



Agenda

- Goals of the Commonwealth of Pennsylvania
- Purpose of Training
- Process for Submitting Questions
- Timelines
- Public Partnerships, LLC (PPL)
- Coordinating and Communicating
- **Interim Enrollment Process**
- Participant Demographic Information
- Reports
- PPL Customer Service
- Questions





Goals of the Commonwealth of Pennsylvania

- **Ensure that FMS is provided consistently across all Home and Community-Based Services (HCBS) waivers and certain state-funded programs**
 - *Aging Waiver*
 - *Attendant Care Act 150 Program*
 - *Attendant Care Waiver*
 - *CommCare Waiver*
 - *Independence Waiver*
 - *OBRA Waiver*
- **Ensure that federal, state, and local taxes are managed consistently**
- **Reduce employer-related burden to individuals receiving participant directed services and their representatives**



Purpose of Training

- Introduce PPL, and review Roles and Responsibilities
- Describe Interim (Paper-Based) Referral Process
- Provide Contact Information for PPL Customer Service

IMPORTANT:

- This training covers the interim process for new OLTL participant enrollment only.
- Training on PPL's referral process, using a customized and easy-to-use PPL Web Portal, will be provided in October.
- Information on the normal, non-interim transition of existing participants will be provided at the October training.
- After the PPL Web Portal Training, you will no longer use the interim paper referral process (beyond 10/31).



Timelines

Date	Activity
October 1, 2012	SCs enroll new OLTL participants with PPL via paper referral process
October 1 to mid-December, 2012	Incumbent FMS organizations transfer records to PPL for existing OLTL participants
Last December Pay Period	Direct Care Workers (DCWs) submit timesheets to PPL for existing OLTL participants (transfers)
January	PPL first payroll for existing OLTL participants (transfers)





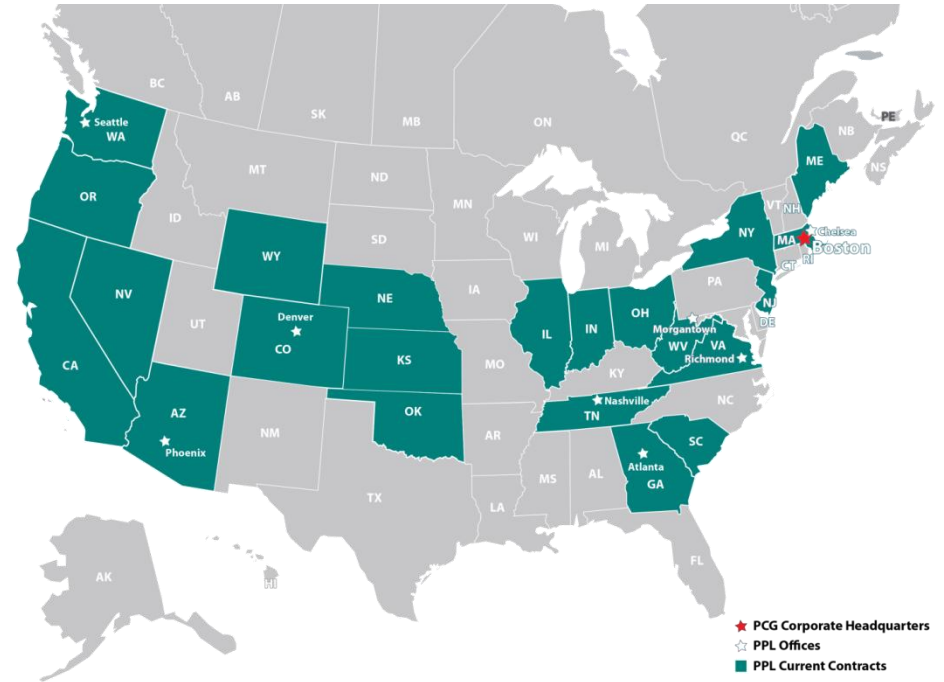
Questions

- Please send questions to: padpw-oltl@pcgus.com
- We will respond to questions at the end of the training as time permits
- Questions will be used to compile a Frequently Asked Questions (FAQ) document



About Public Partnerships, LLC (PPL)

- Subsidiary of Public Consulting Group (PCG)
- Over 10 years as an industry leader in financial management for participant directed services
- Serving over 40,000 individuals in 22 states and the District of Columbia
- Offices in 7 states, including PA



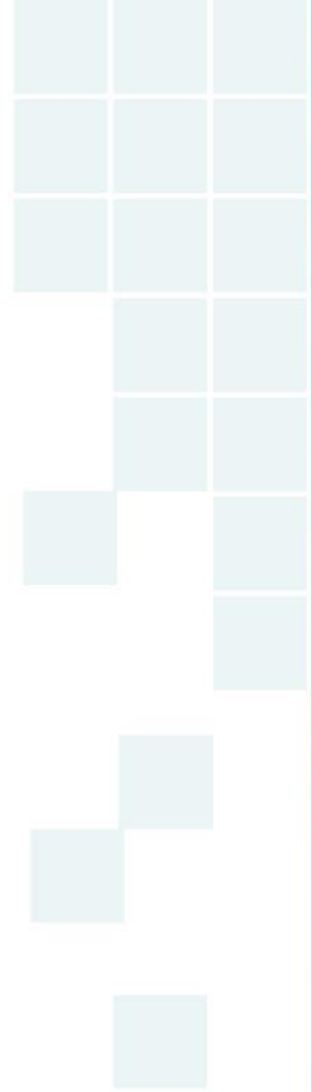
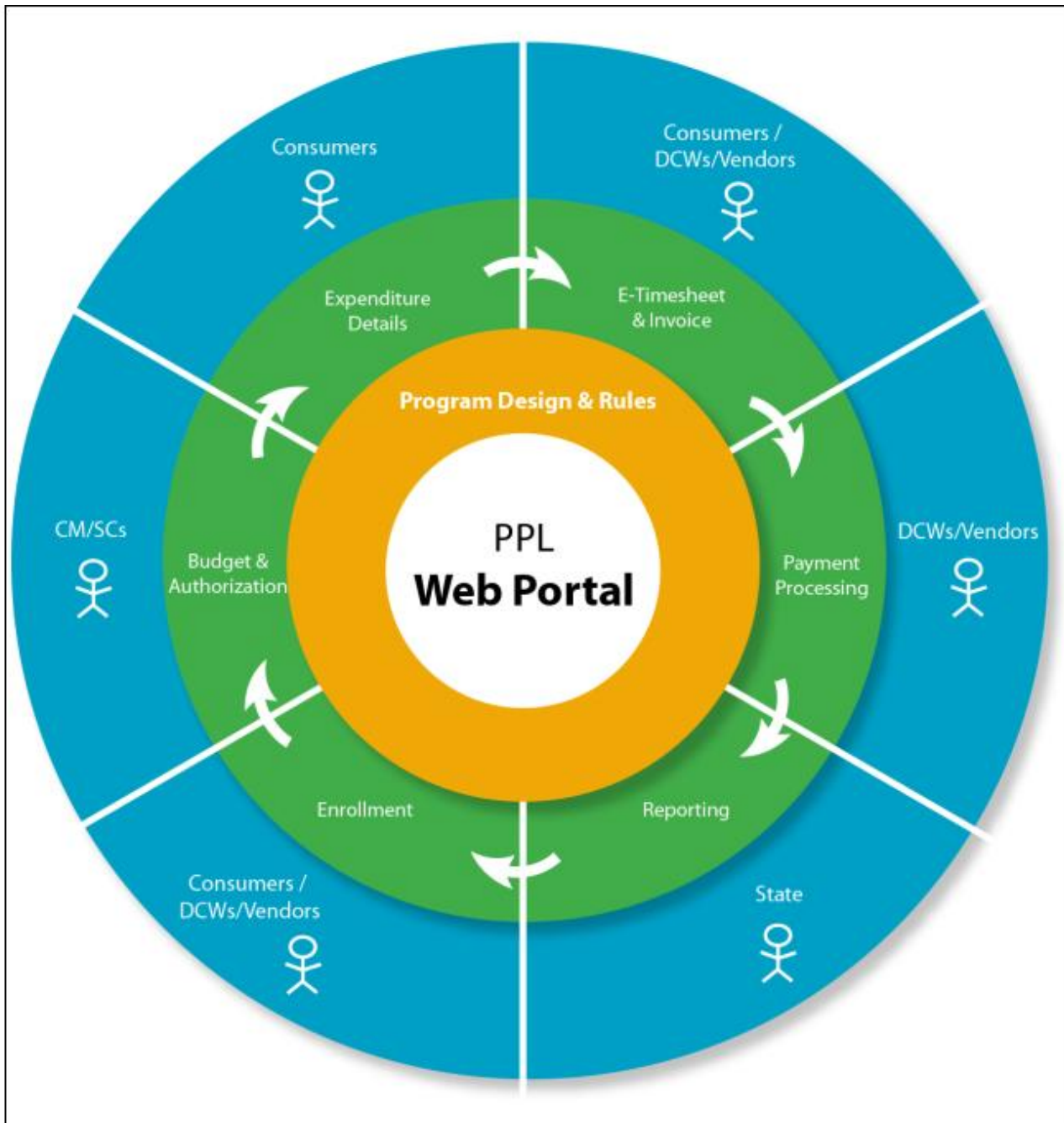
Our Vision:

People exercising choice and control of publicly funded long term services and supports



What will PPL do?

- ✓ *Enroll participants and provide Common Law Employer (CLE) tax paperwork*
- ✓ *Provide pre-populated CLE enrollment and tax forms*
- ✓ *Enroll DCWs*
- ✓ *Process electronic and paper timesheets and invoices*
- ✓ *Issue paychecks and direct deposits to DCWs*
- ✓ *Issue payments to vendors and small unlicensed providers*
- ✓ *Tax withholding, reporting, and garnishments*
- ✓ *Provide 24/7 on-line access to information via PPL Web Portal*
- ✓ *Provide user-friendly reports*
- ✓ *Provide quality customer service in multiple languages*





Coordinating and Communicating with SCs and OLTL

PPL will:

- ✓ Provide training and user guides on how to use PPL Web Portal
- ✓ Provide semi-annual orientation and training for SCs
- ✓ Report overuse of DCW hours to SCs and CLEs
- ✓ Inform SCs of any CLE who does not submit timesheets or invoices for two or more consecutive payroll periods (one month or more)
 - Budget Summary Page
 - Spending Reports
 - Budget Utilization Reports
 - 30 Days without Service Report
- ✓ Respond to SC complaints or grievances within 2 business days (PPL Support Ticket system)



Interim Referral Process Flow

1. SC will develop service plan and add PPL as the FMS vendor (see next slide for rates and codes)
2. SC will submit service plan to OLTL and make referral to PPL using the *New Participant F/EA FMS Referral Form*.
3. PPL will work with participant or Authorized Representative (AR) to complete required paperwork.
4. PPL will notify CLE and SC of “good-to-go” date.

IMPORTANT

Direct services cannot begin without an approved service plan from OLTL and “Good-to-Go” status from PPL.



Developing the ISP for New FMS Enrollments

Timeframe	Service
October – New Enrollees	
-October	7341 U4 (FMS start up - \$277)
- November, December	7341 U5 (FMS – Temporary)
- January through June	7341 (FMS)
November - New Enrollees	
-November	7341 U4 (FMS start up - \$277)
- December	7341 U5 (FMS – Temporary)
- January through June	7341 (FMS)
December and Beyond - New Enrollees	
- First Month	7341 U4 (FMS start up - \$277)
- Subsequent months	7341 (FMS)



Interim (Paper-Based) Enrollment Process

SC will:

- Submit paper referral to PPL via fax to 855-858-8158 or via email to padpw-olti@pcgus.com

PPL will:

- Verify information against data in HCSIS and notify SC of discrepancies

SC will:

- Reconcile discrepancies in HCSIS

PPL will:

- Distribute CLE Enrollment Packet and DCW Packets within 3 days of receipt of complete and accurate referral
- Receive and process packets
- Notify SC and CLE of CLE and DCW “Good-to-Go” status and date

Participant Demographic Information




SC referral to PPL must include:

- MCI ID (Medicaid ID)
- Participant Name
- Participant Address (mailing address and physical address)
- Gender
- Primary Language
- Common Law Employer/Name
- Common Law Employer/ SSN
- Common Law Employer/ Address and phone number
- Common Law Employer/Relationship to Participant
- Authorized Representative name, address, and phone (optional)
- Emergency Contact name, address and phone (optional)
- Service Coordinator name, phone, fax, and email

New Participant Interim Referral Form



		New Participant F/EA FMS Interim Referral Form (Page 1 of 1)	
Supporting Choice. Managing Costs.™		<input checked="" type="checkbox"/> NEW REFERRAL <input type="checkbox"/> TERMINATION	
REFERRING AGENCY			
Date:	Service Coordinator:	Phone: ()	
Agency:	Service Coordinator Supervisor:	Alternate Phone: ()	
Email address:	Fax #:		()
Program: <input type="checkbox"/> OBRA Waiver <input type="checkbox"/> Attendant Care Waiver <input type="checkbox"/> Aging Waiver <input type="checkbox"/> Act 150 Waiver <input type="checkbox"/> Good To Go Waiver <input type="checkbox"/> Independence Waiver			
NEW PARTICIPANT INFORMATION			
Last Name:		First Name:	Medicaid ID #:
Address:			HCSIS code:
City:	State:	Zip #4:	Email Address:
SS Number:		Date of Birth:	Gender: Primary Language:
Phone: ()	Alternate Phone: ()	County of Residence:	
Note: We cannot accept referrals for any participant who has received FMS services or for whom Direct Care Workers were paid in 2012, until January 1, 2013.			
CONTACT INFORMATION, IF OTHER THAN PARTICIPANT			
Last Name:		First Name:	Phone: ()
Address if other than Participant:		Relationship to participant:	Alternate Phone:
COMMON LAW EMPLOYER INFORMATION, IF OTHER THAN PARTICIPANT			
Last Name:		First Name:	SS Number:
Address:			
City:	State:	Zip:	Relationship to participant:
Phone: ()	Cell: ()	Date of Birth:	Gender:
Alternate Phone: ()	Email address:		
Note: A participant can begin services when a HCSIS Service authorization is received and participant is notified by Public Partnerships that the 'Good To Go' Process is complete.			
Fax completed form to: 855-858-5158, or e-mail form to: padpu-ohl@pgus.com . If you have any question please call PPL Customer Service: 877-908-1750.			



Program Reminders




- Prior to enrollment, the SC will identify who will serve as the CLE, and if that person already has an existing federal Employer Identification Number (EIN). Do not refer participants who have previously been served by an incumbent FMS in 2012.
- The participant may identify a family member, friend or other person (AR) who is close to and chosen by them to share authority for managing services and supports, including the Direct Care Worker (DCWs).
- The participant will serve as the CLE unless pre-determined that an AR will serve in this role.
- The AR may be the CLE; but does not have to be the CLE.
- The AR may not serve as both the AR and the DCW for a single participant.



Reports – Sample Family-Friendly Report

Family Friendly Report- Spending Summary



PUBLIC PARTNERSHIPS

PUBLIC PARTNERSHIPS, LLC
 148 State Street, 10th Floor
 Boston, MA 02109
 (617) 426 2026

YEAR TO DATE SPENDING SUMMARY REPORT

Account Information

Participant, Jim	ISSN#: 1254-FY-1
Address	Care Manager: Jane Smith
City, State Zip	Report Print Date: 4/30/2001
	Fiscal Year-Period: 2001-10

How to Read this Report

Read the chart below to see how much money you have spent for each item compared to how you budgeted. Check the "remaining balance" column to see if you still have funds available for each item. If there are no "()" around the amount, that means you still have funds available to you for that service item. But, if there are "()" around the "Remaining Balance" amount, that means you have exceeded the dollars budgeted to you for that service item. A zero indicates that you have no funds budgeted for that item, but you may have submitted invoices for payment. Additional pages may follow this summary that include detailed payment information.

How Much of My Budget Have I Spent Through April 30, 2001

Service Description	Funds Budgeted	Funds Spent YTD	Balance	% of Funds
1:1 In Home Support (<24)	7,138.80	6,934.64	203.96	3%
Job Development	2,865.40	2,870.98	84.44	3%
Job Coaching	1,835.20	1,548.18	387.04	20%
In-home education	640.00	600.00	40.00	6%
Cab Services	2,000.00	1,808.00	194.00	10%
MBTA	684.00	684.00	0.00	0%
Personal Stipend	300.00	202.18	97.84	33%
GRAND TOTALS	\$15,653.20	\$14,645.92	\$1,007.28	6%

- Participant and family audience
- Summarizes account activity to date
- Reflects budget variances
- Easy to read and understand
- Mailed directly to participant monthly



Reports – Sample Spending Detail

Family Friendly Report- Spending Detail

- ❑ Participant and family audience
- ❑ Provides check-level detail, grouped by service
- ❑ Details tie to Individual Budget and Summary Report

PUBLIC PARTNERSHIPS		YEAR TO DATE SPENDING DETAIL REPORT				
Account Information, don't from Page 1 (Summary Report)						
Participant, Joe				2006	12/31/06-1	
				Report Print Date	4/30/2007	
				Print Time Period	2007.10	
Where Have I Spent My Money Through April 30, 2007?						
Service Code	Description	Date Paid	Amount Paid	Paid To	Service Begin	Service End
0102	1:1 In Home Support (*24)	1/6/01	3,671.28	MY Support, Inc.	1/2/00	1/23/00
	1:1 In Home Support (*24)	2/29/01	7,263.36	MY Support, Inc.	1/2/01	1/23/01
			8,934.64			
0303	Job Development					
	Job Development	9/30/00	844.40	Jobs, Inc.	8/1/00	8/31/00
	Job Development	10/29/00	675.52	Jobs, Inc.	9/1/00	8/30/00
	Job Development	1/29/00	675.52	Jobs, Inc.	10/1/00	1/30/00
	Job Development	1/22/00	675.52	Jobs, Inc.	11/6/00	11/30/00
			2,871.96			
0304	Job Coaching					
	Job Coaching	4/6/01	774.08	Jobs, Inc.	2/1/01	2/28/01
	Job Coaching	4/24/01	774.08	Jobs, Inc.	3/1/01	3/31/01
			1,548.16			
0508	In-home education					
	In-home education	1/6/01	600.00	ABC Education	1/2/00	1/6/01
			600.00			
0702	Cab Services					
	Cab Services	1/6/01	72.00	AAA Taxi	1/2/00	1/23/00
	Cab Services	2/6/01	63.00	AAA Taxi	1/1/01	1/31/01
	Cab Services	3/23/01	81.00	AAA Taxi	2/1/01	2/28/01
	Cab Services	9/6/00	96.00	XYZ Cab	7/1/00	7/31/00
	Cab Services	1/20/00	120.00	XYZ Cab	8/1/00	8/31/00
	Cab Services	10/29/00	60.00	XYZ Cab	9/1/00	8/30/00
	Cab Services	11/27/00	120.00	XYZ Cab	10/1/00	1/30/00
	Cab Services	1/22/00	54.00	XYZ Cab	11/6/00	11/30/00
	Cab Services	1/22/00	266.50	XYZ Cab	11/21/00	1/21/00
	Cab Services	4/24/01	874.00	XYZ Cab	3/1/01	3/31/01
			1,836.00			
0704	MBTA					
	Monthly T Pass	4/6/2001	57.00	MBTA	4/1/2001	4/30/2001
	Annual T Pass	4/6/2001	677.00	MBTA	5/1/2001	5/30/2001
			734.00			
1301	Personal Stipend					
	Personal Stipend	4/6/2001	202.16	Jim Participant	3/1/2001	3/31/2001
			202.16			
TOTAL SPENT - 4/30/01			14,648.82			



PPL Customer Service for OLTL Programs

Hours: 8:30am - 5:00pm (Monday-Friday)

Closed: Federal Holidays

Toll Free: 877-908-1750

TTY/TDD: 800-360-5899

Administrative Fax: 855-858-8158 (for referrals)

Timesheet Fax: 855-858-8162

e-mail: padpw-oltl@pcgus.com

Web site:

<https://www.publicpartnerships.com/programs/pennsylvania/padpwoltl>

IMPORTANT:

Username and password required to access Web site





PPL Customer Service

PPL will:

- Reflect principles of self-determination
- Demonstrate cultural sensitivity
- Provide translation and interpreter services
- Provide materials in alternate formats
- Respond to participant calls within 1 business day

IMPORTANT:

Only PPL, CLE, AR, SC, and Supervisor will be able to speak with the PPL customer service staff about the participant's budget and service authorizations



PPL Customer Service (continued)

PPL will:

- Track Communications via PPL Support Tickets
- Report Incidents to SCs
- Report Complaints and Grievances
 - PPL Support Tickets
 - Advisory/Grievance Committee
 - Respond within 2 business days
 - Resolve within 5 business days
- Conduct CLE satisfaction survey 60 days after referral and annually thereafter
- Implement corrective action plan



Questions?



Email: padpw-oltl@pcgus.com



