

Assistance with the Enrollment

1. Will Public Partnerships LLC (PPL) provide training and assistance to attendants and consumers during the enrollment process?

Yes, PPL will provide training and assistance in several formats. These include but are not limited to, face-to-face, user-friendly forms instructions, Web-x Training, PPL Customer Service, Group Trainings and In-home visits.

2. How many pages is PPL's FMS enrollment packet for new participants?

Approximately 22. Forms for Participants will be pre-populated based on the referral form or through web portal demographic information provided by the Service Coordinator (SC). SC's will have web portal training, shortly.

3. Will PPL assist the Common Law Employer (CLE) recruit and hire employees as the FMS providers have done in the past, including placing newspaper ads?

It is the responsibility of the CLE to recruit and hire their direct care worker including placing newspaper ads. PPL will support the CLE through employer training and issuing payment for the cost of newspaper ads.

4. How long does the enrollment process for the CLE take?

The enrollment process will vary by CLE. PPL will process enrollment materials as expediently as possible.

5. If SCs receive questions about PPL's policies and procedures, such as what are the pay periods, how to request additional timesheets, etc. what is the procedure SC providers should follow?

Enrollment information and policy information is provided to the CLE in the enrollment materials. In addition, contact information is included for any questions concerning any forms or questions about the materials or the program. SC's may refer the CLE to PPL contacts listed on the enrollment forms.

HCSIS/SAMS Service Plans

6. Will the SC need to modify the service plans for existing participants?

No, Critical revisions should not be submitted. These changes will be made automatically in HCSIS and SAMS in early December 2012.

7. How will PPL know if a consumer's hours are increased/decreased?

PPL is currently working with OLTL to obtain service authorizations information through an electronic download. The referral form contains demographic information necessary for PPL to send pre-populated enrollment materials to the CLE. This is what is required by PPL.

8. AAAs are required to use Agenet/SAMS as their primary data base – Are AAAs now being required to enter data in HCSIS?

The process by which Service Coordinators enter service plan information into SAMS or HCSIS is unchanged for FMS.

9. Will PPL have the ability to notify SCs if the participant's service schedule is different than what is approved on the service plan? How will the SC provide a participant's work schedule to PPL?

Service schedules for direct care workers will not be provided to PPL. SC's will have access to report tools that will allow them to review a participant's services provided by the direct care worker. SC's will be able to review DCW service utilization using PPL's web portal. Web portal training sessions will be provided to you shortly.

10. Will PPL be monitoring whether CLEs are following service authorizations/budgets as authorized on a weekly, monthly, or annual basis?

PPL will monitor service authorization based on an annual amount. SC's will have access to actual hours worked by DCW's through PPL's web portal.

11. What does temporary mean in the procedure code description for W7341 U5?

Temporary means that this procedure code is being used from October 1, 2012 through December 31, 2012.

12. Can SCs start adding PPL to service plans with a January 1, 2013 start date for current FMS participants?

No. SCs should not add PPL to service plans for current FMS participants. These changes will be made automatically in HCSIS and SAMS in early December 2012.

13. Will there be a cut-off date toward the end of the month where you want the startup date to be pushed to the following month?

The startup date should be the date that the SC makes the referral to PPL.

14. Regarding the new FMS billing procedure codes – In October and November 2012 should the service plans have all three procedure codes?

Yes. For new participants' service plans, all three procedure codes should be listed. Please refer to the presentation for the specific procedure codes.

15. Will SCs know the FMS monthly administrative fee for Services My Way budgets?

The FMS monthly administrative fee is the same for all models of service. For SMW the FMS, the monthly administrative fee is not part of the participant's budget.

New Referral Form

16. What number should the SC use on the referral form, the MCI # or the Medicaid (MA) #?

The SC should use the MA # on the referral form.

Direct Care Worker (DCW)

17. Will the SC's be able to view if a timesheet has been received, and the details submitted? What is the procedure an SC provider should follow in cases where copies of time sheets are needed?

SC's will be able to view/print DCW timesheets and view the status of the timesheet in the web portal.

18. Will PPL be able to provide SC's with a report showing dates and times worked so that the SC provider can monitor and audit non-medical mileage transportation against those reports?

Yes, PPL's web portal will provide a report showing dates and times worked by DCWs.

19. Will there be background checks on family members wanting to become DCWs? Are criminal record checks & child abuse clearances mandatory?

Yes, criminal background checks are required for all DCWs. Child abuse clearances are required when there is a child living in the home of the CLE.

20. What is the pay rate for direct care workers?

Each CLE may negotiate a DCW hourly wage for each service provided, up to the maximum DCW Hourly Wage Rate. The maximum DCW Hourly Wage Rate information for direct care workers will be provided to the CLE with enrollment materials. This information will be made available to CLEs and SCs on PPL's website shortly. SC's will have the ability to view these documents through the web portal after training.

21. What's the policy for the receipt of late timesheets – will PPL be processing supplemental “off week” pay checks?

Timesheets should be submitted according to the assigned pay schedule provided upon notice of the ‘good to start’ process. Timesheets not submitted timely may result in payments to direct care workers at the next scheduled payroll according to the CLE's schedule. The CLE is responsible to insure that his DCW's submit timesheets according to the pay schedule.

22. Can a family member sign a timesheet if the consumer has given permission?

Yes, there is a form in the CLE's enrollment packet that allows for this scenario (Authorized Representative Information Form).

23. What is your payroll period and how often will DCWs be paid?

PPL provides bi-weekly payments to CLEs DCWs. Pay periods begin on Sunday and end on Saturdays.

24. Are the DCW applications available and in multiple languages?

PPL will have applications and materials available in multiple languages. Translation services are also available throughout PPL Customer Service.

25. If a CLE needs additional applications, does the SC or CLE make the request? Will you provide a sample of all of the forms supplied to the DCW and the CLE to SCs?

Forms for DCW's may be requested by the CLE or the SC. Downloadable forms will be available on our Website and through the web portal shortly, as well.

26. What is the procedure a CLE should follow if they wish to increase or decrease a DCW's rate of pay?

The CLE should submit a change on the Qualified DCW Rate Sheet.

27. Is PPL accepting timesheets via mail?

Yes.

28. If an attendant did not receive their paycheck because of a mistake on the part of PPL how quickly can they receive their paycheck?

PPL will make every effort to cut a check expediently if PPL made an error. Errors can be remedied by PPL within 24 hours if necessary. If it's a direct deposit payment, it will of course reach the DCW sooner than the US mail.

29. Can the direct care worker be the Power Of Attorney, Spouse, or Life Insurance beneficiary?

No. The direct care worker cannot be the Power of Attorney, Spouse, or Life Insurance beneficiary of the participant.

Transitioning Participants from current FMS Providers

30. If a participant received self-directed Personal Assistance Services (PAS) during calendar year 2012 and stopped receiving self-directed PAS, is the participant able to reenroll with PPL before January 1, 2013?

No. PPL cannot make payments for services in 2012 for a participants direct care workers if another FMS provider has made payments in calendar year 2012.

31. Will DCWs be transitioned at their current pay rate?

PPL will establish the maximum wage threshold for DCWs for CLE's in the Employer Authority model of service. Upon transfer of DCWs, PPL will work with the CLE to adjust any wages that exist above this maximum wage, if applicable.

32. If a referral for FMS was made on behalf of a participant but the paperwork was never processed and the FMS provider did not submit a claim for FMS payment, would this be considered a new referral for PPL?

It appears, at face value, that this participant could be served by PPL as a new enrollment for FMS.

33. An existing FMS provider is going to end date their FMS services on 12/15/2012 to avoid having to issue two W-2s for CLEs, what do SCs do with their participants from 12/16/2012-1/1/2013?

PPL will begin providing FMS for these participants on 12/16/2012 with the first payroll issued after 1/1/2013. SCs should not submit any critical revisions to service

plans. These changes will be made automatically in HCSIS and SAMS in early December 2012.

34. What is the process for a participant over the age of 60 that is currently receiving self-directed services through an under-60 waiver and waiting for approval from OLTL for the Aging Waiver?

The participant should continue receiving services through the under-60 waiver until OLTL approves the service plan for the Aging waiver. Once the service plan for the Aging waiver is approved, the participant may continue to receive FMS from the current provider until mid-December 2012 when the participant will automatically be transferred to PPL.

Other Questions

35. What happens when we need to place a consumer's services on HOLD, such as reporting a participant is in the hospital or nursing facility, how would we notify PCG?

Please e-mail PPL using the same e-mail for the Interim referral with any changes during the Interim process. PPL will provide training on web portal entry for service changes soon.

36. Will PPL be able to provide SC's with a report showing dates and times worked for Act 150 consumers who have been assessed weekly fees so that the SC provider can monitor and issue invoices to participants based on utilization?

Act 150 fees are based on the participant's income, not on service utilization.

37. In the past, some FMS agencies had the Agency model available. Will PPL have this available?

No. PPL will not be providing Agency Model Services. PPL supports participants on the Participant Directed Model of Service.

38. Will the CLE receive workers' compensation coverage and report claims to PPL?

Yes. PPL will broker workers' compensation for CLEs. CLEs will notify PPL and PPL will report a workers' compensation claim.

39. Who makes up the grievance advisory committee?

PPL and OLTL have identified key stakeholders for its first Transition Advisory Group. The group was formed to provide PPL with feedback during the transition of participants from current FMS Providers to PPL. It is expected that feedback from

this group will assist PPL in developing the grievance advisory committee. PPL will post information on this committee to its website as it is developing.

40. The Interim paper Referral form contains PHI. Will PPL provide a secure method for sending email that is in compliance with HIPAA/HITECH ACT?

PPL information exchange is HIPAA compliant and in accordance with contract requirements.

41. Currently participants in OLTL waivers and the Act 150 program other than Services My Way (SMW) do not have individual “budgets”. Can you further explain what you mean by budgets?

In the presentation, the term “budget” was used to represent the authorized services for a participant for a period of time and show its utilization for the selected report period. It is possible that a budget includes only one service (such as WI792) for a participant.

42. Will PPL be making monitoring visits or phone calls as currently required for FMS services?

Monitoring visits are not required for current FMS providers. PPL will provide reports to SCs and provide training on the web portal. This will allow SCs to monitor participant services. It is likely that PPL, at times, will, contact participants in regards to FMS services.

43. Please provide the PPL contacts, locations, and hours for PA related issues for both OLTL and ODP consumers.

This information will soon be available on the PPL website.

44. Can OLTL add me to the e-mail distribution list for communications with both OLTL and ODP?

OLTL maintains a distribution list that contains names and addresses of agency directors only. Please ask your agency director to provide you with these communications. OLTL does not distribute communications for ODP.

45. How will fraud be handled should it be discovered by the SC?

The SC should follow current procedures and report fraud directly.

46. What happens if the current FMS goes out of business before the middle of December?

OLTL has followed up with each current FMS provider to ensure that they will continue to provide FMS until mid-December 2012.

47. When are current FMS providers supposed to inform participants of the change in FMS providers?

In early October 2012, OLTL sent a letter to current participants informing them of the upcoming changes with FMS.

48. Does an Authorized Representative have to be a Legal Guardian or Power Of Attorney?

No.