



# KS WORK

## Vendor Engagement Packet

The Work Opportunities Reward Kansans (WORK) program is an employment incentive program designed to encourage people to work, increase their income, and accumulate assets in order to reduce long term reliance on public supports.

The WORK program is a cash and counseling model that works with budget authority of the member. It is similar to HCBS waiver services, but the billing is different. The member and their Independent Living Counselor develop a WORK budget. To support freedom, choice and control over the services and supports offered under the WORK program, Palco, Inc., has contracted with the Sunflower State Health Plan, a Managed Care Organization in the KanCare network, to provide Fiscal Management Services for WORK participants.

The funding is provided to Palco, who pays invoices directly to the support providers based on the member's approved budget. To get started, complete the following forms and return to Palco:

- IRS Form W-9       New Vendor Setup       Pay Selection and Direct Deposit Agreement

The other documents included in this packet are for informational purposes only and do not need to be sent back to Palco at this time. Fax or email completed forms to Palco. You may also mail them to the address below.

**Fax: 501-821-0045**  
**Email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)**  
**Palco, Inc.**  
**Attn: Enrollment**  
**P.O. Box 242930**  
**Little Rock, AR 72223**

**To be paid for services, submit a monthly invoice on one of the approved forms in this packet within 30 days of the end of the month.** Assure that submitted invoices are accurate and services provided are within the approved WORK Individualized Budget. You may use the Vendor Request Form, or you may complete the spreadsheet invoice found on our website. We have included a sample of each in this packet. Payments are processed according to the enclosed schedule.

All forms can be found on our website, [palcofirst.com](http://palcofirst.com). Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or [KSWORK@palcofirst.com](mailto:KSWORK@palcofirst.com).

We look forward to serving you!

Sincerely,  
The Palco Team



# PALCO BI-WEEKLY PAYMENT SCHEDULE - 2020

## KS WORK Program

Service Period		Timesheets Due to Palco by 5:00 pm	Payment Date
Start Date	End Date	Deadline	Paid On
December 8, 2019	December 21, 2019	December 23, 2019	January 3, 2020
December 22, 2019	January 4, 2020	January 7, 2020	January 17, 2020
January 5, 2020	January 18, 2020	January 21, 2020	January 31, 2020
January 19, 2020	February 1, 2020	February 4, 2020	February 14, 2020
February 2, 2020	February 15, 2020	February 18, 2020	February 28, 2020
February 16, 2020	February 29, 2020	March 3, 2020	March 13, 2020
March 1, 2020	March 14, 2020	March 17, 2020	March 27, 2020
March 15, 2020	March 28, 2020	March 31, 2020	April 10, 2020
March 29, 2020	April 11, 2020	April 14, 2020	April 24, 2020
April 12, 2020	April 25, 2020	April 28, 2020	May 8, 2020
April 26, 2020	May 9, 2020	May 12, 2020	May 22, 2020
May 10, 2020	May 23, 2020	May 26, 2020	June 5, 2020
May 24, 2020	June 6, 2020	June 9, 2020	June 19, 2020
June 7, 2020	June 20, 2020	June 23, 2020	July 2, 2020
June 21, 2020	July 4, 2020	July 7, 2020	July 17, 2020
July 5, 2020	July 18, 2020	July 21, 2020	July 31, 2020
July 19, 2020	August 1, 2020	August 4, 2020	August 14, 2020
August 2, 2020	August 15, 2020	August 18, 2020	August 28, 2020
August 16, 2020	August 29, 2020	September 1, 2020	September 11, 2020
August 30, 2020	September 12, 2020	September 15, 2020	September 25, 2020
September 13, 2020	September 26, 2020	September 29, 2020	October 9, 2020
September 27, 2020	October 10, 2020	October 13, 2020	October 23, 2020
October 11, 2020	October 24, 2020	October 27, 2020	November 6, 2020
October 25, 2020	November 7, 2020	November 10, 2020	November 20, 2020
November 8, 2020	November 21, 2020	November 24, 2020	December 4, 2020
November 22, 2020	December 5, 2020	December 8, 2020	December 18, 2020
December 6, 2020	December 19, 2020	December 22, 2020	December 31, 2020
December 20, 2020	January 2, 2021	January 5, 2021	January 15, 2021

Late time submissions and mistakes may result in late payment! Time entry can be done quickly and easy using our online portal **CONNECT**. Call Customer Service to register today!

### 2020 Bank & Palco Office Holidays

New Year's Day - Wednesday, January 1\*  
 Martin Luther King, Jr. Day - Monday, January 20  
 President's Day - Monday, February 17  
 Memorial Day - Monday, May 25\*  
 Independence Day - Friday, July 3\*

Labor Day - Monday, September 7\*  
 Columbus Day - Monday, October 12  
 Veterans Day - Wednesday, November 11  
 Thanksgiving - Thursday-Friday, November 26-27\*  
 Christmas - Thursday-Friday, December 24-25\*

### \* Palco Office Closures



## KS WORK New Vendor Setup

VENDOR INFORMATION			
Name	FEIN or SS# of Payee		
Mailing Address	City	State	Zip Code
Phone Number	Email		
Pay Type: <input type="checkbox"/> Paper Check <input type="checkbox"/> EFT (If this option is selected, attach a direct deposit authorization agreement)			
<input type="checkbox"/> A W-9 is required for all vendors, a form is attached.			

Please check the services that your agency will be providing and billing.

TYPE OF AGENCY/VENDOR EXPENSES	
<input type="checkbox"/>	Agency-directed Personal Care Attendant
<input type="checkbox"/>	Employment Support (Follow along)
<input type="checkbox"/>	Meal Service
<input type="checkbox"/>	Emergency Monitoring
<input type="checkbox"/>	Emergency Monitoring Installation
<input type="checkbox"/>	Snow Removal/Mowing
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other

**Please return this form to Palco via email: [accounting@palcofirst.com](mailto:accounting@palcofirst.com) or via fax to 1.877.859.8757.**

## **Pay Selection and Direct Deposit Authorization Agreement**

### **HOW WOULD YOU LIKE TO BE PAID?**

Payment Selection: (please check only one box)

- Direct Deposit:  Money Network Services.\*

\*If you choose the Money Network Services Option, Palco will enroll you with our partners at First Data: Money Network Services. You will need to sign an additional Money Network Services Form to enroll.

Request Type (check one):

- New Account Setup  Change in Existing Account  Cancellation

### **DIRECT DEPOSIT ACCOUNT INFORMATION**

Account Holder's Full Name

ID or Last 4 of SSN

Financial Institution

Routing Number

Account Number

Type of Account (select one):

- Checking  Savings  Pre-paid card

**REQUIRED** The following validating documentation is attached:

- Voided check with account holder name printed on the check.  
*Check cannot be a temporary check.*

OR

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

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

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

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

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

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.**

## Vendor Payment Instructions

The **Agency/Vendor Invoice** is used to submit for payment for services provided to the participant. There are two options in submitting an invoice for payment to Palco.

### Option 1: Submit the vendor request form for requests for individual participants

- ✓ Complete all boxes in the Participant Information section
- ✓ Complete all boxes in the Vendor Information section
- ✓ Complete the Payment Information section by including the Date of Service, Procedure Code Service Description & Explanation, Amount and check Invoice Attached box if you are attaching an invoice. **Note: Palco cannot pay a vendor without an itemized invoice.**
- ✓ Check the relevant option box indication how the check is to be made payable and the correct address to submit the payment.
- ✓ The employer must sign and date the request.

### Option 2: Submit the excel sheet if you are sending an invoice for multiple participants.

- ✓ The vendor is required to complete all of the highlighted information at the top of the excel spreadsheet.
- ✓ The table in the middle of the invoice must be completed with all of the information requested.
- ✓ Examples of the expenses are listed on the page.
- ✓ A fillable copy of this invoice can be found at [www.palcofirst.com](http://www.palcofirst.com).

**Return completed forms to Palco at [timesheets@palcofirst.com](mailto:timesheets@palcofirst.com).**

## KS WORK Vendor Payment Request

Complete all relevant fields below for payment to be sent to a vendor for authorized services in the budget. Payment will be generated on the next payroll cycle according to the WORK Payroll Schedule, after Palco has processed this form, which may take up to five (5) business days. Please make sure the below vendor has properly submitted all paperwork to enroll with Palco prior to submitting this request. Return completed form to Palco at [timesheets@palcofirst.com](mailto:timesheets@palcofirst.com)

PARTICIPANT INFORMATION		
Full Name	ID	Program/Plan
VENDOR INFORMATION		
Name	ID	FEIN or SS# of Payee

PAYMENT INFORMATION				
Date of Service	Procedure Code	Service Description & Explanation	Amount	Invoice Attached*
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
<b>TOTAL</b>			<b>\$</b>	

*\*An itemized invoice MUST be attached. Invoices should only include items included in requests for reimbursement.*

Select the relevant option:

- Make the check payable to the **employer** and submit to the **employer's** mailing address on file with Palco.
- Make the check payable to the **vendor** and submit to the **employer's** mailing address on file with Palco.
- Make the check payable to the **vendor** and submit to the **vendor's** mailing address on file with Palco.

Special instructions:

By signing this form, I attest that the vendor is qualified to render this service and has met the program qualification criteria. I also attest that services were delivered and received consistent with the Individual Support Plan.

\_\_\_\_\_  
**Employer Signature**

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



WORK Fiscal Management Provider

AGENCY/VENDOR INVOICE

Invoice Date:

Vendor Phone:

Vendor Name:

Vendor Contact Person:

Address:

The services provided and invoiced must be consistent with the approved WORK individualized Budget.

Please submit one invoice per person, per month.

PARTICIPANT NAME	PARTICIPANT ID	SERVICE DATE(S)	EXPENSE DESCRIPTION	UNITS	RATE	TOTAL
						0.00
						0.00
						0.00
<b>TOTAL</b>						0.00
<b>AMOUNT</b>						0.00

Examples of Agency/Vendor Expenses
Agency-directed Personal Care Attendant
Employment Support (Follow along)
Meal Service
Emergency Monitoring
Emergency Monitoring Installation
Snow Removal/Mowing
Transportation
Other

Questions, Call Customer Service: 866-710-0456

Mail invoice to: Palco, Inc.  
P.O. Box 242930  
Little Rock, AR 72223

Scan and email invoice to: [timesheets@palcofirst.com](mailto:timesheets@palcofirst.com)

Or Fax invoice to: 501-821-0045

The vendor certifies that the representations made in this invoice are true, accurate and correct and that if any statements are willfully false, the vendor may be subject to punishment, including suspension, debarment or disqualification from participating as a vendor in State or Federal programs, as well as criminal sanctions, as may be applicable. The vendor understands that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State Laws.

