

Service Coordination Training:



Participant-Directed Services

Hosted by



Tuesday, August 21st 2018

This training is presented to you by PPL in collaboration with the CHC Managed Care Organizations and the Office of Long Term Living

The purpose of this presentation is to provide information and process updates to Service Coordinators on the implementation of CHC for participants who utilize Participant-Directed Services.

★ MCO Plan trainings will be provided to SCE Service Coordinators prior to the CHC Implementation in the Southeast Region.

Southeast Region MCOs are:



Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Question time will follow



- Attendees phones have been muted.
- We will address your questions following this presentation.
- If you have additional questions, please submit them to your PPL Regional Enrollment Manager
- If we receive questions that are not able to be addressed today, we will distribute responses after this presentation through the PPL Regional Enrollment Managers.

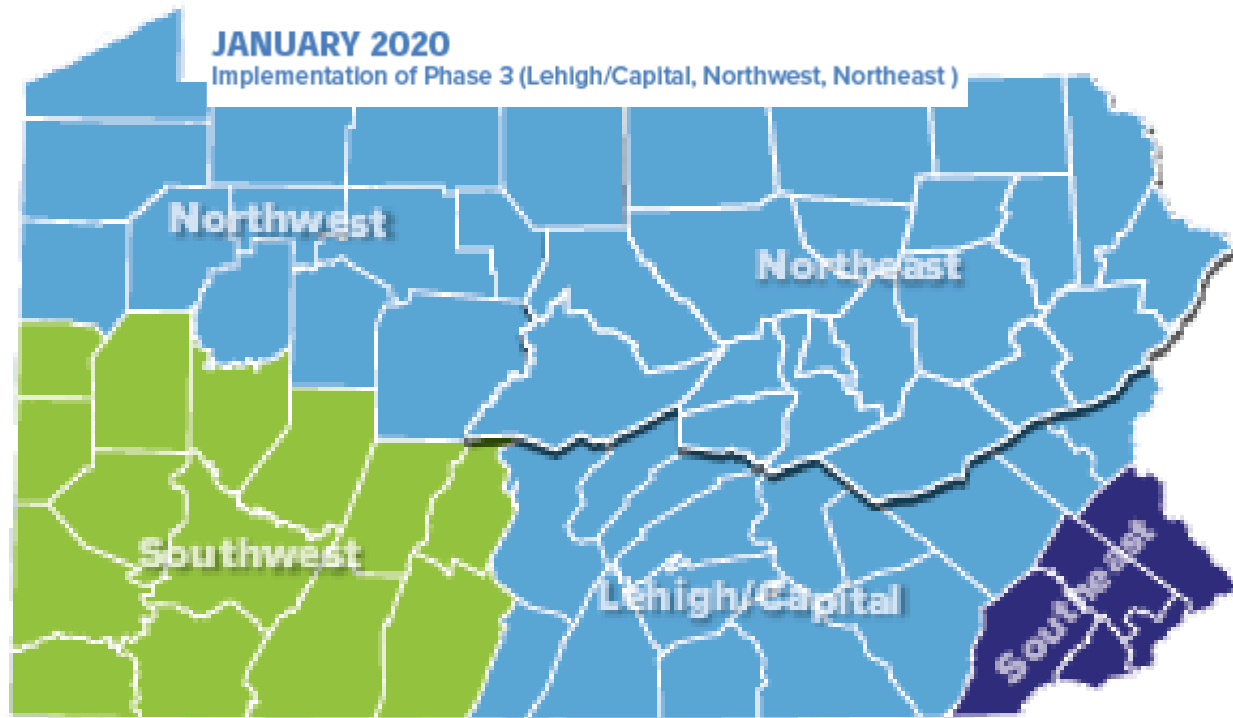
PPL will be recording this training session. It will be posted to our website @ [publicpartnerships.com](https://www.publicpartnerships.com).

AGENDA: *What this Training will Cover*

- **General Information & Timeline**
- **Roles and Responsibilities**
- **Enrollment**
- **Authorization Creation, Modifications and Troubleshooting**
- **Assisting Participants as they Manager their Services**
- **Tools**

GENERAL INFORMATION

CHC Implementation *Timeline*



JANUARY 2018
Implementation of Phase 1 (Southwest)

JANUARY 2019
Implementation of Phase 2 (Southeast)

Program Service Models for PDS: No Change

Home and Community-Based Services (HCBS) offer persons with disabilities and Pennsylvania's Seniors a choice on how their services are delivered.

- The Agency Model which allows participants to select a provider from an approved list of agencies to provide services.
- Self-Directed Services (or Participant-Directed Services) which enable participants to take more control of services giving them the power to manage their own workers as the common law employer.
 - **Employer authority** – participants employ their own workers to provide services based on the hours and activities specified in an individual service plan.
 - Budget authority (or **Services My Way**) – available in Aging and Attendant Care waivers only -is a model of services that gives participants the option to manage a flexible budget (Individual Spending Plan) and decide for themselves the type of goods and services that best meet their service needs.
- Combination of Models continues so that Participants may utilize a combination service plan where they receive some services from an agency and some through one of the self-directed models.

PPL Local Staff remain unchanged

- PPL maintains two offices in Pennsylvania:
 - Harrisburg
 - Philadelphia *by appointment*
- PPL Regional Enrollment Managers, located throughout PA, assist with participant concerns and enrollment and educate Service Coordination Entity staff on using PPL's BetterOnline™ Web Portal, program processes, and program rules.
- PPL Enrollment Specialists, located throughout PA, provide in-home and telephone visits to new participants to assist with the initial enrollment paperwork and provide orientation and training to the CLE.

Roles and Responsibilities

PPL Roles and Responsibilities: Same

- Provide pre-populated Common Law Employer (CLE) enrollment forms and Direct Care Worker (DCW) New Hire forms
- Provide over-the-phone enrollment for DCWs
- Provide assistance in completing CLE and DCW paperwork
- Process and review completed CLE and DCW paperwork including perform all necessary record checks on prospective DCW's
- Issue payments to DCW's bi-weekly following the receipt of properly submitted timesheets
- Provide payments to vendors through Services My Way program
- Complete CLE tax responsibilities including withholding and depositing payroll taxes and filing payroll tax returns.
- Issue a W-2 year-end statements
- Operate a customer service phone line for participants and DCWs during regular business hours
- Provide on-line access to information via PPL Web Portal

Enrollment Manager Roles and Responsibilities: Same

- **Serve as main point of contact for Service Coordinators (SC) and Service Coordination Entities (SCE); and MCO Plan and SC Staff**
- **Respond to day-to-day participant direction issues identified by SCs**
 - The primary support system available to participants and DCWs is PPL Customer Service
- **Support the training and education need of the SCs and SCEs**
- **Work with SC Administrators to maintain web portal access for SCs**
- **Communicate significant changes and updates, including billing (denied claims) and authorization issues.**
- **Inform SCs of errors causing participants not to receive services**
 - **Missing authorizations**
 - **Gap in Service Issues**
- **Mandatory Reporter**

Enrollment Manager Assignments by County

In order to continue to provide information and assistance to Service Coordinators, Enrollment Managers are assigned by County.

- Enrollment Managers are the primary contact for Service Coordinators.
- Participants, CLEs and DCWs should continue to call PPL Customer Service for assistance.

A copy of the Crosswalk presented here is also included as a hand-out with this presentation.

Public Partnerships, LLC			
PA OLT County Enrollment Manager Crosswalk			
Lehigh/Capital		Northwest	
County	Enrollment Manager	County	Enrollment Manager
Adams	Alicia Valiante	Cameron	Carrie Crites
Berks	Susan Smith	Clarion	Carrie Crites
Cumberland	Alicia Valiante	Clearfield	Carrie Crites
Dauphin	Alicia Valiante	Crawford	Carrie Crites
Franklin	Alicia Valiante	Elk	Carrie Crites
Fulton	Alicia Valiante	Erie	Carrie Crites
Huntingdon	Alicia Valiante	Forest	Carrie Crites
Juniata	Alicia Valiante	Jefferson	Carrie Crites
Lancaster	Alicia Valiante	Mckean	Carrie Crites
Lebanon	Alicia Valiante	Mercer	Carrie Crites
Lehigh	Susan Smith	Potter	Carrie Crites
Mifflin	Alicia Valiante	Venango	Carrie Crites
Northampton	Susan Smith	Warren	Carrie Crites
Perry	Alicia Valiante		
York	Alicia Valiante		
Northeast		Southeast	
County	Enrollment Manager	County	Enrollment Manager
Bradford	Alicia Valiante	Bucks	Elizabeth Barna
Carbon	Susan Smith	Chester	Susan Smith
Centre	Carrie Crites	Delaware	Diane Thomas
Clinton	Alicia Valiante	Montgomery	Susan Smith
Columbia	Susan Smith	Philadelphia-HSMA	Elizabeth Barna
Lackawanna	Susan Smith	Philadelphia-JEVS	Elizabeth Barna
Luzerne	Susan Smith	Philadelphia-Liberty	Diane Thomas
Lycoming	Alicia Valiante	Philadelphia-PCA	Diane Thomas
Monroe	Susan Smith	Philadelphia-All Other	Elizabeth Barna
Montour	Alicia Valiante		
Northumberland	Alicia Valiante		
Pike	Susan Smith		
Schuylkill	Susan Smith		
Snyder	Alicia Valiante		
Sullivan	Susan Smith		
Susquehanna	Susan Smith		
Tioga	Carrie Crites		
Union	Alicia Valiante		
Wayne	Susan Smith		
Wyoming	Susan Smith		
Services My Way (1061/09/1061)		Southwest	
County	Enrollment Manager	County	Enrollment Manager
All Counties	Carrie Crites	Allegheny	Jennifer Stanley
		Armstrong	Carrie Crites
		Beaver	Jennifer Stanley
		Bedford	Alicia Valiante
		Blair	Carrie Crites
		Butler	Jennifer Stanley
		Cambria	Carrie Crites
		Fayette	Jennifer Stanley
		Greene	Jennifer Stanley
		Indiana	Carrie Crites
		Lawrence	Jennifer Stanley
		Somerset	Carrie Crites
		Washington	Jennifer Stanley
		Westmoreland	Jennifer Stanley

Enrollment Manager
Elizabeth Barna
ebarna@pcgus.com
 717-884-7729

Enrollment Manager
Carrie Crites
ccrites@pcgus.com
 717-884-7763

Enrollment Manager
Susan Smith
sussmith@pcgus.com
 570-592-6062

Enrollment Manager
Jennifer Stanley
jspear@pcgus.com
 717-884-7738

Enrollment Manager
Diane Thomas
dithomas@pcgus.com
 717-884-7780

Enrollment Manager
Alicia Valiante
avaliant@pcgus.com
 717-884-7741

EM Supervisor
Maggie Rhoades
mrhoades@pcgus.com
 717-884-7754

Service Coordinator Roles and Responsibilities: Same

- Introduce the choice for Participant Directed Services to Participants
- Assist with the designation of an alternate CLE where necessary and allowed
- Make referrals to PPL using the PPL Better Online web portal
- Develop and update Individual Service Plans
- Initiate informal supports or agency services until the participant is ready to receive services through PPL and DCW is good to go
- Help participants develop and implement a backup plan
- Monitor the delivery of services and supports
- Review PPL utilization reports and the Service Plan with participant to ensure services are being provided in accordance with the Service Plan.
- Provide PPL with any temporary gaps in service in a timely fashion.
- Keep participant demographics up to date in OLTL Systems or MCO Plan Portals
- May assist participants with completing enrollment forms
- Mandatory Reporter

MCO Plan Role in PDS

- ✦ Provide training to service coordinators on program requirements and MCO system entry and utilization.
 - Provide support to service coordinators in their management of the participants services.
 - Provide Authorizations to Public Partnerships for participants choosing Participant Directed Services.
 - Approve Service Plans submitted by service coordinators.
 - Provide Service Coordination Supervision.
 - Receive and Review Reports from PPL for monitoring, trends identification and metrics.
 - Mandatory Reporter

Common Law Employer Roles and Responsibilities: Same

- Recruit, hire, train, schedule, manage, and dismiss DCWs
- Verify DCW and vendor qualifications
- Ensure that DCWs complete the enrollment requirements
- Train DCWs in providing services described in the ISP
- Decide how much to pay DCW, within state guidelines
- Monitor adherence to Service Plan and budget
- Develop and implement a backup plan
- Approve and submit all timesheets to PPL
- Report suspicions of Medicaid fraud or financial abuse related to the delivery of participant-directed services
- Designate a representative to assist with CLE duties, as necessary
- Mandatory Reporter

REMINDER: Designating a Representative to Act as the Common Law Employer is available in the CHC Waiver

- **CHC**, Aging, Independence and OBRA Waivers* allow a participant to assign another to act as CLE.
- An alternate CLE can be used to assist an individual to:
 - Understand his/her own personal assistant needs
 - Make decisions about his/her own care
 - Manage his/her lifestyle and environment by making these choices
 - Understand or have the ability to learn how to recruit, hire, train, and supervise providers of care
 - Understand the impact of his/her decisions and assume responsibility for the results.”

Direct Care Worker Roles & Responsibilities: Same

- Complete DCW enrollment paperwork and required background checks for each participant-employer they provide services to.
- Alert PPL to any address changes
- Complete a Live In Exemption form if moving into or out of the home of the participant to whom services are provided
- Provide services to participant as described in ISP
- Meet all qualification requirements and complete training as identified in the ISP
- Being aware of guidelines related to their own withholdings
- Mandatory Reporter

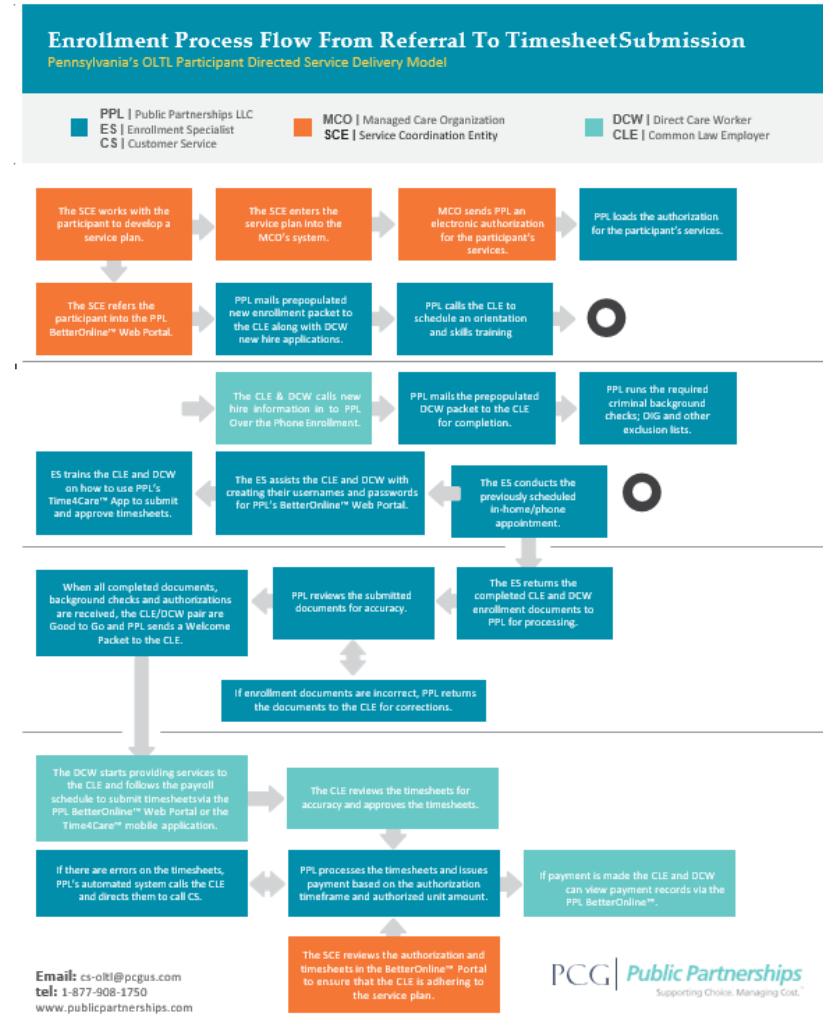
Enrollment

The Enrollment Process, Post CHC

On 1/1/2019, in the SE Region:

1. The Enrollment Broker will refer new participants to the MCO Plan of choice
2. The MCO Plan offers choice of Service Coordination Entity to the Participant

The Enrollment Process Flow is included with the materials for this presentation.



Participant Referral Process

- **SC works with the participant to determine the Common Law Employer (CLE)**
 - The CLE is the legal Employer of Record and is responsible for managing DCWs. CLE must agree to be responsible for key employer related tasks
 - In some waivers, participant may appoint someone else to serve as CLE
 - SCs should ask participants if they have a pre-existing EIN
 - Pre-existing Toolkit
- **SC enters in new participant referral through the PPL Web Portal**
 - Participants who re-enroll or transfer from Options, should be submitted via paper referral form
- **SC submits service plans/orders to OLTL or to MCO Plan (via MCO Plan Portal) after entering the new participant referral**

 **MCO Training for SCEs will occur prior to the CHC Implementation, including how to submit service plans in the MCO system.**

Enrollment Activity Updates

Key Service Coordinator Activity	OLTL	AmeriHealth (SW) Keystone (SE)	UPMC	PAHW
Referral to SCE is provided by :	Enrollment Broker	MCO Plan	MCO Plan	MCO Plan
Referral is entered into PPL BetterOnline™ :	SCE SC	SCE SC	SCE SC	SCE SC
Service Plans are created/reviewed with Participants by the:	SCE SC	SCE SC	SCE SC	SCE SC
Service Plans are submitted by:	SCE SC	SCE SC	SCE SC	SCE SC
Service Plans are submitted through:	OLTL Systems	MCO Plan Portal	MCO Plan Portal	MCO Plan Portal
Service Plans are approved by:	OLTL	Plan Leadership	Plan Leadership	Utilization Management for Plan
Plan Authorizations are submitted to PPL by:	OLTL	MCO Plan	MCO Plan	MCO Plan

Updates in PPL's BetterOnline™ Web Portal

Participant Plan Information is included on the Participant Profile (2 samples 1 for OLTL and 1 Plan Information)

View Participant Plan Information

Consumer Enrollment Details

Current Plan	Current Program	Enrollment Start Date	Enrollment End Date
PA OLTL	OLTL	12/01/2012	

[Show Enrollment History](#)

Consumer Enrollment Details

Current Plan	Current Program	Enrollment Start Date	Enrollment End Date
Wellness UPMC	OLTL	01/01/2018	

[Show Enrollment History](#)

Participant Plan History Information is included on the Participant Profile

Consumer Enrollment Details

Current Plan	Current Program	Enrollment Start Date	Enrollment End Date
Wellness UPMC	OLTL	01/01/2018	

[Show Enrollment History](#)

Enrollment History

Plan	Program	Enrollment Start Date	Enrollment End Date
UPMC	OLTL	01/01/2018	
OLTL	OLTL	08/19/2008	12/31/2017

Updates in PPL's BetterOnline™ Web Portal

Referral Entry: New Feature. Service Coordinators should enter the MCO Plan information into BetterOnline™ during referral entry.



This will help to expedite the enrollment and authorization load process and allow the MCO Plan staff to view participant information.

A drop down allows you to accept the Plan the participant is associated to. Select OLTL for non-CHC Waiver Participants in OBRA and ACT150 and for participants you are referring in a *non* SW/SE Region)

Add Participant

Please enter the following information. All fields are required for good to go, unless otherwise specified. * fields are required to save the form.

Consumer Enrollment Details

Current Plan	Current Program	Enrollment Start Date	Enrollment End Date
<div style="border: 1px solid black; padding: 2px;"><p>Amerihealth PA OLTL PA Health Wellness UPMC</p></div>	OLTL ▼	<input type="text"/> 	<input type="text"/> 

[history](#)



What Enrollment Assistance is Available

The following resources remain available to help CLEs and DCWs complete their paperwork:

- Customer Service
- Enrollment Specialist (New CLEs and their 1st DCW)
- PPL Website:
<http://www.publicpartnerships.com//programs/Pennsylvania/PADPWOLTL/index.asp>
- Informational Packets
- Video Recorded Trainings

Good to Go Notification & Service Start Date

Being “Good-to-Go” means all of the following:

- PPL received and processed all required CLE documents and obtained an Employer Identification Number (EIN) for CLE.
- PPL completed the required background checks for DCW and received and processed all DCW enrollment paperwork
- Participant has a current authorization in place for services

Good-to-Go Start Date

- When a DCW is good-to-go and able to start providing services PPL will notify the CLE in writing by mailing them a Welcome Packet with the DCW notified of good-to-go date.
- A DCW is not qualified to work before receiving the good to go date hence the DCW will not be paid for any services provided prior to being notified of the good-to-go date

Authorization Creation, Modifications and Troubleshooting

Plan Submissions, Authorization Creation

Plan submissions are authorized in timeframes listed in the below table

CHC Waiver Plans are based on a **Monthly** Utilization for all Participant Directed Services

WAIVER	AUTHORIZATION SPAN	SUBMITTED TO
CHC	MONTHLY	MCO PLAN
OBRA	ANNUAL	OLTL
ACT150	ANNUAL	OLTL



MCO Plans will provide Training for SCEs on Plan Submissions, including how to submit monthly authorizations plans.

- **MCOs can transmit authorization information at least daily to PPL**
- **PPL uploads authorizations twice daily**

Migrating current SE PDS Participants from Annual Authorizations to Monthly Authorizations for CHC Waiver

Effective 1/1/2019 (1/2018 for SW) all CHC Participants utilizing PDS will have monthly authorizations.

- Participants in Waivers, other than OBRA and ACT150 will migrate to the CHC Waiver, effective 1/1/2019 in the Southeast Region.
- Authorizations for Participants in the Southeast Region will be end-dated 12/31/2018 by OLTL.
- MCO Plans will provide new authorizations to PPL for Southeast Region CHC Participants currently utilizing PDS, with an effective date of 1/1/2019.
- MCO Plans will transition all plans to a monthly authorization.


Authorization Creation: **OLTL** (No Change)

- Authorizations are received weekly (SAMS) and daily (HCSIS)
- Authorizations are loaded through an automation process when received
- Authorization start and end dates for W1792, W1792TU, W1900, W1901, S5150, S5150TU, and W7341 service codes should span the entire month
 - Exception in a first month of service
- New service authorizations should start 30 days from date the was participant referred to PPL; however, sometimes the PPL Enrollment Process takes less than 30 days. At your discretion the service plan can be modified to allow an earlier start date.
- W7341 Start-up Fee (U4 modifier) should be for month before services are expected to begin or when participant was referred to PPL
- Authorization quantities for all service codes must be a whole number (i.e. 10.0 instead of 10.15)

Authorization Creation: MCO PLAN

MCO PLAN Portal *(Training will be provided by Plans prior to CHC Implementation in the Southeast)*



- Authorizations are received from MCO Plans, at minimum, daily
- Authorizations are loaded through an automation process when received; twice daily
- Authorization start and end dates for W1792, W1792TU, W1900, W1901, S5150 and S5150TU service codes should span the entire month
 - Exception in a first month of service
- Ideally service authorizations should start 30 days from the date the participant was referred to PPL; however, sometimes the PPL Enrollment Process takes less than 30 days. At your discretion the service plan can be modified to allow an earlier start date. Additional information on plan submission timing will be provided to you during your MCO Training. 
- **W7341 and W7341 U4 are not a required entry for MCO Plan Portals.**
- Authorization quantities for all service codes must be a **whole number**
Example: 10.0 instead of 10.15

Authorization Modifications

Addition or Subtraction of units

- **Date Range:** Adding or subtracting units must be modified for the entire authorization period, not a shorter/longer date range
- **Units:** should be added or subtracted from the total amount of units on the original authorization.
- The start or end date of an authorization should only be modified if PPL has not paid for services prior to or after the new date.
 - Before modifying a date, please review the participant's authorization in Portal to see if services have been paid out.
 - To review this, click on the **Authorization** button at the bottom of the participant's profile page.
 - Then Select the **Display Detail** button under the **Actions** column for the month in question.

Authorization Modifications, continue

Change in Waiver or County

- If a participant changes waivers or moves to a new county, please end date the current service plan in HCSIS as soon as possible to ensure that the authorization modification is uploaded in the PPL Portal before services are paid out past the last date that the participant was eligible under the old authorization. This also ensures that the new authorization will load and not disrupt services to the participant.
- Alert your Regional Enrollment Manager as soon as possible of the change in case PPL needs to manually inactivate the current authorization so the new authorization will load.

Termination

- Please end date the service plan so the modified authorization will load into the PPL Portal before services are paid out past the last dated that the participant was eligible*.
 - *If it is discovered that the service plan has been removed, PPL will inactivate any current PAS authorizations until the service plan is restored. Please do not delete any plans for which PPL has released funds. Instead, properly modify the date(s).

Assisting Participants as they Manage their Services in CHC

Participant/CLE Changes


- **Common Law Employer and Participant Services Change Form:**
 - Notify PPL of a temporary halt of services
 - Gaps in service will prevent payment of services during this temporary stop
 - Notify PPL of a participant termination
 - Request a change in Common Law Employer
- **Common Law Address/Phone Change Form**
- **New Participant FMS Referral Form with Options Transfer**
 - Participant wants to re-enroll with PPL
- **Participant wants to change Service Coordination Entity**
 - Service Plan, including PPL Service Authorization, moves with the participant
 - No execution is necessary at the Plan Level
 - Do not end date Service Plan or PPL services
 - Only change Service Coordination services

Refer Participants who wish to change their MCO Plan to the Independent Enrollment Broker who will assist them.

Reporting Terminations and GAPS in Service

Modifying the Start or End Date due to a Termination or GAP in Service

- If a participant is no longer eligible for services, please update the end date of the month that the participant was last active.
- Complete the Termination Section of the CLE and Participant Services Change Form found on the PPL PA OLTL program website.
- If a participant services are temporarily on hold, enter Service Hold information.
- Please also notify your Regional Enrollment Manager so the participant's enrollment status can be updated in Portal to stop any services from being paid after the last date the participant was eligible

		COMMON LAW EMPLOYER AND PARTICIPANT SERVICES CHANGE FORM	
<small>Supporting Choices. Managing Costs.™</small>			
<small>This form is to capture Common Law Employer changes, service holds, and terminations from the Participant Directed Model of Service program. This form is not intended to support changes to Participant demographic information (name, address, etc...) or waiver type. These changes should be made in HCBS or SAMS. PPL will receive these changes through regular data transfers provided by the Office of Long Term Living (OLTL).</small>			
SERVICE COORDINATOR			
Date:	Service Coordinator Name:		Phone:
Agency:		Email address:	
PARTICIPANT INFORMATION			
Medicaid ID (10 Digits) #:	SSN:	PPL ID # (if known):	
Last Name:		First Name:	
Please Select the Reason for Substitution:			
<input type="checkbox"/> COMMON LAW EMPLOYER CHANGE			
Last Name:		First Name:	SSN Number:
Physical Address:			
City:	State:	Zip:	Relationship to participant:
Phone:	Alternate Phone:	Email address:	
Reason for Change:			
<input type="checkbox"/> SERVICE HOLD			
<small>If the Participant has been admitted into a hospital, nursing facility, etc... please provide the reason for the gap in services and specify the start and end dates for the temporary hold.</small>			
Reason for Gap in Services	Effective Start Hold Date	Allow DCW to be pd. for this date (check one)	Effective End Hold Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> TERMINATION FROM FINANCIAL MANAGEMENT SERVICES			
Reason for Termination:			
Voluntary: <input type="checkbox"/> Deceased <input type="checkbox"/> Entered Facility <input type="checkbox"/> Switched to Agency Model <input type="checkbox"/> No Longer Waiver Eligible			
Involuntary: <input type="checkbox"/> Health and Safety Concern <input type="checkbox"/> Commitment Non-Adherence to Program Policy			
<input type="checkbox"/> Not Managing the Individual Budget According to the ISP <input type="checkbox"/> Inappropriate Utilization of Funds <input type="checkbox"/> Other			
Enrollment End Date:			
SUBMIT FORM: Fax completed form to: 855-858-8158 or e-mail form to: paoltr@pccpa.com			
<small>PARTICIPANT CHANGE FORM</small>			
<small>Version 2.0</small>			

CHC Payroll Related: *Assisting Participants with Pended Timesheet Items*

Service Coordinator Action			
Pend Message	OLTL	MCO Plan	Pend Message Explanation
Consumer is not authorized for this service or Date Worked is not within authorized date range.	SCE SC	SCE SC	Explanation: PPL does not have an authorization; the authorization does not span d.o.s for the submitted timesheet dates.; the auth has been inactivated
Eligibility Plan Not Matching Authorization Plan	NA	SCE SC discussion with MCO Plan	Explanation: Promise (270/271 eligibility process) shows part assoc to a Plan that is different than the authorization we have in portal. Portal is showing auth with OLTL or another plan.
Medicaid not eligible	SCE SC/CAO	SCE SC discussion with CAO	Explanation: Promise shows participant is not Medicaid Eligible.
Verifying eligibility	PPL Messaging turnaround expectation, 48 hours	SCE SC	Explanation: Normal processing pend: Timesheet is submitted and approved by CLE; waiting on 270/271 response to complete processing of timesheet
Waiver not eligible	SCE SC/CAO	SCE SC discussion with CAO	Explanation: CHC Waiver not showing (requires discussions with CAO).

Providing continuity of care for Participants receiving PDS

1. Encourage participant-CLEs to approve and submit DCWs' timesheets as soon as possible to allow ample time to correct pending timesheet items.
2. Encourage Time4Care™ and PPL BetterOnline™ timesheet submission. The sooner timesheets are submitted, the more time is available to resolve any issues, particularly during the first month of implementation.
3. Continue to work with CAOs to address any eligibility items.
4. Assist MCOs with any eligibility and authorization items that may impact on-time payments.
5. Encourage participants to use; and to encourage their DCWs to use PPL BetterOnline™.

Providing continuity of care for Participants receiving PDS, continued

Verifying Eligibility is a normal processing Pend Message on a submitted timesheet *when it occurs* for **2 to 3** days. The PPL System is confirming Eligibility after the timesheet has been submitted; processing time is usually 2 days. However, if this message remained **after 3** days, **alert PPL**.

Example: The below timesheet is in a pend status with a message ‘*Verifying Eligibility*’ on 8/15/18. It was submitted with CLE approval on 8/15/18 so it has not completed processing.

Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	Pend Messages
08/05/2018 Sunday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/06/2018 Monday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/07/2018 Tuesday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/08/2018 Wednesday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/09/2018 Thursday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/10/2018 Friday							
08/11/2018 Saturday							
08/12/2018 Sunday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/13/2018 Monday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility
08/14/2018 Tuesday	9 hours	Personal Assistance Services	W1792	9:00 AM	6:00 PM	9 hours	Verifying eligibility

MCO Switches during the first months of CHC Implementation

Participants can choose to switch their MCO at any time.

- The last day a Participant can choose their MCO for a 1/1/19 start is 12/21/2018.
- A Participant who changes their MCO on or before the 15th of the month will receive services from the new MCO on the 1st of the following month.
- A Participant who changes their MCO after the 15th of the month will receive services from the new MCO on the 1st of the 2nd month following the choice change.
- Switches, if not identified and resolved quickly, put workers at risk of delay of payment.
- We anticipate a higher volume of switches in the months of January and February 2019.

MCO Switches during the first months of CHC Implementation

What Service Coordinators can do to assist participants,

- SCs should work with both MCO Plans to ensure that the Plan the Participant is eligible with for the month also has an authorization in PPL's BetterOnline Web Portal.
- Check Eligibility
 1. Sometimes eligibility shows with MCO NEW and MCO OLD hasn't end dated an authorization in PPL's system.
 2. Sometimes eligibility shows with MCO NEW and MCO NEW hasn't provided an authorization.
 3. Sometimes Both 1&2 above occurs.

Participant Eligibility

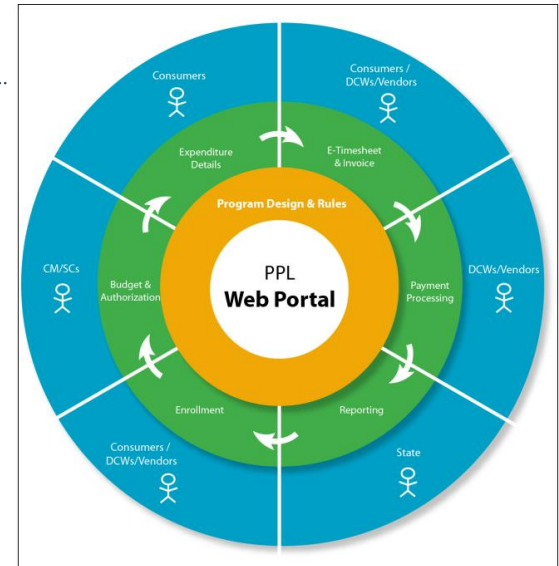
- Service coordinators monitor and assist with participant issues related to Medicaid and Waiver eligibility.
- **County Assistance Office (CAO)**
 - SCs assist participants during recertification process as needed and
 - Coordinate county changes or waiver changes with CAO
- Notify your PPL Enrollment Manager as soon as you become aware of a county or waiver change to coordinate continuation of services.

Refer Participants who wish to change their MCO Plan to the Independent Enrollment Broker who will assist them.

TOOLS TO ASSIST PARTICIPANTS & SERVICE COORDINATORS

PPL Tools

- PPL BetterOnline™ web portal
- Reports
- Customer Service
- Program website resources
- DCW over-the-phone-enrollment
- CLE Orientation & Skills Training Handbook
- Program Management Staff, specifically, Regional Enrollment Managers and Enrollment Specialists



PPL BetterOnline™ web portal

- Provides real-time access to participant information
- Functions of the web portal for SCs include the following:
 - Entering New Participant Referrals
 - Accessing participant information, budgets and utilization details
- Information available on the portal
 - Participant/CLE demographic information
 - Associated Direct Care Workers and current/max pay rate
 - Good to Go status for participant and DCW
 - Timesheets and pend messages
 - Gaps in service
 - Participant reports
- SCs can work with their Enrollment Manager (EM) to receive training on the BetterOnline™ web portal. Each SC can receive a portal id and password by requesting one from their EM.

PPL Reports

- PPL provides participant reports detailing how services are being utilized, when timesheets/invoices are missing, when timesheets are pending and why, and on direct care worker qualification and payment information.
 - Monthly Utilization, DCW Summary, Over and Under Utilization and DCW 16+ Hours Shift
- PPL Reports are available to SCs in web portal; available reports include the following:
 - Monthly Utilization Report, Direct Care Worker Report, Ineligibility Report, Client Pend Report, CLE Overutilization Reports, CLE Underutilization Reports, Missing Timesheet/Invoice Report, Overlapping Timesheet Report, Worker Qualification Report and Direct Care Worker Working 16+ hours per shift.
- Reports also available to CLEs in Portal.

PPL Customer Service

- Provides toll-free customer service via phone, fax and e-mail.
- Provides translation and interpreter service
- Provides assistance with completing CLE and DCW paperwork
- Notifies CLE of missing or incorrect paperwork
- Notifies CLE of issues that may delay payroll to DCWs
- Provides program materials in alternate formats



PPL Customer Service, Continued

PPL Customer Service Staff will:

- Reflect principles of self-determination
- Demonstrate cultural sensitivity
- Arrange for interpreters for non-English speaking callers

Customer Service Call Handling Features:

- Interactive Voice Response (IVR)
- Call recording for monitoring and training purposes
- Blaze calls to CLEs

IMPORTANT:

Only PPL staff, CLEs, Designated Representatives, SCs, and SC supervisors will be able to speak with PPL Customer Service staff about a participant's services.

Website Resources

PPL website:

- CLE and DCW forms to download
- Portal How-to Guides
- Payroll Schedules and timesheets
- Workers Compensation Information
- WebEx Recordings
- Frequently Asked Questions
- URL:
<http://www.publicpartnerships.com/programs/Pennsylvania/PAD/PWOLTL/index.asp>

Contact PPL

Customer Service Hours:

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

9:00 am - 1:00 pm (Saturday)

Closed:

State Observed Holidays

Toll Free:

877-908-1750

TTY/TDD:

800-360-5899

E-mail:

cs-olti@pcgus.com

Mail to:

P.O. Box 1108

Wilkes-Barre, PA 18773-9905

MCO Contact Information

PA Health & Wellness Regions 1/01/2018 SW 1/01/2019 SE & SW	UPMC Community Health Choices Regions 1/01/2018 SW 1/01/2019 SE & SW	Keystone First Region 1/01/2019 SE	AmeriHealth Caritas Region 1/01/2018 SW
www.pahealthwellness.com	www.upmc.com	www.keystonefirstchc.com	www.AmeriHealth.com
Participant Directed Option PA@PaHealthWellness.com	E-mail inquiries available	E-mail inquiries available	E-mail inquiries available
1-844-626-6813	1-800-533-UPMC (8762)	1-800-521-6007	1-877-219-5453
(TTY 1-844-349-8916)			

Questions / Comments



Questions not answered today will be used to compile a FAQ document to be posted on the PPL PA OLTL program website
publicpartnerships.com



www.publicconsultinggroup.com