



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.



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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: **Alicia Paladino**

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.)



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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: <i>Alicia Paladino</i>	Date:
Caregiver Signature: (Optional if a member is asking for an EVV Exemption due to ADA reasonable modifications)	Date:



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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 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.



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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 time¹ 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

¹ 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)



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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.