



## **Work Opportunities Reward Kansas WORK UnitedHealthcare Agency-Directing Participant Enrollment Packet**

Dear Participant:

Welcome aboard! You have received this letter because you have indicated an interest in participating in the Kansas WORK program and are an UnitedHealthcare (UHC) member. UHC has contracted with a Vendor Fiscal Employer/Agent, Public Partnerships LLC (PPL), to perform tasks on UHC's and your behalf in accordance with Section 3504 of the IRS code, Revenue Procedure 80-4 and Notice 2003-70. As a Fiscal/Employer Agent, PPL will manage all payroll matters on your behalf.

Through the WORK program, you will have the opportunity to receive services through an agency to help assist you in remaining independent in your home and/or work place. PPL supports participants by issuing payments to agency providers and assuming responsibility for managing tax filings on your behalf. Once you and your agency provider review, sign, and complete all required paperwork, PPL will assume payment responsibilities by issuing checks to your agency provider. PPL will issue paychecks to your agency provider using Medicaid funds through the WORK program.

PPL and UHC are committed to providing you with as much support as possible; however, we must adhere to federal and state employment tax laws. Therefore, all the participant and agency provider documentation must be signed and returned to PPL before paychecks can be issued to your agency provider.

NOTE: If you need additional copies of the enclosed forms, please contact PPL customer service.

**Contact PPL Customer Service toll free at 1-877-908-1747 or your Independent Living Counselor, if you have any questions.**

Sincerely,

Public Partnerships LLC

## **Frequently Asked Questions (FAQ)**

The following are questions frequently asked by participants related to PPL services.

### **How can I reach PPL?**

Participants, agency providers, and Independent Living Counselors can reach PPL's customer service team by calling toll-free 1-877-908-1747 or by email at [pplks-unitedhealthcare@pcgus.com](mailto:pplks-unitedhealthcare@pcgus.com). PPL's customer service phone line is open between 8:00 AM and 7:00 PM CST, Monday through Friday. At all other times, you can leave a voicemail message. We also use our voicemail system as a backup during regular business hours. PPL returns all voicemail messages within one business day of receiving the message.

PPL uses special phone features to make your experience calling us as efficient and user-friendly as possible. During busy times when there is a wait to talk with a PPL representative, you can leave a voicemail message and retain your place in line – PPL will automatically call you back when it's your turn.

### **Does PPL support TTY?**

PPL has a separate phone line (1-800-360-5899) that connects callers to our TTY system. This is for callers with hearing and/or speech impairments who use text telephones.

### **Does PPL communicate in multiple languages?**

Over half of our customer service team is fluent in both Spanish and English. We also have access to translation services for assisting callers who speak other languages. PPL does not charge callers for translation services.

**Please call us at 1-877-908-1747 if you have any questions.  
We look forward to working with you!**

## KS WORK UnitedHealthcare Agency-Directing Checklist

### **Step 1: Required Forms**

Please complete and submit the following **required forms** to the KS WORK program, through Public Partnerships LLC (PPL) **immediately**:

- Agency-Directing Fiscal Agent Consent Form
- Independent Living Counselor Form

### **Step 2: Optional Form**

- Designated Representative Authorization

**Send forms to the KS WORK program, through Public Partnerships via fax, email, or mail**

**All required forms must be completed and returned to PPL *immediately***

**Fax\***

1-855-344-5443

**Email\***

pplks-unitedhealthcare@pcgus.com

**Mail**

KS WORK UHC  
Public Partnerships LLC  
One Cabot Road, Ste. 102  
Medford, MA 02155

**\*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS**



## Kansas WORK UnitedHealthcare Agency-Directing Fiscal Agent Consent

I, \_\_\_\_\_ understand that UnitedHealthcare (UHC) of the MidWest, Inc. has contracted with Public Partnerships LLC (PPL), a financial management service, to perform the Fiscal Reporting Agent tasks on the organization's and my behalf. In this role, as UHC's agent, PPL will manage all payroll matters on my behalf, including issuing payments to my agency providers and issuing 1099s annually to these providers, if applicable.

**My signature below acknowledges and accepts this arrangement.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send form to KS WORK program, through PPL via fax, email, or mail**

<b>Fax*</b> 1-855-344-5443	<b>Email*</b> pplks-unitedhealthcare@pcgus.com	<b>Mail</b> KS WORK UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
<b>*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS</b>		



# KS WORK Agency-Directing Fiscal Agent Consent Instructions

## What is it for?

This form represents your acknowledgement that UnitedHealthcare of the MidWest, Inc. has contracted with Public Partnerships LLC (PPL) to perform all required tax and payroll services on your behalf for agency services.

## Which lines do I complete?

You only need print your first and last name at the top and to sign and date the bottom of the form.

<b>Kansas WORK UnitedHealthcare Agency-Directing Fiscal Agent Consent</b>		
<p>I, _____ understand that UnitedHealthcare (UHC) of the MidWest, Inc. has contracted with Public Partnerships LLC (PPL), a financial management service, to perform the Fiscal Reporting Agent tasks on the organization's and my behalf. In this role, as UHC's agent, PPL will manage all payroll matters on my behalf, including issuing payments to my agency providers and issuing 1099s annually to these providers, if applicable.</p>		
<b>My signature below acknowledges and accepts this arrangement.</b>		
Signature _____ Date _____		
<b>Send form to KS WORK program, through PPL via fax, email, or mail</b>		
<b>Fax*</b> 1-855-344-5443	<b>Email*</b> pplks-unitedhealthcare@pcgus.com	<b>Mail</b> KS WORK UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
<b>*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS</b>		



## Independent Living Counselor

### Participant/Employer Information

Participant Last Name:	Participant First Name:
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### Independent Living Counselor Information

Last Name:	First Name:
Phone Number:	Email Address:
Participant/Employer Name(s) who are using the above Independent Living Counselor:	

Send form to KS WORK program through PPL via fax, email, or mail

<b>Fax*</b> 1-855-344-5443	<b>Email*</b> pplks-unitedhealthcare@pcgus.com	<b>Mail</b> KS WORK UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
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## Designated Representative Authorization

You have the option to identify a Designated Representative for the KS WORK program who is authorized to contact Public Partnerships LLC (PPL) on your behalf. **NOTE: This individual cannot sign paperwork or approve timesheets on your behalf. This representative cannot be one of your PAs (employees).**

If you choose to elect a representative, please complete the following information.

### Participant/Employer Information:

Participant Last Name:	Participant First Name:
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### Representative Information:

Representative Last Name:	Representative First Name:				
Phone Number:	Email Address:				
Address:	City:	State:	Zip Code:		
Relationship to Participant:					
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Child	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other

**Send form to the KS WORK program, through PPL via fax, email, or mail**

**Fax\***

1-855-344-5443

**Email\***

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Participant Name	Employer Name	Employee Name

## KS WORK UnitedHealthcare Fiscal Management Provider Reimbursement Form

### IMPORTANT INFORMATION

1. Complete this form to be reimbursed only if one or more of the allowable expenses is in your approved budget.
2. You must document the date of expense and the amount requested for reimbursement.
3. You **MUST** submit a receipt with submission of this reimbursement form. You will not be reimbursed if a receipt is not submitted.
4. Reimbursements **MUST** be submitted within 30 days of the month of service.
5. Send the form with a receipt to: Fax: 1-855-344-5443, Email: pplks-unitedhealthcare@pcgus.com, or mail: Public Partnerships LLC (ATTN: KS WORK UHC), One Cabot Road, Suite 102, Medford, MA 02155.

**FOR FASTEST PROCESSING, EMAIL OR FAX DOCUMENTS**

Participant Name:	Participant PPL ID:
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Date of Expense	Reimbursable Expense	Requested Reimbursement Amount
	Home appliance (APPLIANCE)	\$
	Advertising (COAD)	\$
	Housekeeping service (HOUSEKEEP)	\$
	Laundry service (LAUNDRY)	\$
	Meal service (MEALS)	\$
	Emergency monitoring Installation (MONITOR)	\$
	Emergency monitoring (MONITORINS)	\$
	Snow removal service or Mowing (SNOWMOW)	\$
	Transportation service (TRANSPORT)	\$
	Other (OTHER)	\$

Participant Signature:	Date:
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