based fee for collection of the records, including postage and labor. Palco may reject some requests if required by law.
- **Request amendments to your records.** Requests must be on a Request to Amend Sensitive Information. We will provide you with a copy or summary or a rejection within 15 days of receiving your request.
- **Request information in an alternate format or restrict access on your records.** Requests must be in writing on a Request for Additional Privacy. We will provide you with a copy or summary within 15 days of receiving your request. We may reject or terminate the request in certain limited cases and will notify you of rejections and terminations.

- **Be notified in case of a breach of your sensitive information.** You will be notified within 60 days by the Privacy Officer.
- **Choose someone to act on your behalf with regard to your records.** You must complete the appropriate forms and information to designate Authorized Users in order for those individuals to communicate with Palco on your behalf.



# 2026 Payroll Schedule - Semi-Monthly - CO CDASS



Service Start Date	Service End Date	Paper Timesheets - Due to Palco by Noon	Electronic Timesheets - Due to Palco by Noon	Payments Made by Palco
December 16, 2025	December 31, 2025	January 1, 2026	January 2, 2026	January 8, 2026
January 1, 2026	January 15, 2026	January 16, 2026	January 17, 2026	January 23, 2026
January 16, 2026	January 31, 2026	February 1, 2026	February 2, 2026	February 9, 2026
February 1, 2026	February 15, 2026	February 16, 2026	February 17, 2026	February 23, 2026
February 16, 2026	February 28, 2026	March 1, 2026	March 2, 2026	March 9, 2026
March 1, 2026	March 15, 2026	March 16, 2026	March 17, 2026	March 23, 2026
March 16, 2026	March 31, 2026	April 1, 2026	April 2, 2026	April 8, 2026
April 1, 2026	April 15, 2026	April 16, 2026	April 17, 2026	April 23, 2026
April 16, 2026	April 30, 2026	May 1, 2026	May 2, 2026	May 8, 2026
May 1, 2026	May 15, 2026	May 16, 2026	May 17, 2026	May 22, 2026
May 16, 2026	May 31, 2026	June 1, 2026	June 2, 2026	June 8, 2026
June 1, 2026	June 15, 2026	June 16, 2026	June 17, 2026	June 23, 2026
June 16, 2026	June 30, 2026	July 1, 2026	July 2, 2026	July 8, 2026
July 1, 2026	July 15, 2026	July 16, 2026	July 17, 2026	July 23, 2026
July 16, 2026	July 31, 2026	August 1, 2026	August 2, 2026	August 10, 2026
August 1, 2026	August 15, 2026	August 16, 2026	August 17, 2026	August 24, 2026
August 16, 2026	August 31, 2026	September 1, 2026	September 2, 2026	September 8, 2026
September 1, 2026	September 15, 2026	September 16, 2026	September 17, 2026	September 23, 2026
September 16, 2026	September 30, 2026	October 1, 2026	October 2, 2026	October 8, 2026
October 1, 2026	October 15, 2026	October 16, 2026	October 17, 2026	October 23, 2026
October 16, 2026	October 31, 2026	November 1, 2026	November 2, 2026	November 9, 2026
November 1, 2026	November 15, 2026	November 16, 2026	November 17, 2026	November 23, 2026
November 16, 2026	November 30, 2026	December 1, 2026	December 2, 2026	December 8, 2026
December 1, 2026	December 15, 2026	December 16, 2026	December 17, 2026	December 23, 2026
December 16, 2026	December 31, 2026	January 1, 2027	January 2, 2027	January 8, 2027

Late time submissions, or mistakes, may result in late payment.

## Palco Office Closures

*Our office will be closed on these dates.  
Support will be available the following  
business day.*

**New Year's Day** (January 1, 2026)  
**Martin Luther King Day** (January 19, 2026)  
**Memorial Day** (May 25, 2026)  
**Independence Day** (Observed July 3, 2026)  
**Labor Day** (September 7, 2026)  
**Thanksgiving** (November 26-27, 2026)  
**Christmas** (December 24-25, 2026)

## Other Observances

*Federal offices and banking institutions  
may be closed on these days, in addition to  
Palco's Office Closures.*

**President's Day** (February 16, 2026)  
**Juneteenth** (June 19, 2026)  
**Columbus Day** (October 12, 2026)  
**Veterans Day** (November 11, 2026)

## Contact Us

*Whether you need help viewing a paystub, want to set up a new worker but don't know how, or  
something else, we are happy to help. Here are the best ways to get in touch with us.*

### Call us on the phone

Our toll-free number is **866-710-0456**. If we do not answer, please feel free to leave a voicemail! We will get back to you as quickly as possible.

### Interact with our chat

Go to our website, [www.PalcoFirst.com](http://www.PalcoFirst.com). Then, click the grey chat bubble at the bottom of this page. Type in your information, and click "Start Conversation" to begin chatting.

### Send an email to us

For general support, email [customersupport@palcofirst.com](mailto:customersupport@palcofirst.com).

## Instructions for Attendant Forms

Please use these instructions to complete the following Palco-specific, State, and federal forms in this packet. You must complete these forms to become the legal employer of record in the Colorado Consumer-Directed Attendant Support Services (CDASS) program.

### Palco-Specific Forms

- The **Attendant Intake Form** is used to enroll you in the program and associate you with an employer (member or Authorized Representative).
  - ☐ Complete the top of the form by filling in the member and attendant information sections.
  - ☐ On page 2, choose how you would like to complete the enrollment process.
  - ☐ Sign and date the highlighted fields on page 2.
  - ☐ The employer must also sign and date the highlighted fields on page 2.
- The **Attendant Information and Qualification Form** is used to notify you of your duties while being an attendant with the CDASS program. You should read this form carefully to make sure you understand and will comply with the requirements described on the form.
  - ☐ Provide your name and the last 4 numbers of your Social Security Number in the appropriate space at the top of page 1.
  - ☐ Print, sign and date the highlighted fields on page 2.
- The **Payroll Information Worksheet** is used to determine any exemptions you may qualify for so that Palco can calculate the proper payroll and payroll tax for you and your employer.
  - ☐ Provide your name, Palco ID, your employer's name and the CDASS member's name (if the CDASS member is not your employer).
  - ☐ In parts A-E, choose the response that is most appropriate for your situation.
    - Part A: Attendants should read the descriptions and select the option that most closely relates to their relationship.
    - Part B: Attendants should read the descriptions and select the option that most closely relates to their living arrangement.
    - Part C: Attendants should read the descriptions and select the option that most closely relates to their overtime eligibility.
    - Part D: Attendants should read the descriptions and select the option that most closely relates to their Difficulty of Care exclusion.
    - Part E: Attendants should read the descriptions and select the option that most closely relates to their CO state tax exemption.
  - ☐ Print, sign and date at the bottom of the page.

- The **Pay Selection and Direct Deposit Authorization Agreement** is used to inform Palco of how you would like to be paid.
  - ☐ Choose one of the following options:
    - Money Network Card
      - If you choose the Money Network Card option, Palco will enroll you with our partners at Fiserv. You will receive your Money Network Card in 1-2 weeks and we will begin depositing funds directly onto the card. You should activate your card as soon as it arrives. You will receive paper checks during the 1-2 weeks it takes to receive your card.
    - Direct Deposit
      - If you choose direct deposit, you will need to provide a voided check or an official document from your bank or financial institution that lists the account holder's name, account number, and routing number.
  - ☐ Sign and date the bottom of the form.
- The **Attendant Pay Rate Information Form** is used to determine the initial pay rate of the attendant or to document changes to the attendant's pay rate. The form is completed by your employer. However, both you and your employer must sign and date the bottom of the form.
  - ☐ Choose new client setup or change existing rate.
  - ☐ Provide member name and Palco ID, attendant name and Palco ID, and Authorized Representative information (if different from member).
  - ☐ Provide the desired rate of pay for CDASS Rate 1.
  - ☐ CDASS Rate 2 and CDASS Rate 3 are optional.

If you are on the SLS waiver:

- ☐ Fill in the required SLS Rate 1.
- ☐ SLS Rate 2 and SLS Rate 3 are optional.
- The **EVV Registration** form and the **EVV Live-in Caregiver Attestation** form are both used for the purpose of Electronic Visit Verification registration with Palco as well as to make changes to an existing EVV registration.
  - ☐ **Either form must** be completed with the most current and accurate information available.
  - ☐ Supporting documentation that proves an employee lives with the participant and qualifies for the exemption must be submitted with the form. You can find examples of acceptable documentation on Page 1 of the EVV Live-in Caregiver Attestation Form. *This form is not valid if submitted without documentation.*
  - ☐ An exemption does not become effective until after the form has been processed by the Palco Enrollment team and an effective date has been provided to you by Palco.
  - ☐ Both the employer and the attendant must sign and date the form.

## Federal Forms

- The **IRS Form W-4** is used by Palco to withhold the proper amount of federal income tax from your paycheck. See page 2 for general instructions on how to complete this form.
  - ☐ Step 1: Provide your name, address, social security number and filing status.
  - ☐ Step 2: Read instructions carefully and complete this step if applicable.
  - ☐ Step 3: Provide the desired number of credits and dependents you would like to claim.
  - ☐ Step 4 is optional. If you choose to complete this section, you will report on any other adjustments you would like to report such as other income or deductions, as well as any extra withholdings you would like withheld from your paychecks.
  - ☐ Step 5: Sign and date the form and include your employer's name and physical address below your signature.
- The **Employment Eligibility Verification, IRS Form I-9** is used to verify the eligibility and identity of individuals hired for employment in the U.S. The information collected on this form will be used to complete the program required E-Verify check. Specific instructions are provided for the I-9 form to indicate the types of information you should provide in each of the highlighted fields.
  - ☐ Complete Section 1. Sign and date in the appropriate space.
  - ☐ For Section 2, provide your employer with the documents listed on page 2 (*see list of acceptable documents*).
    - You may present:
      - One (1) item from List A; OR
      - A combination of one (1) item each from List B and List C.
  - ☐ Employers must complete Section 2 and sign in the appropriate space.
    - Please note employers must physically examine the attendant's documentation before completing Section 2.



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

## Attendant Intake Form

This form is used to begin the enrollment process for Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. This form does not guarantee that you will be hired or be eligible for hire.

**Instructions:** Attendant, complete form. Please return it to Palco by fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail: PO Box 13260, Maumelle, AR 72113.

### Member and Authorized Representative (AR) Information

Name (first and last): \_\_\_\_\_ SSN: \_\_\_\_\_ Program: CDASS

AR Name (if applicable, first and last): \_\_\_\_\_ SSN: \_\_\_\_\_

In CDASS, the member is the employer of record unless they have an AR, that person will be assigned.

### Attendant Information

Name (first, middle and last): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Is the attendant at least 16 years of age? ☐ No ☐ Yes

Are you related to the member? ☐ No ☐ Yes, I am the member's: \_\_\_\_\_ (specify)

Do you share a home with the member? ☐ No ☐ Yes Who owns/rents the home?: \_\_\_\_\_

Physical Street Address (include Apt. #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If your mailing address is different from your physical address, complete the section below.

Mailing Street Address (include Apt. #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method: ☐ Email ☐ Mail ☐ Phone / Voicemail

### How would you like to complete the remaining attendant enrollment documents?

☐ 1. Palco's Online Portal ☐ 2. Through email ☐ 3. Through U.S. mail

**By checking option 1 or 2**, you understand that Palco is not responsible for sending information to an incorrect email address that you provided. You agree to receive information and notices electronically, which may contain Personal Health Information (PHI) (defined at 45 CFR 160.103) and/or personally identifiable information (PII). You understand your consent is in effect until Palco is notified in writing that you withdraw your consent.

**Attendant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer (member or AR) Printed Name (first and last):** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Attendant Information & Qualification**

This form is required for all attendants in self-direction. Please complete this form entirely.

ATTENDANT (WORKER) INFORMATION	
Full Name	ID/Last 4 of SSN

As an Attendant (worker) in self-direction, you must agree to the following terms:

- You understand who your employer is. Please note in CDASS, the employer is the Consumer or their Authorized Representative. Neither Palco nor the program/state administrators are your employers.
- This position is paid as an employee and not as an independent contractor.
- This document does not create an anticipation, nor a contract, of employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout your employment, including staying current on information provided to me about the program.
- To accurately complete all enrollment documentation and to ensure that you meet the program's eligibility requirements for providing services and are not prohibited in any manner from providing services.
- That employment is contingent upon many factors, including successful completion and/or passing of required background checks, possible training, and/or credentialing.
- To report any changes in your ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Being paid for services through the program is contingent upon the attendant's eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your employer is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- That medical and personal information and data about the participant and the worker is confidential. You have read and agree to Palco's Privacy Practices.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the employer, participant, other workers or service providers, or authorized representatives.
- To report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- You certify that you are at least 16 years of age.

- I understand that as the Legally Responsible Person I cannot provide more than 520 hours of Homemaker LRP during the member's certification period.
- You give your permission for Palco to run the below listed checks and to share the results with your employer, state and program administrators, and others who may be involved in the consumer's care through this program. You understand that employment is based on the outcome of these checks and that you cannot provide services, nor receive payment, until Palco has notified you that you have been cleared to do so. You hereby release your Member/Authorized Representative, Palco, and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the checks hereby authorized.

- ☒ State of Colorado Certified Record Check.
- ☒ Office of Inspector General Medicaid exclusion check.
- ☒ U.S. CIS E-Verify system.
- ☒ Colorado Board of Nursing Check

By signing below, you acknowledge that you have read this agreement and accept responsibility as an attendant in the CDASS program, understand their responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement may result in inability to provide services under this program.

\_\_\_\_\_  
**Attendant Printed Name**

\_\_\_\_\_  
**Attendant Signature**

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





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)							
		If you check <b>Item Number 4.</b> , enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee						Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</div> <div>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security<div>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</div><div>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</div></div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



## Payroll Information Worksheet

As an employer or home care worker in a self-directed program, payroll wages and tax withholdings are subject to special tax and overtime rules, and residency may impact benefits under labor laws. Completing this form accurately will ensure that taxes and benefits are calculated properly. For more information, visit IRS Publication 15, as well as relevant State tax and labor agency websites.

**Instructions:** Attendant, complete form. To claim exemptions on either Federal or State Income Tax Withholdings, please mark "Exempt" on your W-4 or State Withholding Certificate, if applicable. Please return this form to Palco by fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail: PO Box 13260, Maumelle, AR 72113.

### Required Information

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

Employer Name (first and last): \_\_\_\_\_

Member Name (if different from Employer, first and last): \_\_\_\_\_

### Part A: FICA (Social Security and Medicare) Taxes

The IRS exempts some employers and workers from paying FICA. Select the correct response:

- ☐ **Exempt.** I am under 18 years old and a full-time student.
- ☐ **Exempt.** I am a non-resident alien holding a visa for household services.
- ☐ **Exempt.** I am the spouse of my employer.
- ☐ **Exempt.** I am the child of my employer and under 21 years old.
- ☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.

**Exception:** If you are the parent of the employer and select any of the following statements, **you are non-exempt**

- ☐ I am the parent of the employer, and I also provide care for my grandchild or step-grandchild in my child's home.
- ☐ I am the parent of the employer, and my grandchild or step-grandchild is under 18 years old or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are performed.
- ☐ I am the parent of the employer, and my child is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.
- ☐ **Non-Exempt.** None of the selections apply to me.

## Part B: FUTA (Federal Unemployment) and SUTA (State Unemployment) Tax Exemption

The IRS and State tax agencies exempt some wages from FUTA or SUTA. Select the correct response:

- ☐ **Exempt.** I am the child of my employer and under 21 years old.
- ☐ **Exempt.** I am the parent of my employer who is an adult. This includes adoptive and stepparents.  
**Check this box if you live in the state of Colorado:** ☐ By choosing this box, you will be exempt from paying federal unemployment taxes. However, you will be paying state unemployment taxes.
- ☐ **Exempt.** I am the spouse of my employer.
- ☐ **Exempt.** I am a non-resident alien holding a visa for household services.
- ☐ **Non-Exempt.** None of the selections apply to me.

## Part C: Overtime Exclusion

Several factors may make a worker exempt from receiving overtime payments or ineligible for overtime because of program-specific rules. Palco is not your employer. It cannot decide whether you are exempt. By checking the appropriate box, you are telling Palco if you are eligible to be paid overtime wages.

- ☐ **Exempt.** Exempt from overtime pay for any reason, including program rules or qualifying for the Department of Labor (DOL) Home Care Rule Exclusion, as the live-in caregiver residing at the participant's residence at least 5 days per week. (See 29 CFR §552.102 and DOL Fact Sheet #79B). **By checking this box, any hours that exceed 40 per week will not be paid at overtime rates.**
- ☐ **Non-Exempt.** Overtime rates will be paid on time worked above 40 hours in a work week.

## Part D: State Income Tax Exemption

If you would like to be exempt from State Income Tax withholding for any reason, please check the **Exempt** box below.

- ☐ **Exempt**
- ☐ **Non-Exempt**

## Part E: Colorado Secure Savings Retirement Program

Eligible Colorado workers are invited to participate in the Colorado Secure Savings (CSS) retirement program. This is a state-sponsored program that is intended to help employees save for their future. Enrollment in the program is automatic, and savings are withdrawn through payroll deductions.

The initial deduction set for workers is 5%; however, this can be changed to an amount lower or higher if the worker desires. Workers are given 30 days to opt out of CSS before deductions are applied if they don't want to participate or prefer to save for their retirement another way. **Please check the following required box:**

- ☐ I have read and understood the information about the CSS program, and I will contact CSS directly at 1-844-711-5001 if I choose to opt out.

## Part F: Approval and Signature

By completing this document and signing below, I, the above-named attendant:

- Read this entire Payroll Information Worksheet,
- Agree to complete a new Payroll Information Worksheet and submit it to Palco immediately if any of the information in this document changes at any time. I understand:
  - Failure to notify Palco may result in a tax bill sent to me or other employment-related matters for my employer, and
  - That I alone am responsible for notifying Palco immediately of any changes to the information in this document,
- Certify that the information I provided in this document is correct,
- Understand Palco is not responsible for incorrectly calculating or withholding my pay due to my failure to complete and submit correct information,
- Understand that any incorrect information I have provided in this document may cause me to receive administrative, civil, or criminal penalties, and
- Hold Palco harmless for any incorrect information you supply that leads to administrative, civil, or criminal penalties.

**Attendant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.		
	Do <b>only one</b> of the following.		
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . <input type="checkbox"/>		

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$		
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .		<b>3</b>	\$
<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b>	\$
	(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .		<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .		<b>4(c)</b>	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
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<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Step 2(b) – Multiple Jobs Worksheet** *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

<b>1</b>	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
<b>a</b>	<b>Qualified tips.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . .	<b>1a</b> \$ _____
<b>b</b>	<b>Qualified overtime compensation.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . .	<b>1b</b> \$ _____
<b>c</b>	<b>Qualified passenger vehicle loan interest.</b> If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . .	<b>1c</b> \$ _____
<b>2</b>	Add lines 1a, 1b, and 1c. Enter the result here . . . . .	<b>2</b> \$ _____
<b>3</b>	<b>Seniors age 65 or older.</b> If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
<b>a</b>	Enter \$6,000 if you are age 65 or older before the end of the year . . . . .	<b>3a</b> \$ _____
<b>b</b>	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . .	<b>3b</b> \$ _____
<b>4</b>	Add lines 3a and 3b. Enter the result here . . . . .	<b>4</b> \$ _____
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . .	<b>5</b> \$ _____
<b>6</b>	<b>Itemized deductions.</b> Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
<b>a</b>	<b>Medical and dental expenses.</b> Enter expenses in excess of 7.5% (0.075) of your total income . . . . .	<b>6a</b> \$ _____
<b>b</b>	<b>State and local taxes.</b> If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . .	<b>6b</b> \$ _____
<b>c</b>	<b>Home mortgage interest.</b> If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . .	<b>6c</b> \$ _____
<b>d</b>	<b>Gifts to charities.</b> Enter contributions in excess of 0.5% (0.005) of your total income . . . . .	<b>6d</b> \$ _____
<b>e</b>	<b>Other itemized deductions.</b> Enter the amount for other itemized deductions . . . . .	<b>6e</b> \$ _____
<b>7</b>	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . .	<b>7</b> \$ _____
<b>8</b>	<b>Limitation on itemized deductions.</b>	
<b>a</b>	Enter your total income . . . . .	<b>8a</b> \$ _____
<b>b</b>	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . .	<b>8b</b> \$ _____
<b>9</b>	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$ . . . . .	<b>9</b> \$ _____
<b>10</b>	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . .	<b>10</b> \$ _____
<b>11</b>	<b>Standard deduction.</b>	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$ . . . . .	<b>11</b> \$ _____
<b>12</b>	<b>Cash gifts to charities.</b> If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . .	<b>12</b> \$ _____
<b>13</b>	Add lines 11 and 12. Enter the result here . . . . .	<b>13</b> \$ _____
<b>14</b>	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . .	<b>14</b> \$ _____
<b>15</b>	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . .	<b>15</b> \$ _____

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



PO Box 13260  
Maumelle, AR 72113

## Pay Selection and Direct Deposit Authorization Agreement

**Instructions:** Attendant, complete form. Please return it to Palco by fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail: PO Box 13260, Maumelle, AR 72113.

How would you like to be paid? (check only one box)

**Option 1:** Money Network Services

Palco will enroll you with Fiserv: Money Network Services. Fiserv will send you a Money Network Card in 1-2 weeks and Palco will begin depositing funds directly onto the card. Activate your card as soon as it arrives. You will receive paper checks during the 1-2 weeks it takes to receive your card.

**Option 2:** Direct Deposit

Account Holder's Full Name: \_\_\_\_\_ ID/Last 4 of SSN: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (check one):      ☐ Checking      ☐ Savings      ☐ Pre-paid card

I have attached the following validating documentation (check one box below, **not both**)

☐ A voided check with account holder's name printed on the check. *Cannot be a temporary check.*

☐ Official documentation from my financial institution listing the account holder's name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

**Option 3:** Paper Check

Paper checks will be mailed to the attendant's mailing address on file.

By signing below, I, the above-named attendant, understand and confirm that:

- Palco is not responsible for any delay/loss of funds due to incorrect or incomplete information provided to them, nor is Palco responsible for any error my financial institution makes when depositing funds to my account.
- It is my responsibility to verify my financial institution properly credits/debits my account.
- I accept any risks that may be caused by me sharing an account with other individuals.
- Palco is not responsible for any charges I incur from my financial institution.
- I authorize Palco to make deposits and debit entries to correct an erroneous deposit to the account indicated herein. If Palco cannot initiate debit entries, I authorize repayment to Palco from future payments owed to me.
- I will immediately report any changes to the information I provided on this form to Palco.
- I will provide my written cancellation with enough time to afford Palco and all appropriate institutions a reasonable opportunity to act on it, if I choose to cancel this authorization.

**Attendant Printed Name:** \_\_\_\_\_

**Attendant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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

## Attendant Pay Rate Information Form

This form informs Palco, Inc. of the hourly pay rate for a Colorado Consumer-Directed Attendant Support Services (CDASS) attendant. The hourly pay rate is the amount that the attendant will receive per hour they work and are based on the member's CDASS budget.

Instructions: CDASS employer, complete the form. The attendant and employer will both sign. Return it to Palco by fax 1-877-859-8757, [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com), PO Box 13260 Maumelle, AR 72113 . Important: If you are changing a pay rate, give Palco 5 days to process the form. The new rate will start in the next pay period. It won't change any payments that have already been made.

What is the reason for completing this form: ☐ New Member Setup ☐ Change Existing Rate

Employer Name (first and last): \_\_\_\_\_ ID: \_\_\_\_\_

Participant Name (first and last): \_\_\_\_\_ ID: \_\_\_\_\_

Attendant Name (first and last): \_\_\_\_\_ ID/Last 4 of SSN: \_\_\_\_\_

Write the pay rate you agreed on in the chart(s) below\*. Only fill out the second if you're on the SLS waiver.

Rate Name	Hourly Rate*
CDASS Rate 1 (required)	
CDASS Rate 2 (optional)	
CDASS Rate 3 (optional)	
LRP Homemaker	

Supported Living Services (SLS) Waiver - Health Maintenance Activities Rate Name	Hourly Rate
SLS CDASS Health Maintenance – Rate 1 ( <i>required for SLS members</i> )	
SLS CDASS Health Maintenance – Rate 2 (optional)	
SLS CDASS Health Maintenance – Rate 3 (optional)	

\*Pay rates can be set between \$17 and \$57.12/hour. Before changing a pay rate, the employer should check the "cost to you" again to make sure it still fits within the CDASS budget. Some cities may have a higher local minimum wage than the state. If you need help, or would like to consult with an enrollment specialist for more information, please email [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com).

Colorado Secure Savings is a retirement savings program. Attendants are signed up automatically and money is saved from their paycheck. If an employee doesn't want to take part, they can opt out by calling 1-844-711-5001. By signing, we certify that we understand the information in this form, it is correct, and was agreed to.

Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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](mailto:enrollment@palcofirst.com) or mail: PO Box 242930, Little Rock, AR 72223.

### 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](http://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](http://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 21<sup>st</sup> 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](http://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](http://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:** \_\_\_\_\_



## AuthentiCare Mobile App Electronic Visit Verification Reporting

Updated July 2024

### Colorado Consumer-Directed Attendant Support Services (CDASS) Electronic Visit Verification (EVV) User Guide

This user guide will walk you through the functionality and features of the mobile app which can be used on any smart device. For more information on EVV visit our website at [www.palcofirst.com](http://www.palcofirst.com).

Before you can use AuthentiCare's mobile app, you need to register your smart device. To get started, [fill out Palco's EVV Registration Form](#).

You'll need to include:

- Your name, Palco ID, and email address
- The name of your CDASS member, their Palco ID, and their email address

You won't be able to set up the mobile app on your device until Palco processes your completed registration form. This takes up to three business days.

### Download the App:

**Step 1:** Go to the App Store on your mobile device.

**Step 2:** Tap on **Search**.

**Step 3:** In the search bar, type **AuthentiCare**.

**Step 4:** Download the app - **AuthentiCare 2.0**.

**Step 5:** Complete the download and tap to open.

**Step 6:** Tap **Allow** to access this device's location.

**Step 7:** Tap **Allow** to make and manage phone calls.



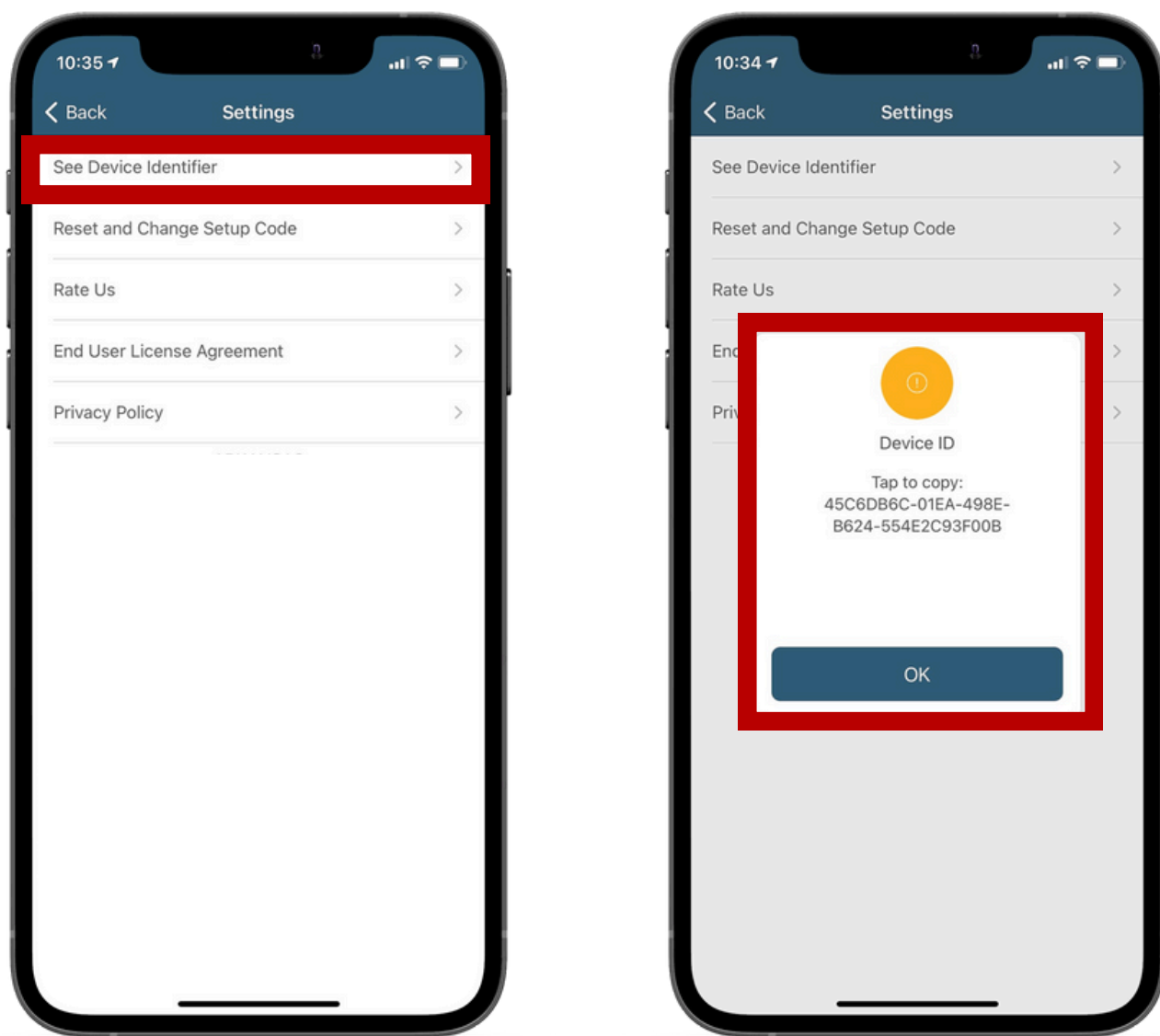
# Initial Set-Up

**Step 1:** Once downloaded, enter the **Setup Code** **PALCOCOPRD**.

**Step 2:** Click Settings at the bottom right of the login screen.

**Step 3:** Click **See Device Identifier** from the menu options.

**Step 4:** Write down your Device ID as shown on the screen on Palco's [EVV Registration Form](#).



Please write your device ID exactly as shown on your screen, including any dashes. If you don't provide the correct Device ID, your hours will be rejected, which could delay your payroll.

# Login to AuthentiCare

Login using the AuthentiCare Worker ID and temporary password Palco emailed you. The app will prompt you to set your own password.

## Menu and Features

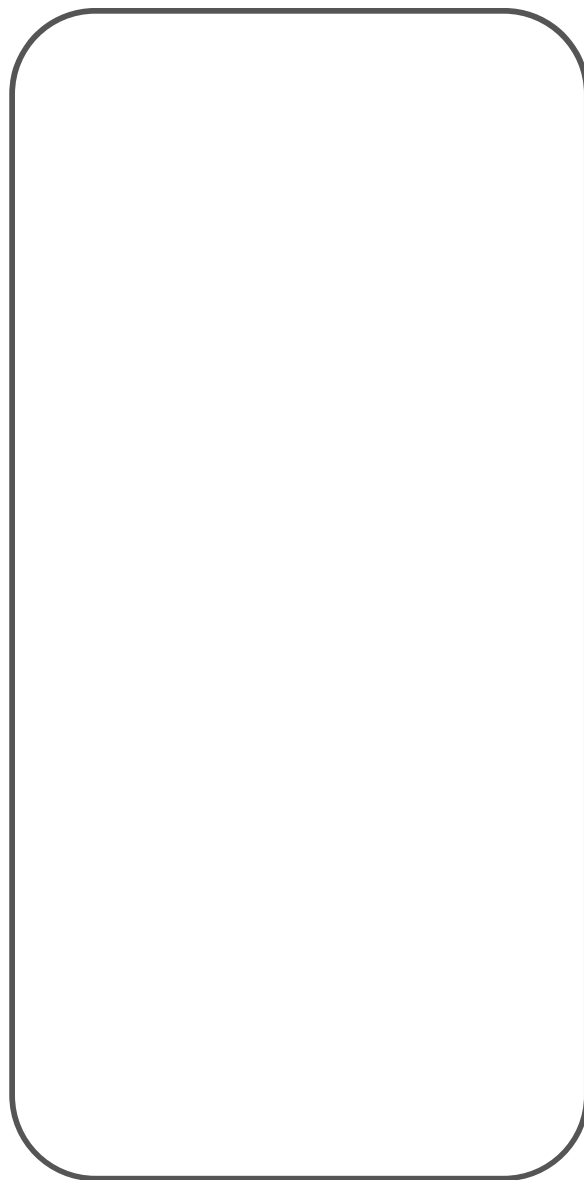
**See device identifier:** Displays the Device ID specific to your device. It must be entered on the Worker record.

**Offline Reminder:** Allows you to turn on/off a notification that tells you when you lose service or WiFi connection. The alert is displayed on your screen until you reconnect.

**Force Check-Out:** This can be used to automatically check-out if the worker forgets. The shift must be corrected in Palco's Connect portal.

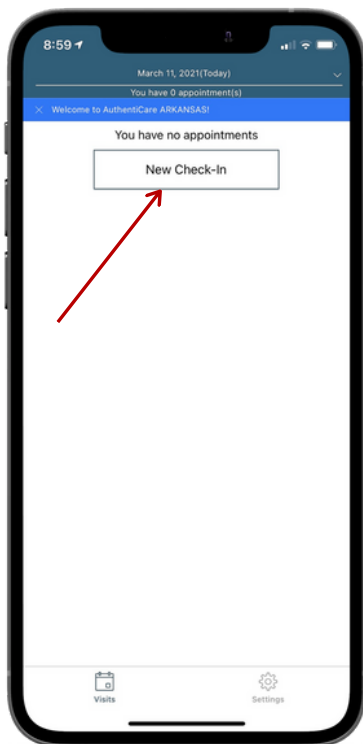
**Change Password:** Navigate here to change your password.

**Reset and Change Setup Code:** You would only use this if you are changing programs and need to enter a new set up code.

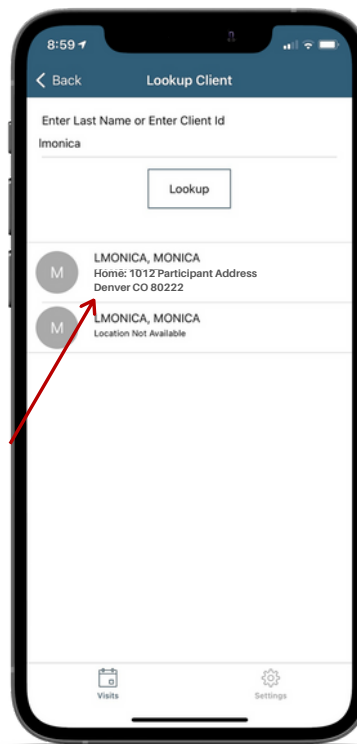


**GPS coordinates are collected only when you check in and check out. They are not collected at any other point during your visit.**

# Workers - Clocking In



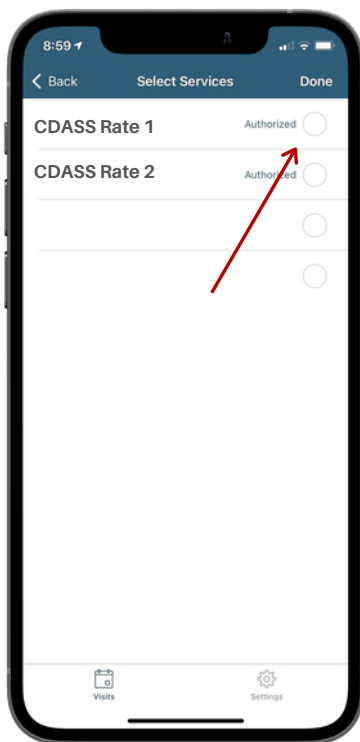
**Step 1:** Click on **New Check-In.**



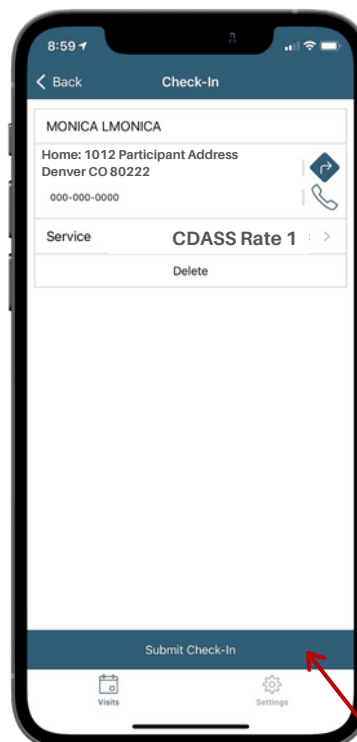
**Step 2:** Choose the client from the list of clients.

If the client is not found, click **Lookup Client** and follow the steps.

**Your client is the CDASS member.**

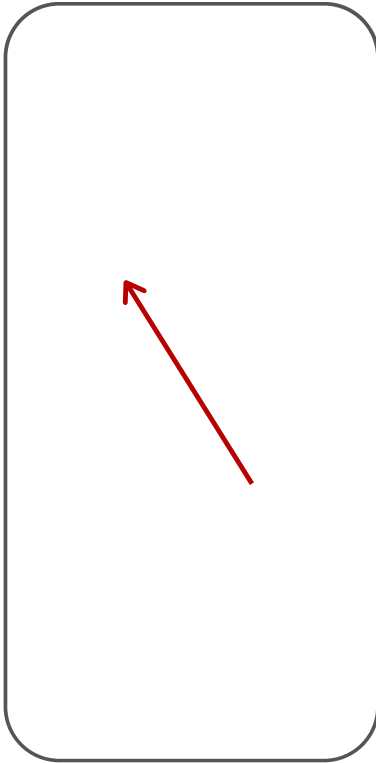


**Step 3:** Click on **Service** and select the service you are providing for that shift.

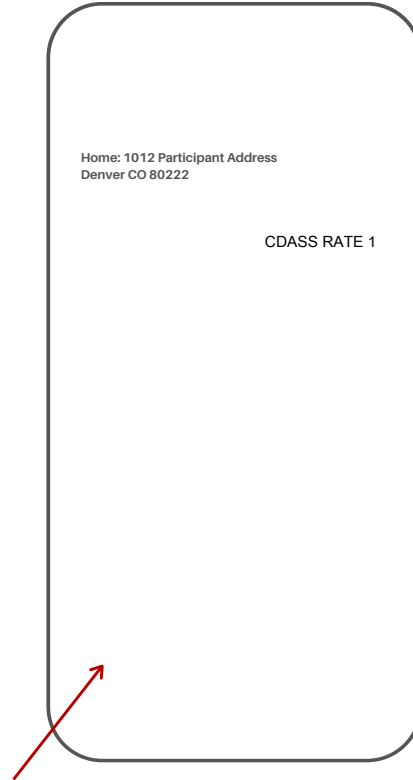


**Step 4:** Once all the details are complete, click **Submit Check-in.**

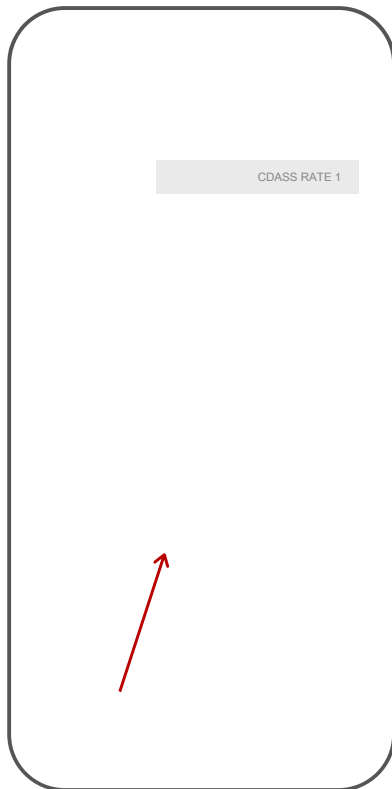
# Workers - Clocking Out



**Step 1:** At the end of the shift, log in to the app again and select the visit indicated as **Pending Check-Out**.



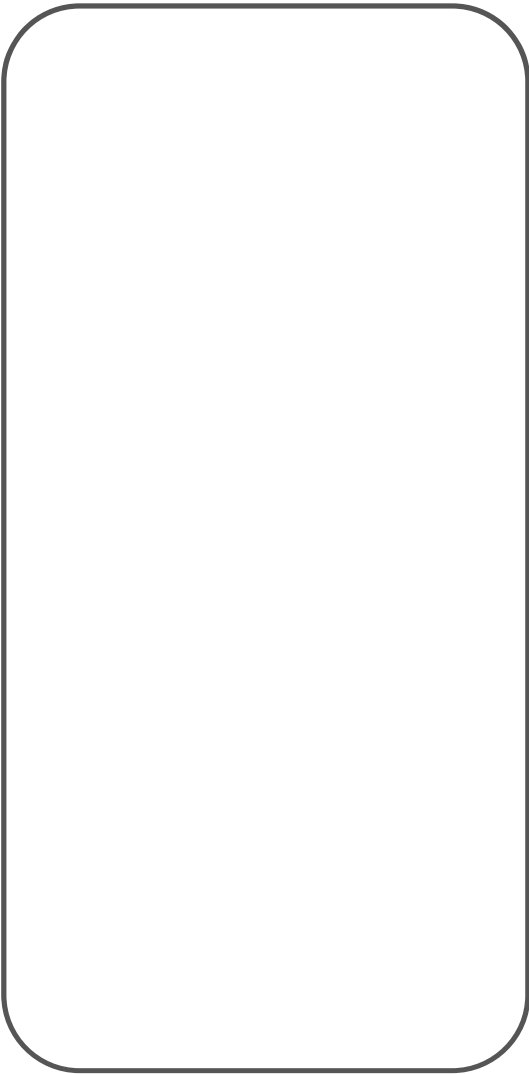
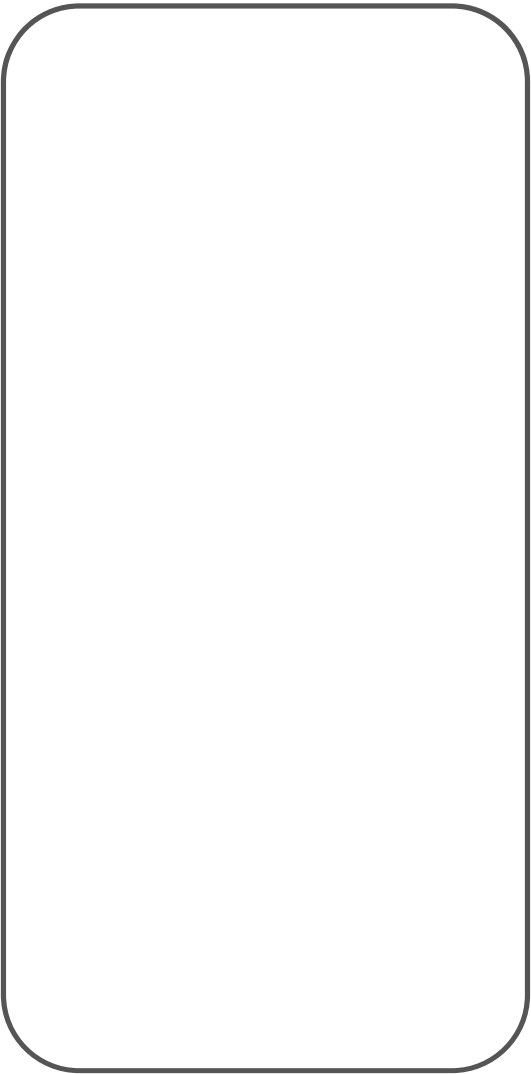
**Step 2:** Click **Submit Check-Out** at the bottom of the screen.



**Step 3:** The check-out success screen will appear. Click **Done** to clear the screen.

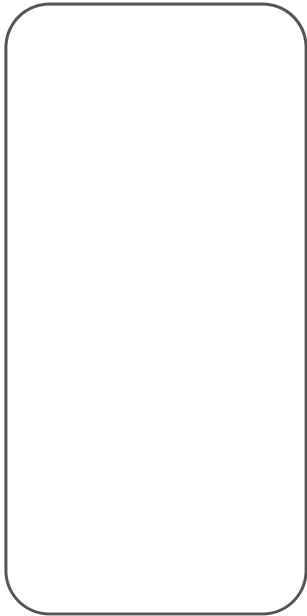
# Calendar Tool

The calendar tool can be used to verify a Check-In/Check-Out was completed and view any past completed shifts. If a shift is missing, use Connect to record it. To open, click the down arrow (**v**) in the top right corner. To exit the calendar, click the **X** in the top right corner of the calendar.



## Frontier Mode (for limited service areas)

In a limited service area, all Check-In/Check-Out data is stored in the mobile app until the mobile device enters a location of internet service. Once that occurs, all data is then pushed to AuthentiCare. This is called **Frontier Mode**. It is indicated by the red bar at the top of the screen that says **No Data Connection**.

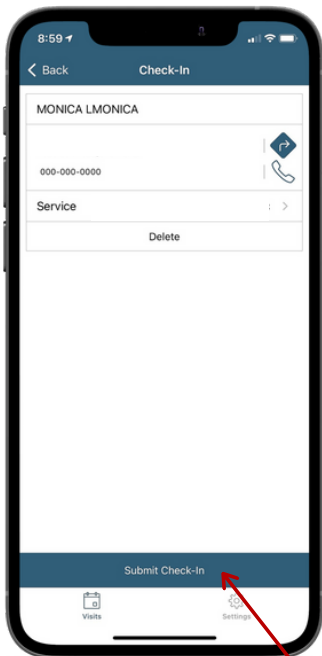


**Step 1:** Create a new check-in by clicking New Check-In and choosing the client. See page 2 for more clocking-in steps.

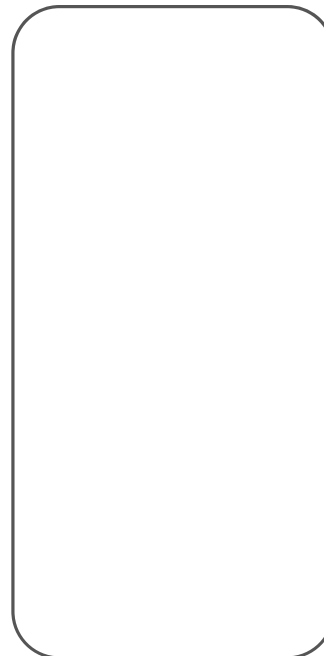


**Step 2:** Select the correct service from the list of services.

*This list might have services that are not approved. Make sure to choose a service that is approved to avoid any mistakes with EVV data.*



**Step 3:** Once all the details are complete, click **Submit Check-in**.



**Step 4:** Connect to cellular data or WiFi.

When a shift is completed, it will appear as Not Synced. This message will go away when the device connects to the internet.

**These shifts are stored for seven days. Your device must connect to the internet within those seven days.**

# Approving and Submitting Time

All employers and their workers must sign up on Palco's online time portal called Connect. When you sign up, we'll send your login details by email. At the end of each pay period, workers need to log in to check their recorded work hours and send this information to their employer. The employer will then review and approve these hours to ensure workers get paid. For more guidance, please [read our Connect Online Portal User Guide](#) on our website.

## **What should I do if I need more help or do not understand how to use the mobile app?**

You can attend one of the monthly trainings Palco offers by visiting our website and clicking the registration link under the EVV section. You can also contact our customer service team for help. Contact us or [visit our website for more information.](#)

## **What happens if there is a mistake with a time entry?**

The [Connect Online Portal User Guide explains](#) how to enter time manually or adjust already entered time. This should only be done in special cases, not as a regular practice. Shifts that require exceptions or edits will be audited and reviewed before payment is approved.

## **What should I do if I have issues that I am unable to resolve with my FMS?**

If you have any issues or feedback related to EVV, enrollment, taxes or other topics that you need to escalate to the Department to get a resolution, you can [send a report using Participant Directed Programs Unit Issues & Feedback Report Form](#) or [email HCPF\\_PDP@state.co.us](mailto:HCPF_PDP@state.co.us)

**Phone:** 1-866-710-0456

**Fax:** 501-821-0045

**Email:** [customersupport@palcofirst.com](mailto:customersupport@palcofirst.com)

**Mail:** Palco, Inc.

PO Box 13260

Maumelle, AR 72113





# AuthentiCare Telephone Electronic Visit Verification Reporting Guide

Updated 7/2024

This user guide will walk you through the functionality and features of the Interactive Voice Recognition (IVR) or telephone reporting version of EVV which can be used with a touchtone phone. For more information on EVV visit our website at [www.palcofirst.com](http://www.palcofirst.com).

## Clocking In

**Step 1:** Dial **1-800-320-0113** from a touchtone phone.

**Step 2:** Enter your **worker ID number** followed by the pound (#) sign when prompted.

**Step 3:** Press **1** for Check-in.

**Step 4:** You will then hear the name of the member you serve. If it is correct, press **1**. If AuthentiCare does not recognize the phone number you are calling from, you will be asked to enter the member's ID number (Medicaid number) followed by the pound (#) sign.

**Step 5:** You will hear a list of services available for the member. Choose the one you are providing by pressing the appropriate number on the phone keypad.

**Step 6:** AuthentiCare will then repeat your name, the member's name, and the service to be provided. If this is all correct, press **1**. If the information is not correct press **2** and you will be able to correct the information before you finish the call.

**Step 7:** If the information is correct, the system will tell you the check-in was successful. Press **2** to end the call.

# Clocking Out

**Step 1:** Dial **1-800-320-0113** from a touchtone phone.

**Step 2:** Enter your **worker ID number** followed by the pound (#) sign when prompted.

**Step 3:** Press **2** for Check-out.

**Step 4:** AuthentiCare will repeat back your name, the member's name, and the service you provided. If the information is correct, press 1. If the information is not correct press 2 and you will be able to correct the information before you finish the call.

**Step 5:** If the information was correct, the system will tell you the check-out was successful. Press **2** to end the call.

## Failed Check-In

If you failed to check in, the IVR will read the member's name back to you or if it does not recognize the phone number you are calling from, you will be asked to enter the member's ID number (Medicaid number) followed by the pound(#) sign. You will also be asked to select a service.

## Spanish Option

If you want the phone prompts in Spanish, reach out to Palco Customer Support at 1-866-710-0456. They'll update your account so you hear prompts in Spanish.

## Approving and Submitting Time

All employers and their workers must be registered in Palco's online time portal, **Connect**. During enrollment, we will email login information to you. At the end of every pay period, the worker must log in to review the recorded EVV time and submit it to the employer. The employer will review and submit the final approval of the time so workers can be paid. [Please review our Connect Online Portal User Guide for instructions.](#)

# Frequently Asked Questions

## What do I do if I forget my EVV worker ID or my member's ID number?

The ID number you will use for EVV is the same six-digit Palco ID number you received at enrollment. If you forget it, contact us at 1-866-710-0456.

[You can also log in to Connect to get it.](#)

## What do I do if I forget to clock in or out?

Use the Connect portal to edit or adjust information. [Please review the Connect Online Portal User Guide for instructions.](#)

## Can I use the member's cell phone to call in?

Yes, but we encourage the use of the member's landline phone. Palco cannot guarantee the location is captured when you use a cell phone. If you have a smart phone, it may be easier to use the AuthentiCare Mobile App. [Visit our website](#) or contact our customer support team for more information.

## What should I do if my phone number isn't recognized?

Please get in touch with our customer support team. They can find your phone number and update your account as needed.

## Can I use AuthentiCare's mobile app and telephone reporting?

Yes, you can use AuthentiCare's mobile app and telephone reporting. Make sure you are registered to use the mobile app by [completing the EVV Registration Form.](#)

**Phone:** 1-866-710-0456

**Fax:** 501-821-0045

**Email:** [customersupport@palcofirst.com](mailto:customersupport@palcofirst.com)

**Mail:** Palco, Inc.

P.O. Box 13260

Maumelle, AR 72113



# Electronic Visit Verification Attestation of Exemption Form

The Department of Health Care Policy and Financing (HCPF) allows exemption from Electronic Visit Verification (EVV) in these situations:

- Caregivers that permanently live with the Health First Colorado (Colorado's Medicaid Program) member receiving services; the most common exemption type, and it expires in 365 days.
- Caregivers with extenuating circumstances or do not permanently live with a member; a less common exemption type that must be pre-approved by HCPF and expires in 365 days or less.
- Caregivers or members asking for reasonable modifications under the protection of the Americans with Disabilities Act (ADA); the least common exemption type that must be pre-approved by HCPF and does not expire.

An EVV Exemption must be requested using this EVV Attestation of Exemption Form and include supporting documentation. If you are approved for an EVV Exemption, you are not required to collect EVV data for the approved timeframe. However, you may still be required to document services electronically according to your provider agency's policy. If the EVV Exemption is approved, the billing provider is responsible for billing of the EVV Exemption using the correct billing methodology.

For updates about the EVV Exemption, form, or request process, [visit our EVV webpage](#).

## Quick Start Guide

A member or caregiver completes this form and submits it with the supporting documentation to the billing provider or Financial Management Services (FMS) Vendor to ask for a live-in caregiver EVV Exemption. If asking for an EVV Exemption for extenuating circumstances or ADA reasonable modifications, then submit this form to HCPF for pre-approval.

Complete the sections of this form that apply to the EVV Exemption type you are asking for. Keep a copy of the submitted form for your records.

For more detailed instructions, questions about this form, information on who can ask for an EVV Exemption, or when to use an EVV Exemption, see the Terms and Definitions section (page 5).

When you have identified the EVV Exemption type you are asking for then complete the specific required sections of the form.

- **Live-in Caregiver:** Sections 1, 2, 3, 4, and 7.
  - **Extenuating Circumstances for a Caregiver:** Sections 1, 2, 3, 4, 6, 7 and 8.
  - **ADA Reasonable Modifications for a Caregiver:** Sections 1, 2, 3, 4, 6, 7 and 8.
  - **ADA Reasonable Modifications for a Member:** Sections 1, 2\*, 3, 5, 6, 7, and 8 of this form.
- \*Section 2 is optional under this EVV Exemption type.



## Electronic Visit Verification Attestation of Exemption Form

### 1. Member Information

Complete this section with the Health First Colorado member's information. Go to section 2.

First Name:	MI:	Last Name:	Medicaid ID:
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### 2. Caregiver Information

Complete this section with the caregiver's information. Go to section 3.

This information is optional when a member is asking for the EVV Exemption due to ADA reasonable modifications.

First Name:	Last Name:	ID (Last 5 of SSN):
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Is the caregiver legally responsible for the member? ☐ Yes ☐ No

If yes, describe their relationship (parent, spouse, sibling, etc.):

### 3. Billing Provider or FMS Vendor Information

Complete this section with the billing provider's information, this is the same for FMS Vendors. Then, if you are asking for an EVV Exemption for a caregiver go to section 4.

If you are asking for the EVV Exemption for a member due to ADA reasonable modifications, skip to section 5.

Billing Provider or FMS Vendor name: **PALCO INC**

Billing Provider or FMS Vendor Medicaid ID (Not NPI): **9000171776**

Billing Provider or FMS Vendor representative name: **Savanna Gentry**

### 4. Caregiver Exemption

If you are a caregiver asking for an EVV Exemption, fill out this section. Select ONLY one EVV Exemption type.

If you select the Live-in Caregiver box, then enter the residential address shared by the member and caregiver and skip to section 7.

If you select the Extenuating Circumstances or ADA Reasonable Modifications, then skip to section 6.

See Terms and Definitions (page 5) for more information on the EVV Exemption.

☐ Live-in Caregiver (Enter the shared residential address, then skip to section 7.)

Street Address:

City or Town:	State:	ZIP Code:
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☐ Extenuating Circumstances (If checked, then skip to section 6.)

☐ ADA Reasonable Modifications (If checked, then skip to section 6.)



## Electronic Visit Verification Attestation of Exemption Form

### 5. Member Exemption

If you are a member asking for the EVV Exemption due to ADA reasonable modifications, fill out this section and go to section 6.

See Terms and Definitions (page 5) for more information on the member EVV Exemption.

☐ ADA Reasonable Modifications (If checked, then go to section 6.)

### 6. Explanation for Request Extenuating Circumstances or ADA Reasonable Modifications

If you are asking for an EVV Exemption for extenuating circumstances or due to ADA reasonable modifications, explain below why you are asking for an EVV Exemption and go to section 7. HCPF may request other documentation before approving.

See Terms and Definitions (page 5) for more information on the EVV Exemption.

### 7. Attestation Sign and Date (Effective Date)

Complete this section with signatures and dates by the member or authorized representative, billing provider or FMS representative, and caregiver\*.

If asking for the Live-in Caregiver EVV Exemption, then send this form and supporting documentation to the billing provider or FMS Vendor.

If asking for an EVV Exemption for extenuating circumstance or due to ADA reasonable modifications, go to section 8.

Billing providers or FMS Vendors must submit this form and supporting documentation through the Provider Web Portal within 30 days of the member's attestation date.

\*A caregiver signature is optional when a member is asking for the EVV Exemption due to ADA Reasonable Modifications.

I declare that this form, to the best of my knowledge, is true, correct, and complete. I understand that falsification or misrepresentation of information may result in HCPF revocation of the EVV Exemption, program integrity investigation, and/or recoupment of paid claims. If the EVV Exemption is revoked, EVV must be collected for required services.

Member or Authorized Representative Signature:	Date: (Effective Date)
Provider or FMS Vendor Representative Signature: <b>Savanna Gentry</b> <small>Digitally signed by Savanna Gentry Date: 2025.02.26 10:59:24 -07'00'</small>	Date:
Caregiver Signature: (Optional if a member is asking for an EVV Exemption due to ADA reasonable modifications)	Date:



## Electronic Visit Verification Attestation of Exemption Form

### 8. HCPF Pre-approval for Extenuating Circumstances & ADA Reasonable Modification

If you are asking for an EVV Exemption for extenuating circumstance or due to ADA reasonable modifications, send this form to [evv@state.co.us](mailto:evv@state.co.us) for HCPF pre-approval before you send it to the billing provider or FMS Vendor. Once pre-approved then send this form, signed by HCPF EVV staff, with the HCPF pre-approval letter to the billing provider or FMS Vendor.

See Terms and Definitions (page 5) for additional information on the HCPF pre-approval letter.

HCPF EVV Staff Signature:

Date:

### Provider Maintenance - EVV Exemption Request via Provider Web Portal

Complete this form and submit it via the Provider Web Portal using the following steps (do not mail it to Gainwell Technologies):

1. Log in to the Provider Web Portal
2. Click "Provider Maintenance"
3. Click "Exemptions"
4. Complete the EVV Exemption Request
5. Click "Attachments and Submit" on the left-hand side of the page
6. Add the completed EVV Attestation of Exemption form and supporting documentation
7. Select the Attachment Type "Other" with the document labeled "EVV Attestation of Exemption Form" and supporting documentation
8. Submit the provider maintenance request

Once the provider maintenance request has been approved, a provider maintenance approval letter will be received, and the billing provider may begin billing for the EVV exemption. EVV Exemption requests and approvals can be viewed in Provider Maintenance on the Exemptions page.

### Provider Revalidation - EVV Exemption Request via Provider Web Portal

Complete this form and submit it via the Provider Web Portal using the following steps (do not mail it to Gainwell Technologies):

1. Log in to the Provider Web Portal
2. Click "Revalidation"
3. Progress through the revalidation application until the "Exemptions" page is reached
4. Complete the EVV Exemption Request
5. Progress through the remaining revalidation pages until the "Attachments and Fees" page is reached
6. Add the completed EVV Attestation of Exemption form and supporting documentation
7. Select the Attachment Type "Other" with the document labeled "EVV Attestation of Exemption Form" and supporting documentation
8. Submit the revalidation application

Once the revalidation application has been approved, a revalidation approval letter will be received, and the billing provider may begin billing for the EVV exemption. EVV Exemption requests and approvals can be viewed in Provider Maintenance on the Exemptions page.





# Electronic Visit Verification Attestation of Exemption Form

## Terms and Definitions

**EVV Exemption** is a general term used to describe exemptions from EVV requirements based on live-in caregiver status including extenuating circumstances; as well as caregivers and members exempted from EVV based on reasonable modification under the Americans with Disabilities Act (ADA).

**Live-in caregiver** is a caregiver who permanently resides in the same residence as the member receiving services. Live-in caregiver status is determined by meeting requirements established by the U.S. Department of Labor, Internal Revenue Service, or HCPF-approved extenuating circumstances. Documentation of live-in caregiver status shall be collected and maintained by the billing provider or FMS Vendor then submitted through the Provider Web Portal.

**Extenuating circumstance** is a live-in caregiver status beyond the standard definitions and granted by HCPF. It allows for situations like joint custody, foster care, members transitioning from residential services, caregivers residing with a member for extended periods of time<sup>1</sup> and other less common situations. This type of EVV Exemption requires HCPF pre-approval and may be approved for less than one year.

**Reasonable modifications under the Americans with Disabilities Act (ADA)** is a federally mandated accommodation that ensures individuals with disabilities have an equal opportunity to participate in programs, services, and activities when modifications are necessary to avoid discrimination on the basis of disability. This type of EVV Exemption requires HCPF pre-approval and does not expire. It is most commonly used to support members who perform employer of record responsibilities in the CDASS program.

**Attestation date** is the day this form is signed by the member or Authorized Representative and used as the "effective" date when submitting an application through the Provider Web Portal.

**Billing Provider** submits claims for and receives reimbursement for Medicaid services; submits EVV Exemption documentation through the Provider Web Portal. Both provider agencies and Financial Management Service (FMS) Vendors must have a billing provider identification number in order to perform these activities.

**Provider Web Portal** is an online portal provided by HCPF. It is used by billing providers and FMS Vendors to manage various administrative tasks related to Health First Colorado services.

**Legally responsible person** is any person who has a duty under state law to care for another person, such as the parent of a minor child or a spouse.

**Permissible Supporting Documentation** are HCPF-allowed documents required to verify the EVV Attestation of Exemption Form. Records must contain current information relevant to the EVV

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<sup>1</sup> Department of Labor Application of the Fair Labor Standards Act to Domestic Service, Final Rule; Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act (FLSA)



## Electronic Visit Verification Attestation of Exemption Form

Exemption requested. A minimum of one document is required. An example of this is a bank statement with **both** the member and caregiver's name on it **and** their shared address.

- Permissible documents for a live-in caregiver EVV Exemption must include the shared address and be current.
  - These documents may be used if dated **within 90 days** of a member's attestation date. These include at least one of the following: bank statements; copies of bills (utility, credit card, etc.); pre-printed pay stubs; and United States Postal Service (USPS) Change of Address Form (CNL107).
  - These documents may be used if they are **not expired**. These include copies of state identification (ID) cards, driver's licenses, motor vehicle registrations, homeowner's insurance policy, renter's insurance policy, or motor vehicle insurance policy.
  - These documents may be used if they are dated **within 365 days or 12 months** of the member's attestation date. These include tax returns, voter registrations (screenshot of the webpage must include website and the date it was checked), mortgage contract, lease contract, rental contract, transcript or report cards from accredited schools, State or Federal benefits documents, correspondence regarding benefits like SNAP or Medicaid, school correspondence such as letters from a child's school, and school enrollment forms from the child's school. Documents must be within these specified types to be permitted.
- Permissible supporting documents for EVV Exemptions for extenuating circumstances and ADA reasonable modifications is the HCPF Pre-approval Letter.
  - **The HCPF Pre-approval Letter** is the supporting document or decision letter that is obtained from HCPF and required before submitting an EVV Exemption for extenuating circumstance or ADA reasonable modifications through the Provider Web Portal.