



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: 877-859-8757
Email: enrollment@palcofirst.com
Palco, Inc.
Attn: Enrollment
P.O. Box 13260
Maumelle, AR 72113

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. Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or KSWORK@palcofirst.com.

We look forward to serving you!

Sincerely,
The Palco Team



PALCO BI-WEEKLY PAYMENT SCHEDULE - 2024

KS WORK Programs

Service Period		Timesheets Due to Palco By 5 PM	Payment Date
Start Date	End Date	Deadline	Paid On
December 17, 2023	December 30, 2023	January 2, 2024	January 12, 2024
December 31, 2023	January 13, 2024	January 16, 2024	January 26, 2024
January 14, 2024	January 27, 2024	January 30, 2024	February 9, 2024
January 28, 2024	February 10, 2024	February 13, 2024	February 23, 2024
February 11, 2024	February 24, 2024	February 27, 2024	March 8, 2024
February 25, 2024	March 9, 2024	March 12, 2024	March 22, 2024
March 10, 2024	March 23, 2024	March 26, 2024	April 5, 2024
March 24, 2024	April 6, 2024	April 9, 2024	April 19, 2024
April 7, 2024	April 20, 2024	April 23, 2024	May 3, 2024
April 21, 2024	May 4, 2024	May 7, 2024	May 17, 2024
May 5, 2024	May 18, 2024	May 21, 2024	May 31, 2024
May 19, 2024	June 1, 2024	June 4, 2024	June 14, 2024
June 2, 2024	June 15, 2024	June 18, 2024	June 28, 2024
June 16, 2024	June 29, 2024	July 2, 2024	July 12, 2024
June 30, 2024	July 13, 2024	July 16, 2024	July 26, 2024
July 14, 2024	July 27, 2024	July 30, 2024	August 9, 2024
July 28, 2024	August 10, 2024	August 13, 2024	August 23, 2024
August 11, 2024	August 24, 2024	August 27, 2024	September 6, 2024
August 25, 2024	September 7, 2024	September 10, 2024	September 20, 2024
September 8, 2024	September 21, 2024	September 24, 2024	October 4, 2024
September 22, 2024	October 5, 2024	October 8, 2024	October 18, 2024
October 6, 2024	October 19, 2024	October 22, 2024	November 1, 2024
October 20, 2024	November 2, 2024	November 5, 2024	November 15, 2024
November 3, 2024	November 16, 2024	November 19, 2024	November 29, 2024
November 17, 2024	November 30, 2024	December 3, 2024	December 13, 2024
December 1, 2024	December 14, 2024	December 17, 2024	December 27, 2024
December 15, 2024	December 28, 2024	December 31, 2024	January 10, 2025
December 29, 2024	January 11, 2025	January 14, 2025	January 24, 2025

Late time submissions and mistakes may result in late payment!

2024 Bank & Palco Office Closures

New Year's Day - Monday, January 1*
 Martin Luther King, Jr. Day - Monday, January 15
 President's Day - Monday, February 19
 Memorial Day - Monday, May 27*
 Juneteenth Day - Wednesday, June 19
 Independence Day - Thursday, July 4*

Labor Day - Monday, September 2*
 Columbus Day - Monday, October 14
 Veterans Day - Monday, November 11
 Thanksgiving - Thursday-Friday, November 28-29*
 Christmas - Tuesday-Wednesday, December 24-25*

* Palco Office Closures

Vendor Setup Information

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 return this form to Palco via email: 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? (please select only one option)

OPTION 1

Money Network Services

*If you choose the Money Network Services Option, Palco will enroll you with our partners at Fiserv: Money Network Services. Fiserv will send you a Money Network Card in 1-2 weeks and Palco will begin depositing funds directly to the card. Activate your card as soon as it arrives to begin using it. You will receive paper checks during the 1-2 weeks it takes to receive your card.

OPTION 2

Direct Deposit

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
Bank Name	Routing Number	Account Number
Type of Account (select one):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> 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.

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.

Return completed forms to Palco at 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.

REFERENCE #

*Please write a unique reference number for tracking this request in the box above.

PARTICIPANT INFORMATION		
Full Name	ID	Program/Plan
VENDOR INFORMATION		
Full Name	ID	FEIN or SS# of Payee
Vendor Address	City, State, Zip Code:	

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

**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

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757.



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	
TOTAL						AMOUNT	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 13260
Maumelle, AR 72113

Scan and email invoice to: 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.

