



Fiscal Employer Agent (F/EA) Enrollment Guide

Pennsylvania - Worker

June 2024



palcofirst.com | info@palcofirst.com

FOR INTERNAL USE ONLY



Introduction and Process Flow 2

Support Service Professional Intake and Attestation Form 3

Support Service Professional Qualification Form 4

I-9 Form 5

Payroll Information Worksheet..... 6

W-4 Employee Withholding Certificate 7

Residency Certification Form 8

Pay Selection and Direct Deposit Form 9

PA ODP EVV Registration Form 10

SSP Pay Rate Information 11

Frequently Asked Questions 12





Introduction and Process Flow

This document will provide you with key information related to the forms you are signing via Intake. Once you have completed your enrollment online, Palco will process your information and complete any program necessary checks and steps to get you enrolled. If you have forms a part of your enrollment that required a download and signature by multiple parties, please submit that immediately to enrollment@palcofirst.com. You can also submit any supporting documentation to this inbox. Processing of enrollment forms will take approximately 3 business days.

Once everything is complete, Palco will issue each enrollee a “good-to-go” notification that indicates the process is complete. Palco is not the employer for any workers under the self-directed program and all directives to workers on when they can work and be paid is the responsibility of the employer. Palco cannot pay for services prior to the good-to-go date indicated in the email. For more information about time entry and payment processing, visit www.palcofirst.com and navigate to your program specific webpage.

In addition to the website, Palco has a web-based training library where you can find videos and tutorials for all of your functions with the Palco system. You can find this via the Palco homepage or by visiting <https://www.gotostage.com/channel/palcotraining>.

Typical Program Enrollment Process Flow:


(process may vary based on program specifics)

1. Referral to Palco by Case Manager/Support Coordinator following the completion of any program prerequisites.
2. Initial contact by Palco Enrollment Specialist to initiate training and provide online enrollment link.
3. Enrollee completes online enrollment and submits required forms and documentation as necessary.
4. Palco Enrollment Specialist processes forms and completes any required checks and qualifications to ensure program compliance.
 - a. This may include a requirement for certain care providers / workers to also be enrolled to proceed.
5. Palco Enrollment Specialists requests budget / authorization from Case Manager / Support Coordinator for services to begin.
6. Budget / authorization is provided and entered into the Palco system.
7. Good-to-Go notification is issued to all enrollees who have completed the process with an effective date for when services can begin.



Support Service Professional Intake and Attestation Form

The Support Service Professional Intake and Attestation Form is used to gather demographic information for all SSPs and inform of the requirements that they must agree to in order to become an SSP in this program. This information needs to be completed fully and accurately in order for the information in the SSP Packet to be prepopulated. This form is also used to notify the SSP of all required background checks. The form is four pages and the SSP must read and sign this form.



PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

Support Service Professional Intake & Attestation

Complete this form entirely to begin the enrollment process as a worker in the self-direction program. Completion of this form does not constitute a hiring by the employer.


PARTICIPANT AND COMMON LAW EMPLOYER INFORMATION	
Participant Name	ID
Employer Name	ID

SUPPORT SERVICE PROFESSIONAL (APPLICANT) INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – if different than the physical address			
City	State	Zip	County
Phone1	Phone2		
Email			
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
Emergency Contact	Relationship	Phone Number	

ENROLLMENT PREFERENCE
How would you like to continue the enrollment process?
<input type="checkbox"/> Complete Enrollment Paperwork Online, the SSP will receive login instructions from Palco
<input type="checkbox"/> Email a prepopulated PDF packet to the Common Law Employer
<input type="checkbox"/> Mail a prepopulated paper packet to the Common Law Employer's address

Common Law Employers (CLE) who choose to be the employers of their support service professionals (SSP) will be required to have criminal history background checks performed on the SSPs that they hire. The common law employer will be informed about his or her

Page 1 of 4
EN-380021-SIT-1.0



PO Box 242930
Little Rock, AR 72223
Toll Free 866.710.0456
Online: PalcoFirst.com

responsibilities as an employer for their own personal health and safety in their own homes. The common law employer will be informed of the results of the criminal history background check. The common law employer may still choose to hire a support service professional even if an SSP is found to have a criminal history with prohibited offenses contained in the Older Adults Protective Services Act.

Criminal history background checks will be performed at no cost to the common law employer. Performance of the criminal history background check and its cost will be the responsibility of the Fiscal/Employer Agent.

Criminal history background checks are mandatory but a common law employer may still choose to hire a support service professional even if a SSP is found to have a criminal history.

- Criminal background check.
- Individuals residing in Pennsylvania less than 2 years must submit to an FBI (fingerprinting) check.
- Child Abuse History Clearances (SSPs working with participants who are not yet 18 years of age.)
- Office of Inspector General Medicaid exclusion check.
- Pennsylvania Medichex List
- Social Security Administration SSN check.

Upon completion of the new hire process, Palco will submit your information to the Pennsylvania New Hire Reporting Program on behalf of your employer (CLE).

Complete the fields provided below and on the next page to ensure we have sufficient information to run the required background checks.

REQUIRED BACKGROUND INFORMATION	
State Issued Photo ID No. (You must submit a copy)	State of Issuance
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	City of Birth: _____ State of Birth: _____
County of Birth: (if known)	Country of Birth: _____
Race: (please check one) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White (includes Mexicans and Latinos) <input type="checkbox"/> Unknown	
Eye Color: (please check one) <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multi-Colored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown	
<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray	

Page 2 of 4
EN-380021-SIT-1.0

For more information about this form, click [here](#).



Support Service Professional Qualification Form

The Support Service Professional Qualification Form is used to gather information to determine what qualifications a SSP needs in order to provide certain services. Each of the following five questions must be answered by checking the YES or NO in each box. Under question five if the SSP answers yes, they are relative of the participant, they must check what their relationship to the participant is. The remaining sections ask questions about specific services that a SSP could provide, if yes please read carefully as additional information may need to be provided. This form serves as documentation that the SSP has been qualified for services as identified in the approved waiver. The form has seven sections, please review each section and complete the form entirely. If services are added to the authorization at any point, a new qualification form will be required.



Support Service Professional (SSP) Qualification Form

This form serves as documentation that the SSP has been qualified for services as identified in the approved waiver. The form has seven sections, please review each section and complete the form entirely. If services are added to the authorization at any point, a new qualification form will be required.

REQUIRED INFORMATION	
Common Law Employer (CLE) Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

Section One: Qualification Verification

By placing your initials for the following statements, you are confirming that the Support Service Professional will continue to meet the following Medicaid waiver standards and ODP qualification requirements. Any change in the SSP's qualifications status must be reported to Palco, by submitting a new Support Service Professional (SSP) Qualification Form to Palco, within 5 business days of being notified of the change.

Please read and initial:

1. The SSP will comply with Department standards related to provider qualifications.	
SSP's Initials: _____	CLE's Initials: _____
2. The SSP is trained to meet the unique needs of the Participant; which includes, but is not limited to communication, mobility, and behavioral needs.	
SSP's Initials: _____	CLE's Initials: _____
3. The SSP has been trained on the ISP and agrees to carry out ISP responsibilities.	
SSP's Initials: _____	CLE's Initials: _____

Please answer each of the next 5 questions by checking either Yes or No:

1. Has the SSP continuously lived in the state of PA for the past 2 years?	
<input type="checkbox"/> YES, the SSP has continuously lived in the state of PA for the past 2 years.	<input type="checkbox"/> NO, the SSP has <u>not</u> continuously lived in the state of PA for the past 2 years; the SSP must submit to FBI fingerprinting.



2. Is the Participant the SSP will be providing services to at least 18 years of age?	
<input type="checkbox"/> YES, the Participant is at least 18 years of age.	<input type="checkbox"/> NO, the Participant is a <u>minor</u> ; the SSP must mail the Child Abuse History Clearance Check form found in the SSP Enrollment Packet and submit to FBI fingerprinting.
3. Is the SSP a legally responsible individual as defined in section C-2-d of the approved Waiver?	
<input type="checkbox"/> YES, the SSP is a legally responsible individual as defined in section C-2-d of the approved Waiver.	<input type="checkbox"/> NO, the SSP is <u>not</u> a legally responsible individual.
<i>A legally responsible individual is a person who has a legal obligation under the provisions of law to care for another person, including parents of minors (natural or adoptive), spouses, and legally-assigned relative caregivers of minor children.</i>	
4. Is the SSP a Court-Appointed Legal Guardian of the Participant?	
<input type="checkbox"/> YES, the SSP is a Court-Appointed Legal Guardian.	<input type="checkbox"/> NO, the SSP is <u>not</u> a Court-Appointed Legal Guardian.
<i>A legal guardian is a person who has legal standing to make decisions on behalf of the participant (e.g., a guardian who has been appointed by the court).</i>	
5. Is the SSP a Relative of the Participant?	
<input type="checkbox"/> YES, the SSP is a relative of the participant. What is the relationship of the SSP to the participant?	<input type="checkbox"/> NO, the SSP is <u>not</u> a relative of the participant (for example, friend, neighbor, hired SSP)
<input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent of an adult child <input type="checkbox"/> Brother <input type="checkbox"/> Half-Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Niece <input type="checkbox"/> Adult child or stepchild of a parent with an intellectual disability	<input type="checkbox"/> Parent of an adult child <input type="checkbox"/> Grandparent <input type="checkbox"/> Sister <input type="checkbox"/> Half-Sister <input type="checkbox"/> Uncle <input type="checkbox"/> Nephew <input type="checkbox"/> Adult grandchild of a grandparent with an intellectual disability
<i>A relative is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant.</i>	


Valid Driver's License or State/Federal Issued Identification:

All Support Service Professionals **must** submit a valid driver's license or state/federal identification or any other documentation that verifies the the SSP's identity. You **must** submit a copy with this qualification form.



I-9 Form

The United States Department of Homeland Security, Citizenship and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the U.S. CIS online system. Verification of documents being supplied on the form must be done by the employer. The form is three pages long, the last page contains a list of acceptable documents.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9**
OMB No. 1615-0047
Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number: _____)

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR

2. Form I-94 Admission Number: _____
OR

3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee		Today's Date (mm/dd/yyyy)
-----------------------	--	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)
Last Name (Family Name)		First Name (Given Name)
Address (Street Number and Name)		City or Town State ZIP Code

STOP
Employer Completes Next Page
STOP


Form I-9 10/21/19
Page 1 of 3

For more information about this form, [click here](#).



Payroll Information Worksheet

This Palco Payroll Information Worksheet is used to determine any exemptions the worker may qualify for in order for Palco to calculate the proper payroll and payroll tax. It is important you review the questions carefully and verify who exactly the employer is so you can answer accurately. This form is 2 pages long and should be updated at any time if information changes.



PO Box 242930
 Little Rock, AR 72223
 Toll Free 866.710.0456
 Online: PalcoFirst.com

Payroll Information Worksheet

As a home care worker in self-direction, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

REQUIRED INFORMATION	
Employee Name	ID
Employer Name	Participant Name (If different from Employer)

Select the following box that applies:

This form is part of your **first-time enrollment** with Palco.

You are already enrolled with Palco and need to **change** your information

Part A: Family Member Exemptions
 Depending on your relationship to your employer and your age, you may be exempt from certain taxes, such as FICA (Social Security and Medicare), FUTA (Federal Unemployment) and SUTA (State Unemployment). You can find more information about this in IRS Publication 15.

Relationship to Employer	FICA ¹	FUTA ²
Child employed by Parent	Exempt until child turns 21	Exempt until child turns 21
Parent employed by Adult Child (including Adoptive and or Stepparent)	Exempt	Exempt
Spouse employed by Spouse	Exempt	Exempt

Select the appropriate response:

Non-Exempt. None of the selections apply.

Exempt. I am the spouse of my employer.

Exempt. I am the child of my employer and am under 21

Exempt. I am the parent of my employer who is an adult. This includes adoptive and stepparents.

Part B: Federal Income Tax Withholding Difficulty of Care (DOC) Exclusion Information.
 Per IRS Notice 2014-7, payments made to workers for the care of a Medicaid self-direction program participant with whom the worker lives full time are exempt from federal income tax withholding (FIT). Use the checklist below to determine if you qualify for the exclusion/exemption.

(continued on next page)

¹ If you are not exempt as indicated above, appropriate taxes, including FICA, will be withheld. Should you not meet the annual IRS domestic service wage threshold for the current tax year, your FICA will be refunded to you in January of the following year, and your W-2 will reflect that no FICA was withheld.
² In most states, an exemption from FUTA will also apply to SUTA.

Page 1 of 2
EN-380021-PIW-2.0

For more information about this form, [click here](#).



W-4 Employee Withholding Certificate

The IRS Form W-4 is used by Palco to withhold the proper amount of federal income tax from worker paychecks. The information entered into the Intake system will be hard coded on to the form and stored for tax purposes. This form should be updated any time your information changes. Palco cannot provide tax advice of any kind, if you have questions speak to a tax professional or visit the IRS website for additional guidance.

For more information about this form, [click here](#).


Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		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.		2023
Step 1: Enter Personal Information	(a) First name and middle initial Last name	(b) Social security number		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 www.ssa.gov .
	Address			
	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.)			
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, other details, and privacy.				
Step 2: Multiple Jobs or Spouse Works	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 only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/> TIP: If you have self-employment income, see page 2.			
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.)				
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____		3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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 4(a) \$ _____			
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____			
	(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____			
Step 5: Sign Here	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 _____			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q	Form W-4 (2023)	



Residency Certification Form

The Residency Certification Form is used to determine an SSP's local tax rates based on their address and the address of the CLE. This must be updated if the SSP has a name or address change.

CL09-22-6 (09/17)



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:
This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER ID#
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER 866.710.0456	EMAIL ADDRESS tax@palcofirst.com


For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES, and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:
dced.pa.gov/Act32



Pay Selection and Direct Deposit Form

The Pay Selection and Direct Deposit Authorization Agreement is used to inform Palco how you would like to be paid. Palco offers two options for quick and efficient pay- Direct Deposit to a bank account of your choice or a free Money Network Card.

If you choose to enroll in the Money Network Services option, you will be enrolled with our partners at First Data Money Network Services. A card will be ordered by your Enrollment Specialist and shipped directly to your home. Money Network Card holders also have the benefit of accessing Wages Now, a program that accesses access to worker pay after every shift rather than waiting for pay day. [Click here for more information about Wages Now.](#)



PO Box 242930
 Little Rock, AR 72223
 Toll Free 866.710.0456
 Online: PalcoFirst.com

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 or via fax to 1.877.859.8757.

EN-060043-PDA-1.0

For more information about this form, [click here](#).



PA ODP EVV Registration Form

The Electronic Visit Verification (EVV) Registration is used for the purpose of complying with the Federal mandate for EVV. This form is 2 pages. The SSP will have two options to use EVV. The first way is through a mobile app through a smart phone or tablet. The second, called Telephony or Interactive Voice Response (IVR), uses a touchtone phone system to call in and record the time worked.

For more information about this from, [click here](#) and visit the EVV section.



SSP Pay Rate Information

The SSP Pay Rate Information form is used to determine the initial pay rate of the SSP or to document any changes to the SSP’s pay rate. The form is completed by the CLE, the SSP, employer, and the Support Coordinator or Administrative Entity must sign and date the bottom of the form. The form should be reviewed carefully to ensure the rate of pay being set is within the program rules and will not cause negative impacts on spending.

SSP Pay Rate Information

Select the appropriate reason for this form:
 Initial Setup New Service for SSP Change Existing Rate

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

The CLE and the SSP must complete this form together. Changes requested on this form will be accommodated within the approved ODP wage ranges. The minimum and max rates for your program are reflected in the ODP Communication Number: 063-17: Consolidated and P/FDS Vendor Fiscal/Employer Agent Wage and Benefit Ranges for Specific Participant Directed Services. Please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made. Fill this form out and then submit it to your Supports Coordinator (SC) or Administrative Entity (AE). All mileage will be paid at the standard mileage rate set by the Internal Revenue Service as dictated in the program rules.

SERVICE TYPE	SERVICE CODE	HOURLY RATE*

*The State of Pennsylvania minimum hourly rate is \$7.25

By signing below, the CLE and SSP certify that the information in this form is correct and was agreed to by both parties.

SSP Signature _____	Date _____
CLE Signature _____	Date _____
SC or AE Signature _____	Date _____

EN-380021-WRI-1.0

For more information about this form, [click here](#).



Frequently Asked Questions

What if I need assistance in completing forms?

Online enrollment is the easiest method for completing forms. Palco customer support agents can assist you in gaining credentials to enroll online.

When can my worker begin providing services?

Palco will notify you (the employer) and your worker once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by Council of Aging or the Elderly Services Program.

Can a worker provide services to multiple clients?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services. Workers may be employed by as many clients (employers) as he or she would like. Each time he or she begins working for a new client, a new worker packet must be completed, just like getting any new job. This is the worker's responsibility.

What happens if my worker stops providing services?

Anytime a worker stops providing service, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, the worker should keep Palco aware of any changes in contact information throughout the year, so that we can send correspondence, such as W-2s, to the correct address.

I want to designate someone else to manage my worker. How do I do that?

You are permitted to designate someone else to manage your work – this is called an Employer of Record. To do this, you must complete a Designation of Surrogate Employer form. Be sure to include the date of the change at the top of the form.

How does an Employer of Record change impact my worker?

When you make a change to your Employer of Record, your worker must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements.



Can someone correspond with Palco on my behalf?

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with workers about that worker's particular account. Surrogate employers designated as the Employer of Record may receive all information about the worker's accounts and information about the client necessary to carry out employer roles. Participants/Clients have unlimited access to information held by Palco on their account. Participants/Clients may also appoint an authorized user by completing an Authorized User Designation form. An Authorized user is someone who is not the Employer of Record, but has permission to correspond with Palco on the employer's behalf.

How are timesheets submitted?

Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the employer and the worker must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our Online Registration Packet. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a worker's pay is not delayed.

When does a worker submit timesheets?

A payroll schedule shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at www.palcofirst.com under your program specific page.

How will I know if a timesheet was received and approved?

The online portal will display approval messages in real time. For other methods of submission, contact Palco Customer Support 48 hours after submission to allow time for processing.

What if a worker doesn't receive the funds on the scheduled payday?

For direct deposited payments, workers should allow sufficient time for the pay to deposit into the account. We recommend allowing 24 hours after payday for the deposit.



Will the worker receive a W-2 at year-end?

W-2s are available January 31. If receiving the W-2 by mail, workers should allow one week for delivery. All workers receive a W-2. Workers who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund of over collected FICA. As an employer, you should encourage your worker to make sure the correct address and direct deposit information is current with Palco prior to January 31 of each year, even if the worker is no longer providing services for you.

How do I change my information with Palco?

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco. All forms are found at palcofirst.com. For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce degree or marriage license. For any other changes, contact Palco customer support.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 am to 5:00 pm EST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456. You can also email us at customersupport@palcofirst.com. Palco has a range of translator and interpreter services at your request.