

Fiscal Employer Agent (F/EA) Enrollment Guide

Pennsylvania - Worker

June 2024

PALCO

palcofirst.com | info@palcofirst.com

FOR INTERNAL LISE ONLY

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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)

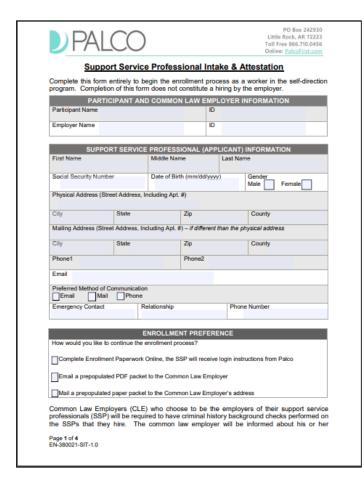
- 1. Referral to Palco by Case Manager/Support Coordinator following the completion of any program prerequisites.
- 2. Initial contact by Palco Enrollment Specialist to initiate training and provide online enrollment
- 3. Enrollee completes online enrollment and submits required forms and documentation 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.

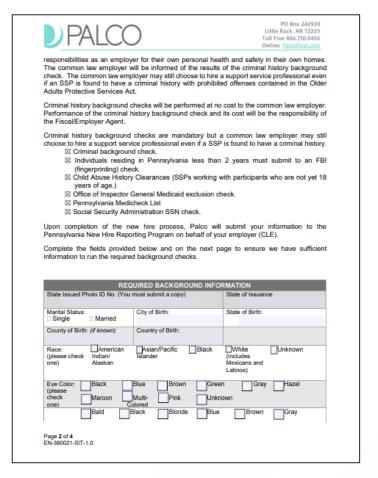
Support Service Professional Intake and Attestation Form



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.







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.

	ional (SSP) Qualification Form at the SSP has been qualified for services as
section and complete the form entirely. It	form has seven sections, please review each f services are added to the authorization at any ation form will be required.
	•
	D INFORMATION
Common Law Employer (CLE) Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID
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. Is the Participant the SSP v	will be provid	ing services to	at least 18 years of age?
YES, the Participant is at least	18 years of	mail the Child	ficipant is a <u>minor</u> , the SSP must Abuse History Clearance Check he SSP Envollment Packet and ingerprinting.
 Is the SSP a legally respon approved Waiver? 	sible individu	ual as defined i	n section C-2-d of the
YES, the SSP is a legally respondividual as defined in section C- approved Waiver.	onsible 2-d of the	NO, the S individual.	SP is <u>not</u> a legally responsible
A legally responsible individual law to care for another person, inc legally-assigned relative caregiver	duding parents	of minors (natur	
. Is the SSP a Court-Appoint	ed Legal Gua	rdian of the Pa	rticipant?
YES, the SSP is a Court-Appoi Guardian.	inted Legal	NO, the SS Guardian.	P is <u>not</u> a Court-Appointed Legal
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YES, the SSP is a relative of the relationship of the SSP to the part Spouse Stepparent of an adult child Brother Half-Brother Aunt Niece Adult child or stepchild of a parent with an intellectual	Parent of a Grandpare Sister Half-Sister Nephew Adult grand grandpare intellectual a spouse, a pa	What is the n adult child nt schild of a st with an disability spe or adoption is rent of an adult,	of the participant (for example, friend, neighbor, hired SSP) who have not been assigned as a stepparent of an adult child,
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I-9 Form

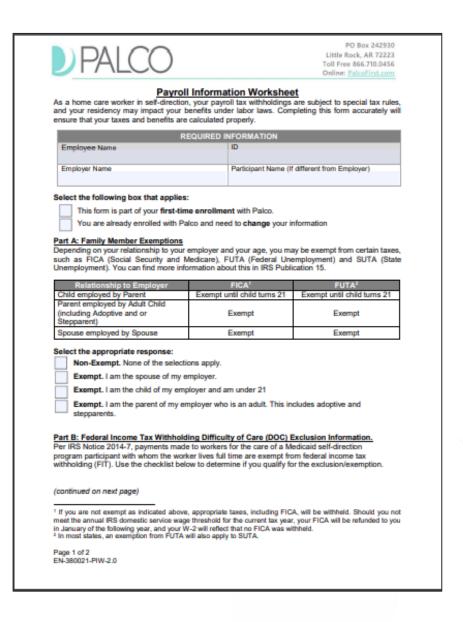
The United States Department of Homeland Security, Citizenship and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the 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 Department .S. Citizenship	of Homel	and Secur	ity			USCIS Form I-9 OMB No. 1615-004: Expires 10/31/2022
► START HERE: Read inst during completion of this for ANTI-DISCRIMINATION N document(s) an employee an individual because the	m. Employers a IOTICE: It is ill may present to	are liable for error legal to discrimin o establish empl	rs in the cor nate agains oyment aut	npletion of th t work-autho horization ar	is form. rized individual: nd identity. The	s. Emplo	oyers CAN	NNOT specify which continue to employ
Section 1. Employee than the first day of emplo					st complete and	l sign Si	ection 1 o	f Form I-9 no later
Last Name (Family Name)		First Name (Gi	ven Name)		Middle Initial	Other L	ast Names	Used (if any)
Address (Street Number and I	Name)	Apt. N	lumber	ity or Town	•		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Se	ecurity Number	Employee	's E-mail Addr	ress	E	mployee's	Telephone Number
I am aware that federal la connection with the comp			t and/or fi	nes for false	statements o	r use of	false do	cuments in
l attest, under penalty of	perjury, that I	am (check one	of the foll	owing boxe	es):			
1. A citizen of the United \$								
2. A noncitizen national of								
3. A lawful permanent res	ident (Alien R	legistration Numbe	er/USCIS Nu	mber):				
An Allen Registration Numbe 1. Allen Registration Numbe OR			Idmission Nu	mber OR For	eign Passport Nu	mber.		Not Write In This Space
Form I-94 Admission Num OR Foreign Passport Number								
Country of Issuance:								
Signature of Employee					Today's Date	(mm/dd	(1999)	
Preparer and/or Tran		ification (che	,		the employee in	completin	ig Section	1.
(Fields below must be com	pleted and sig	ned when prepa	arers and/o	translators	assist an emplo	yee in c	ompleting	Section 1.)
I attest, under penalty of knowledge the information Signature of Preparer or Trans	on is true and		in the con	pletion of S			and that to	
Last Name (Family Name)				First Name	e (Given Name)			
Address (Street Number and i	Name)		City	or Town			State	ZIP Code
		error Enrol	over Con-	letes Next Pa	ana fara			



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.



W-4 Employee Withholding Certificate

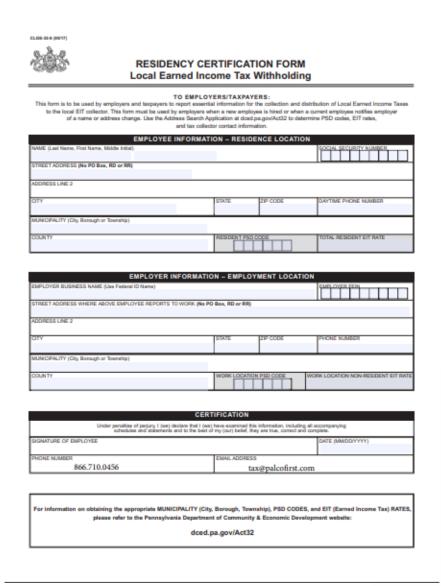
The IRS Form W-4 is used by Palco to withhold the proper amount of federal income tax from worker paychecks. The information entered into the Intake system will be hard coded on to the form and stored for tax purposes. This form should be updated any time your information changes. Palco cannot provide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

Internal Revenue Se		2023
Step 1:	(a) First name and middle initial Last name	(b) Social security numb
Enter Personal Information	Address City or town, state, and ZIP code	Does your name match th name on your social secu- card? If not, to ensure you credit for your earnings, contact SSA at 800-772-12 or go to www.ssa.gov.
	(c) Single or Married filing separately	or go to www.ssa.gov.
	Married filing jointly or Qualifying surviving spouse	
	Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for y	ourself and a qualifying individ
	eps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information from withholding, other details, and privacy.	on on each step, who ca
Step 2:	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jo	intly and your spouse
Multiple Joi		hese jobs.
or Spouse Works	Do only one of the following.	
works	(a) Reserved for future use. (b) Line the Multiple Lines Worksheet on page 3 and enter the result in Step 4(a) helpeut	
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; (c) If there are only two jobs total, you may check this box. Do the same on Form W-4	
	option is generally more accurate than (b) if pay at the lower paying job is more than higher paying job. Otherwise, (b) is more accurate.	half of the pay at the
	TIP: If you have self-employment income, see page 2.	
	eps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other job rate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):	bs. (Your withholding wi
Claim	Multiply the number of qualifying children under age 17 by \$2,000 \$	
Dependent and Other	Multiply the number of other dependents by \$500 \$	-
		-
Credits	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3 \$
		3 \$
Step 4 (optional):	this the amount of any other credits. Enter the total here (a) Other income (not from jobs). If you want tax withheld for other income yo expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.	3 \$ u 4(a) \$
Step 4 (optional):	this the amount of any other credits. Enter the total here (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 (b) Deductions. If you expect to claim deductions other than the standard deduction an want to reduce your withholding, use the Deductions Worksheet on page 3 and enter	3 \$
Step 4 (optional): Other Adjustment	this the amount of any other credits. Enter the total here (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 (b) Deductions. If you expect to claim deductions other than the standard deduction an want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	3 \$ \$ 4(a) \$ \$ 4(b) \$ 4(c) \$
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Step 4 (optional): Other Adjustment Step 5: Sign	this the amount of any other credits. Enter the total here (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 (b) Deductions. If you expect to claim deductions other than the standard deduction an want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here (c) Extra withholding. Enter any additional tax you want withheld each pay period Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, or	3 \$ \$ 4(a) \$ \$ 4(b) \$ 4(c) \$
Step 4 (optional): Other Adjustment Step 5: Sign	this the amount of any other credits. Enter the total here (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 (b) Deductions. If you expect to claim deductions other than the standard deduction an want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here (c) Extra withholding. Enter any additional tax you want withheld each pay period Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, or	3 \$ 4(a) \$ 4(b) \$ 4(c) \$ \$ 4(c) \$



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.





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.

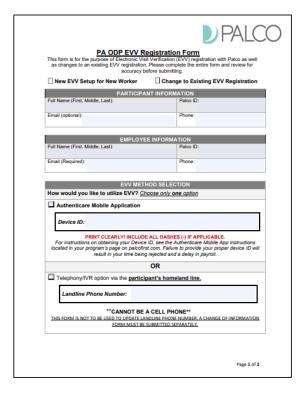
If you choose to enroll in the Money Network Services option, you will be enrolled with our partners at First Data Money Network Services. A card will be ordered by your Enrollment Specialist and shipped directly to your home. Money Network Card holders also have the benefit of accessing Wages Now, a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

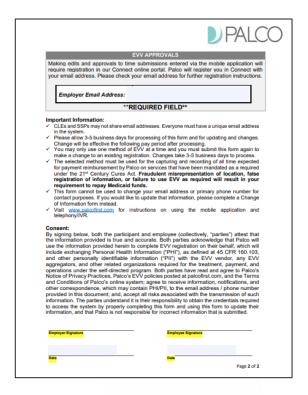
PALCO)	PO Box 242930 Little Rock, AR 72223 Toll Free 866.710.0456 Online: <u>PalcoFirst.com</u>
Pay Selection and	d Direct Deposit A	Authorization Agreement
HOW Payment Selection: (please check	WOULD YOU LIKE TO	BE PAID?
Direct De	eposit:	Money Network Services.*
Request Type (check one): New Account Setup	Change in Existing Accour	
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Financial Institution Re	outing Number	Account Number
Type of Account (select one)	: Checking	Savings Pre-paid card
and routing number. This cards. I authorize Palco, Inc. to initiate of deposit to the account indicated in the repayment to Palco from future delay or loss of funds due to incinstitution or due to an error on the understand that it is my responsil initiating debits against my account must Any changes to my account must.	om financial institution lists includes letters from batters from batters from batters. In the event Palco ire amounts owed to me. I correct or incomplete inforce part of my financial insbillity to verify the crediting int. I understand the risks not responsible for any cities submitted to Palco in its received written cancelli	ting account holder name, account, anks and paperwork from pre-paid in for the purpose of correcting an erroneous is unable to initiate debit entries, I authorize understand Palco is not responsible for any ormation supplied by me or by my financial stitution in depositing funds to my account. I g of funds by my financial institution prior to of sharing an account with others, including charges I incur from my financial institution mmediately. This authorization will remain in lation in such time and in such manner as to
Signature Please return this form to Pavia fax to 1.877.859.8757.	alco via email: <u>enrollm</u>	Date nent@palcofirst.com_ or
EN-060043-PDA-1.0		



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, <u>click here</u> 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.

		PALC	\circ
<u>ss</u>	SP Pay Rate Information	<u>on</u>	
Select the appropriate reason Initial Setup		hange Existing Rate	
	REQUIRED INFORMATION		
CLE Name		ID	
SSP Name		ID or Last 4 of SSN	
Participant Name		ID	
Supports Coordinator (SC) or	eady made. Fill this form out r Administrative Entity (AE). A the Internal Revenue Service SERVICE CODE	Il mileage will be paid at the	
*The State of Pennsylvania minimum hourly By signing below, the CLE an was agreed to by both parties	d SSP certify that the informat	ion in this form is correct and	
SSP Signature		Date	
CLE Signature		Date	
SC or AE Signature		Date	
EN-380021-WRI-1.0			



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 <u>palcofirst.com</u>. 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.