Public Partnerships, LLC PA OLTL Program One Cabot Road, STE 102 Medford, MA 02155



Employer First name, Last name Employer Mailing Address 1, Address 2 Employer City, State, Zip

Dear Employer:

This packet contains examples of reports that will be available to you on a monthly basis starting in March 2014. Enclosed with this letter, you will find samples of each of the reports along with descriptions about how to read the reports.

If the descriptions of the reports are not clear, you may attend call-in training that PPL will offer. This training is optional.

Training dates and times are noted below. PPL will not be able to answer live questions during the training, but you can submit questions in advance and we will address them during the sessions.

| Reports Training Schedule | Date and Time of Training | Call-In Number |
|--|---|--|
| M-6 OLTL Monthly Utilization Report M-6DCW OLTL Direct Care Worker Summary Report | March 12, 2014 11:00am to 12:00pm | 1-877-668-4493 <u>Access Code:</u> 767 741 284 |
| M-4 OLTL CLE Overutilization Report M-5 OLTL CLE Underutilization Report M-12 Worker Working 16+ Hour Shift Report | March 14, 2014 3:00pm to 4:00pm | 1-877-668-4493 <u>Access code:</u> 765 794 394 |
| M-6 OLTL Monthly Utilization Report M-6DCW OLTL Direct Care Worker Summary Report | March 19, 2014 3:00pm to 4:00pm | 1-877-668-4493 <u>Access code:</u> 765 650 815 |
| M-4 OLTL CLE Overutilization Report M-5 OLTL CLE Underutilization Report M-12 Worker Working 16+ Hour Shift Report | March 21, 2014 11:00am to 12:00pm | 1-877-668-4493 <u>Access code:</u> 761 804 656 |

To submit questions in advance of training:

Email <u>paoltl-clereports@pcgus.com</u> or call customer service at 1-877-908-1750 and indicate that you have a question to submit for the reports training.

You can expect to receive participant direction reports at the end of March 2014. These reports will also be available on the PPL Web Portal; instructions on how to access your reports can be found at <u>www.publicpartnerships.com</u>. On the home page, you will see a large Program Login are on the right side of the screen. To get to your program page, simply enter: Username: **PADPWOLTL** Password: **PPLDPW56**. We look forward to providing them to you.

DESCRIPTION OF OLTL MONTHLY UTILIZATION REPORT

Overview

The Pennsylvania Office of Long Term Living (OLTL) Monthly Utilization Report is a monthly report that describes your approved services and how many units* have been used in each monthly plan period, including the number of units paid to each worker for the month that is being reported to you. This report also describes the amount of unused services for each monthly plan period. This report will also be sent to your Service Coordinator and OLTL.

Report Header

- 1. This is the title of the report. There is an M followed by a number before the title of this report; this stands for Monthly and the number describes the order of the report.
- 2. This is month that the report covers.
- 3. This is the name and address of the Common Law Employer (CLE).
- 4. This section identifies the Participant's waiver, MA ID, Service Coordinator and Service Coordination Entity. It also indicates the date that the report was generated.
- 5. This is the name of the program Participant.

Service Plan Summary Section

- 6. The Service Description (Code) lists the services approved in your plan.
- 7. The Service Start Date lists the date that your approved service plan begins.
- 8. The Service End Date lists the date that your approved service plan ends.
- 9. The Amount Authorized lists the total amount of units or dollars approved per your service plan.
- 10. The Amount Used lists the total amount of units or dollars you have used during the service plan period.
- 11. The Balance lists the total amount of units or dollars you have not used during the service plan period.
- 12. The Service Plan Total lists the total amount all services authorized, used, and the balance of services left in your service plan.

Payment Summary Section

- 13. The Provider lists active worker(s) employed by you for the month being reported.
- 14. The Units/Gross Amount Paid lists the service units or dollars paid to your workers for the month being reported. The units or dollars paid may be for services worked during the reporting month or the previous month.
- 15. The Total Payments for this Reporting Month lists the total amount services paid to all workers.

| Public Partnerships, LLC |
|--------------------------|
| PA DPW OLTL |
| One Cabot Road, STE 102 |
| Medford, MA 02155 |

Report M-6 OLTL Monthly Utilization Report

Month Ending: 2

December 2013



3 JESSICA PARTICIPANT **1ST AVENUE** HARRISBURG, PA 17110 4 PA DPW - OLTL - Aging Waiver

Consumer MA ID: 0000022444 Report Generated Date: 3/3/2014 Service Coordinator: JANE TESTCOORDINATOR Service Coordinat **Entity:** TEST SC SERVICES

5 Participant Name: JESSICA PARTICIPANT

This is not a bill but is a monthly report for your information only.

Section 1: Service Plan Summary: This section shows how many service units were used this year, how many were allocated (Amount Authorized), how many have been used for the service plan period, including this month (Amount Used), and how many are left (Balance) in the participant's service plan.

| and now many are left (Dalance) in the participant's se | | <u> </u> | | 9 | 10 | | | -111⊢ |
|---|------------|------------|--------|--------------|--------|---------|---------|---------|
| Service Description | Service | Service | Amoun | t Authorized | Amount | Used | Balance | • |
| (Code) | Start Date | End Date | Units | Dollars | Units | Dollars | Units | Dollars |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 05/01/2013 | 05/31/2013 | 216.00 | NA | 16.00 | NA | 200.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 06/01/2013 | 06/30/2013 | 720.00 | NA | 298.00 | NA | 422.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 07/01/2013 | 07/31/2013 | 744.00 | NA | 656.00 | NA | 88.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 08/01/2013 | 08/31/2013 | 744.00 | NA | 744.00 | NA | 0.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 09/01/2013 | 09/30/2013 | 720.00 | NA | 508.00 | NA | 212.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 10/01/2013 | 10/31/2013 | 744.00 | NA | 744.00 | NA | 0.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 11/01/2013 | 11/30/2013 | 720.00 | NA | 720.00 | NA | 0.00 | NA |
| Personal Assistance , 1 unit = 15 minutes (W1792) | 12/01/2013 | 12/31/2013 | 744.00 | NA | 456.00 | NA | 288.00 | NA |
| | | | | | | | | |

| Service Subtotal | 5,352.00 | NA | 4,142.00 | NA | 1,210.00 | NA |
|------------------|----------|----|----------|----|----------|----|
| | | | | | | |



5,352.00

NA

4,142.00

NA

1,210.00 NA

Section 2: Payments Summary This section shows all payments for service units that have been made on your behalf this month. These payments may be for service units worked this month and service units worked in the previous month.

| 13 Provider | Service Code | Units | 14 Gross Amount Paid | t |
|--------------|--------------|--------|-------------------------|---|
| MELISSA TEST | W1792 | 108.00 | NA | |
| ROBERT TEST | W1792 | 60.00 | NA | |



DESCRIPTION OF OLTL DIRECT CARE WORKER SUMMARY REPORT

Overview

The Pennsylvania Office of Long Term Living (OLTL) Direct Care Worker Summary Report is a monthly report that describes what your direct care workers were paid in the reporting month and since January of the current year. It also identifies what PPL has paid in taxes on your behalf. This report will also be sent to your service coordinator and OLTL.

Report Header

- 1. This is the title of the report. There is an M followed by a number before the title of this report; this stands for Monthly and the number describes the order of the report.
- 2. This is month that the report covers.
- 3. This is the name and address of the common law employer.
- 4. This section identifies the participant's waiver, MA ID, service coordinator and service coordinator entity. It also indicates the date that the report was generated.
- 5. This is the name of the program participant.

DCW Summary Section

- 6. Workers are listed alphabetically by last name. Each worker's information appears on a new page.
- 7. The SUI Rate is the common law employer's State Unemployment Insurance tax rate.
- 8. The Hire Date is the date that the DCW was notified of his/her good to go status.
- 9. The Qualified Date is the date that you last qualified this worker. If this worker was hired after January 1, 2013, you qualified this worker by completing the DCW Qualification Form. If this worker was hired before January 1, 2013, the qualification date will be 1/1/2013.
- 10. The Pay Type indicates if this worker gets paid via a physical check or EFT (direct deposit).
- 11. The Status indicates if the worker is currently employed by the common law employer (Active) or no longer works for the employer (Terminated).
- 12. The PAS Pay Rate is the rate of pay for the direct care worker.
- 13. This section lists the employee deductions for the reporting month and year-to-date (YTD). First, the report lists gross earnings for the worker for the time period. Following that are the employee deductions. This includes what PPL paid on the employee's behalf toward Social Security (SocSec), Medicare (MdCare), Federal Income Tax (FED), State Income Tax (State), Local Taxes (Local) and Other Taxes (Other). Other includes deductions not covered by the previous list such as voluntary employee deductions.
- 14. This section lists the common law employer deductions for the reporting month and year-todate (YTD). This is what PPL paid on the employer's behalf toward State Unemployment Insurance (SUI), Social Security and Medicare (FICA), Federal Unemployment Tax (FUTA), and Workers' Compensation (WC).
- 15. This section sums the monthly and year-to-date totals for employee and employer deductions for all workers.

| Public Partners PA DPW OLTL One Cabot Road Medford, MA 02 | d, STE 10 | | 1 | | DCW OLTL Dire | ect Care Worl October | | nary Report | PC Supporti | CG Public Partne | |
|---|-----------------------------------|--------------|---------------|--------------|---------------|--------------------------|--------------------------|--|------------------------------------|---|----------|
| 3 KEVIN P 123 SOU ⁻ JEANNET 5 Participant | TH STRI TE, PA | EET 15644 | | ot a bill bu | t is a month | Servio | ceport Serv ce Coo | PA DPW - OLT onsumer MA Generated Da ice Coordina rdination Ent formation only. | ID: 16 ate: 2/ tor: ۲ | 01011111 11/2014 IRISTINA COORDINATOI | R |
| Direct Care W YTD information is bas 6 WILL EMPLOYE 7 SUI Rate: 10.8937 PAS Pay Rate: 10 | ed upon caler E 8 Hire Date | - | ax purposes a | | olan year. | 1 | | | | | |
| | | 1 | 3 Em | ployee Deduc | tions | | | | 14 | Employer Paid Deductio | ns |
| | Earnings | SocSec | MdCare | Fed | State | Local | Other | SUI | FICA | FUTA | WC |
| DCW: | | | | | | | | | | | |
| Reporting Month: | | \$68.16 | \$15.94 | \$63.00 | \$33.74 | \$16.64 | \$0.76 | \$0.00 | \$84.10 | \$0.00 | \$54.96 |
| YTD: | \$12,092.08 | \$749.76 | \$175.34 | \$447.60 | \$371.14 | \$177.04 | \$8.42 | \$925.96 | \$925.1 | 10 \$42.00 | \$604.56 |

6

MELBA WORKER

SUI Rate: 10.8937 Hire Date: 1/1/2013 Qualified Date: 1/1/2013 Pay Type: CHECK Status: Active

PAS Pay Rate: 10.68

| | | | Em | Employer Paid Deductions | | | | | | | |
|------------------|-------------|------------|----------|--------------------------|----------|----------|---------|----------|------------|---------|-----------|
| | Earnings | SocSec | MdCare | Fed | State | Local | Other | SUI | FICA | FUTA | WC |
| DCW: | | | | | | | | | | | |
| Reporting Month: | \$2,776.80 | \$172.16 | \$40.26 | \$162.10 | \$85.24 | \$35.94 | \$1.94 | \$0.00 | \$212.42 | \$0.00 | \$138.84 |
| YTD: | \$29,989.44 | \$1,859.33 | \$434.81 | \$1,782.56 | \$920.59 | \$382.95 | \$21.04 | \$925.96 | \$2,294.14 | \$42.00 | \$1,499.4 |

| | | | Emp | loyee Deductio | ns | | | | Employer Paid Deductions | | | | |
|------------------|-------------|------------|----------|----------------|------------|----------|---------|------------|--------------------------|---------|------------|--|--|
| 15 | Earnings | SocSec | MdCare | Fed | State | Local | Other | SUI | FICA | FUTA | WC | | |
| Employer Total: | | | | | | | | | | | | | |
| Reporting Month: | \$3,876.08 | \$240.32 | \$56.20 | \$225.10 | \$118.98 | \$52.58 | \$2.70 | \$0.00 | \$296.52 | \$0.00 | \$193.80 | | |
| YTD: | \$42,081.52 | \$2,609.09 | \$610.15 | \$2,230.16 | \$1,291.73 | \$559.99 | \$29.46 | \$1,851.92 | \$3,219.24 | \$84.00 | \$2,104.03 | | |

DESCRIPTION OF OLTL COMMON LAW EMPLOYER OVERUTILIZATION REPORT

Overview

The Pennsylvania Office of Long Term Living (OLTL) Common Law Employer Overutilization Report is a monthly report that describes where you have over used your monthly services more than 110% of what you have approved in your plan. This report alerts you when you have over used your monthly services for two months in a row from the month being reported to you. This report will also be sent to your service coordinator and OLTL.

Report Header

- 1. This is the title of the report. There is an M followed by a number before the title of this report; this stands for Monthly and the number describes the order of the report.
- 2. This is month that the report covers.

Under Utilization Summary Section

- 3. The Service Coordination Entity column lists the organization who provides your service coordination services.
- 4. The Service Coordinator Name column lists your specific representative from this organization.
- 5. The Participant column lists the program participant receiving services.
- 6. The MA ID column lists the program participants Medicaid Assistance number.
- 7. The Service Code column lists the specific service identification code for the under used service(s).
- 8. The Service Description column lists the name of the specific service approved in your plan.
- 9. The Report Month section identifies the month being reported for the over utilized services.
- 10. The Previous Month section identifies the previous month where services were also over utilized.
- 11. The Allocated column lists the amount of units*/dollars authorized during the month.
- 12. The Amount Used column lists the amount units/dollars used during the month.
- 13. The Over Utilization column lists the amount of units/dollars used over the amount allocated during the month.
- 14. The Utilization % column lists the percentage of services that were over utilized from what was allocated during the month.

1 M-4 OLTL Over Utilization Report – 2 Consecutive Months

2 Month Ending: November 2013

Shows distinct participants who have utilized 110% or more of their monthly allocation by service.

Sort by:

Service Coordination Entity

*Allocated - per approved service plan

| ** MCI | is the fir | st 9 dig | its of the | e MA ID | | | | 40 | 9 | 1 | 2 | | | | | 10 | | | |
|-----------------------------------|--------------------------------|---------------------|------------|--------------|------------------------------------|--------|---------|--------|-------------|--------|-----------------|------------------|--------|---------|--------|-------------|--------|-----------------|--------|
| ব | | | | | | | | 12 | Report Mont | h L | 5 | | | | Р | revious Mon | th | | |
| 2 | 4 | 5 | 0 | | 8 | Alloca | ated * | Amou | nt Used | 0 | Over Utilizatio | ^{on} 14 | Alloc | ated * | Amour | nt Used | c | Over Utilizatio | on |
| Service Coordination Entity | Service Coordinator Name | Participant Name | MA ID** | Service Code | Description | Units | Dollars | Units | Dollars | Units | Dollars | % | Units | Dollars | Units | Dollars | Units | Dollars | % |
| TEST SC SERVICES | | | 0000999922 | W1792 | Personal Assistance Services | 360.00 | | 960.00 | | 600.00 | | 266.67 | 372.00 | | 992.00 | | 620.00 | | 266.67 |

DESCRIPTION OF OLTL COMMON LAW EMPLOYER UNDERUTILIZATION REPORT

Overview

The Pennsylvania Office of Long Term Living (OLTL) Common Law Employer Underutilization Report is a monthly report that describes where you have used less than 80% of the monthly services that you have approved in your plan. This report alerts you when have under used you monthly services for two months in a row from the month being reported to you. This report will also be sent to your service coordinator and OLTL.

Report Header

- 1. This is the title of the report. There is an M followed by a number before the title of this report; this stands for Monthly and the number describes the order of the report.
- 2. This is month that the report covers.

Under Utilization Summary Section

- 3. The Service Coordination Entity column lists the organization who provides your service coordination services.
- 4. The Service Coordinator Name column lists your specific representative from this organization.
- 5. The Participant column lists the program participant receiving services.
- 6. The MA ID column lists the program participant's Medicaid Assistance number.
- 7. The Service Code column lists the service identification code for the under-used service(s).
- 8. The Service Description column lists the name of the service approved in your plan.
- 9. The Report Month section identifies the month being reported for the underutilized services.
- 10. The Previous Month section identifies the previous month where services were also underutilized.
- 11. The Allocated column lists the amount of units*/dollars authorized to be used during the month.
- 12. The Amount Used column lists the amount units/dollars used during the month.
- 13. The Under Utilization column lists the amount of units/dollars not used during the month.
- 14. The Utilization % column lists the percentage of services that were used against what was allocated during the month.

1 M-5 OLTL Under Utilization Report - 2 Consecutive Months

2 Month Ending: November 2013 Shows distinct participants who have utilized 80% or less of their monthly allocation by service.

Sort by:

Service Coordination Entity

*Allocated - per approved service plan

| ** MCI | is the fir | rst 9 digi | ts of the | e MA ID | | _11_ | | 40 | 9 | 13 | K I | | - | | | 10 | | | |
|-----------------------------------|--------------------------------|---------------------|------------|--------------|------------------------------------|--------|---------|--------|-------------|---------|-------------|------------------|--------|---------|--------|-------------|---------|------------|------------------|
| 2 | | _ | | | | | | | Report Mont | h L' | 2 | 14 | | | Р | revious Mon | th | | |
| 2 | 4 | 5 | 6 | 7 | 8 | Alloca | ated * | Amour | nt Used | Under U | Itilization | ننا | Alloca | ated * | Amour | nt Used | Under U | tilization | |
| Service Coordination Entity | Service Coordinator Name | Participant Name | MA ID** | Service Code | Description | Units | Dollars | Units | Dollars | Units | Dollars | Utilization % | Units | Dollars | Units | Dollars | Units | Dollars | Utilization % |
| TEST SC SERVICES | TESTCOOR DINATOR, JANE | | 0000033311 | W1792 | Personal Assistance Services | 792.00 | | 464.00 | | 328.00 | | 58.59 | 792.00 | | 448.00 | | 344.00 | | 56.57 |

DESCRIPTION OF OLTL WORKER WORKING 16+ HOURS SHIFT REPORT

Overview

The Pennsylvania Office of Long Term Living (OLTL) Worker Working 16+ Hours Summary Report is a monthly report that describes when your worker(s) have worked for 16 hours or more during a single shift. The report will demonstrate all dates of services and shifts worked that are equal to or greater than 16 hours for the month being reported. This report will also be sent to your service coordinator and OLTL.

Report Header

- 1. This is the title of the report. There is an M followed by a number before the title of this report; this stands for Monthly and the number describes the order of the report.
- 2. This is month that the report covers.

Under Utilization Summary Section

- 3. The Region column lists the specific area the program participant belongs to, according to the program; regions are determined by the county where the participant lives.
- 4. The County column lists the county where the program participant lives.
- 5. The Waiver/Program column lists the specific waiver/program the participant is eligible to receive services under.
- 6. The DCW/SSW column lists the specific worker who provided the services.
- 7. The Participant column lists the program participant receiving services.
- 8. The MA ID column lists the program participant's Medicaid Assistance number.
- 9. The Service Coordination Entity column lists the organization who provides your service coordination services.
- 10. The Service Coordinator Name column lists your specific representative from this organization.
- 11. The Timesheet Number column lists the unique identification number assigned when PPL systems receive a timesheet for processing.
- 12. The Date Worked column lists the specific date the worker provided services.
- 13. The Hours Worked column lists the total number of hours worked for date of service.

1Report M-12OLTL Worker Working 16+ Hours Shift Report2Month Ending: December 2013

Shows workers that have worked 16 or more hours on a single shift.

Sort by:

Sort By Region

| | e first 9 digits | of the MA ID |) 6 | 7 | | 9 | 10 | 11 | 12 | 13 |
|--|------------------|---------------------|---------------|----------------------|------------|-----------------------------------|---------------------------|---------------------|-------------|--------------|
| 3 Region | 4 County | 5 Waiver/Program | DCW/SSW | Participant | MA ID** | Service Coordination Entity | Service Coordinator | Timesheet Number | Date Worked | Hours Worked |
| REGION1 | BEAVER | AGING | TEST, COLLEEN | PARTICIPANT, MARY | 0000444555 | TEST SC SERVICES | TESTCOORDINAT OR, JANE | PA0000597899 | 12-05-2013 | 24.00 |
| REGION1 | BEAVER | AGING | TEST, KAULINE | PARTICIPANT, MARY | 0000444555 | TEST SC SERVICES | TESTCOORDINAT OR, JANE | PA0000599785 | 12-02-2013 | 23.00 |
| Subtotal:(Distinct count of participants based upon specified sort) | | | | 1 | | | | | | |
| GRAND TOTAL: (Distinct count of participants based upon specified sort) | | | | 1 | | | | | | |