



PA OLTL Participant Directed Model of Service

Instruction Manual for Service Coordinators and Managed Care Organizations

**BetterOnline™ Web Portal
Reports**

**Referral Process Flowchart
Enrollment Manager Crosswalk**

**Common Forms
Glossary of Terms**

Customer Service Information

Who will be responding to your calls and emails?

PPL's Customer Service Line is staffed between the hours of 8:30AM to 8:00PM EST/EDT, Monday through Friday and 9:00AM to 1:00PM EST/EDT on Saturday, except on state and federal holidays with voicemail box activated for after hours.

PPL will respond to all participant calls (inquires, issues and complaints) within one business day of receipt of the call.

PPL Customer Service Phone: 1-877-908-1750

PPL Fax: 1-855-858-8158

PPL Email: padpw-olti@pcgus.com

Regional Enrollment Managers Information

For Training needs and Escalations.

PPL's Regional Enrollment Managers are available between 8:30AM to 5:30PM EST/EDT, Monday through Friday.

See page 30 for a Crosswalk of the County Regional Enrollment Manager supporting you.

Table of Contents

1. How to Register and Login	PG. 4
2. How to Enroll a New Participant	PG. 6
3. How to Search, View and Edit a Participant's Profile	PG. 11
4. How to View Associated Direct Care Workers	PG. 12
5. How to View Good to Go Dates	PG. 13
6. How to View Gaps in Service Dates	PG. 14
7. How to View Overtime Exemption Status	PG. 14
8. How to View Participant Authorizations	PG. 15
9. How to View Timesheets	PG. 19
10. How to View Paid Overtime Hours on Timesheets	PG. 22
11. How to View Invoices (Services My Way Participants Only)	PG. 23
12. Most Frequent Pend Messages	PG. 24
13. Overview of Reports Available to SCs and MCOs	PG. 25
14. How to use the Reporting Tool	PG. 27
15. PPL's Referral Process Flow Chart	PG. 29
16. PPL Enrollment Manager County Cross Walk	PG. 30
17. Important PPL Forms	
A. Referral Form	PG. 31
B. Common Law Employer (CLE) Change Form	PG. 32
C. Designated Representative Form	PG. 33
D. Common Law Employer Address/Phone Change Form	PG. 34
E. Direct Care Worker (DCW) Information Change Form	PG. 35
F. FLSA Live-In Exemption Form	PG. 36
G. Difficulty of Care Federal Income Tax Exclusion Form	PG. 37
H. Direct Care Worker Termination Form	PG. 38
18. How to Use the Contact Us Page	PG. 39
19. Glossary	PG. 40

How to register and login?

- ❖ There is no need for you to register online. PPL will take care of creating your service coordinator account. You will receive an email from PPL with your username and password along with a link to the PPL Web Portal.

1. The first thing you should do is type in the web address provided below into your browser: (we recommend saving this as a *favorite*, so that you don't have to keep typing it in).

<https://fms.publicpartnerships.com/PPLPortal/login.aspx>

2. A log in screen will appear. You will use this screen to log into the Web Portal after you have registered.



BetterOnline™ web portal

Don't forget to bookmark this page

Enter Your Login Information

Username

Password

[Forgot your username or password?](#)

Remember username

Login or Sign Up

3. Login to the Web Portal using your pre-assigned username and password.
 - ✓ If you have not received a username and password please email your regional enrollment manager to request that a username and password be created for you.
 - ✓ If you forget your password or become locked out of your account (if you enter an incorrect password too many times) e-mail your regional enrollment manager and request your account be unlocked. The enrollment manager will unlock your account.
4. Once logged in, the Web Portal will default to the “Timesheet List” page.

Pennsylvania Department of Human Services
Office of Long Term Living

Invoices Search Participant Search Authorizations Direct Care Worker View Timesheet Participant View Timesheet Reporting Contact Us

Timesheet List

There were no timesheets that matched your search criteria.

Timesheet Status: All [To improve the timesheet approval process, the default has been changed to Submitted.](#)

Timesheet Start Date Range: any - any

Timesheet Submitted Date Range: any - any

Consumer ID:

Consumer External ID:

Check Num:

[+ Search with Direct Care Worker Name...](#)

Search

How to Enroll a New Participant?

- ❖ Now that you can login to the PPL Web Portal, you will initiate the participant enrollment process by referring the participant.

1. Upon logging in, your screen will default to the “Service Coordinator Search” page. In order to begin the enrollment process you should select the “Participant Search” feature in the blue header menu.



2. When you select the “Participant Search” feature, your screen will look like the one below:

3. You should select the “Enroll a New Participant” button to begin the enrollment process for a new participant.
4. After selecting the “Enroll a New Participant” button, a blank (and editable) participant demographic profile page will appear.

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.

5. The participant demographic profile will be divided into 5 very important sections.
 - ❖ Participant Demographic Information
 - ❖ Common Law Employer

The Service Coordinator's and Managed Care Organization's Guide to the PPL
BetterOnline™ Web Portal for PA OLTL Participant Directed Services

- ❖ Designated Representative
- ❖ Emergency Contact
- ❖ Service Coordinator

Participant Demographic Profile

- A. In the Participant Demographic Information Section please complete (at a minimum) the key areas below. If you can complete the additional demographic fields please do so.
- ✓ MA ID (Medicaid ID)
 - ✓ First Name
 - ✓ Last Name
 - ✓ Both Physical & Mailing Addresses
 - ✓ County
 - ✓ SocialSecurityNumber
 - ✓ Date of Birth
 - ✓ Phone Number
 - ✓ Enrollment Start Date
 - ✓ EnrollmentStatus
 - ✓ DiagnosisCode
 - The diagnosis code in Portal is configured to accept alphanumeric characters only – this means that decimals must always be dropped.
 - ✓ Waiver Type

Important Note!

- ✓ If a data point has a * (red asterisk) next to it, it means it is required to save the profile. In other words, if you do not complete this data field you will not be able to save the profile.
- ✓ If a data question has OPTIONAL next to it, it means that this field is not necessarily needed to pay a timesheet for this participant's DCW. However, many of these fields are important way that we contact the participant, so if you have the information please enter it.
- ✓ If a data question has *nothing* next to it, it means that is required to make the participant good to serve. If this data is missing the Participant will not be made good to serve.

- B. Once you have completed the required demographic information, please scroll down to the **Common Law Employer** section of the participant profile.

Common Law Employer

- A. The **Common Law Employer** section is EXTREMELY important!
- This section must be completed even if the Participant is serving as their own employer.
 - This section is used by PPL to pre-populate the Common Law Employer packet. **This means that if information is missing, it will not pre-populate on the packet and it will cause a delay in the enrollment process.**
- B. In the Common Law Employer section at a minimum the following data questions must be completed:
- ✓ CLE First Name

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- ✓ CLE Last Name
- ✓ Address
- ✓ City
- ✓ State
- ✓ Zip Code
- ✓ SSN (Social Security Number)
- ✓ CLE Phone Number

COMMON LAW EMPLOYER (CLE)

CLE First Name (optional) *	<input type="text"/>
CLE Last Name (optional) *	<input type="text"/>
Address (optional) *	<input type="text"/>
Address 2 (optional)	<input type="text"/>
City (optional) *	<input type="text"/>
State (optional) *	Pennsylvania ▼
Zip Code (optional) *	<input type="text"/>
SSN (optional) *	<input type="text"/>
Relationship to Participant (optional)	- Select - ▼
CLE Phone Number (optional) *	<input type="text"/>
CLE Email Address (optional)	<input type="text"/>
PA State Unemployment Insurance Account Number (optional)	<input type="text"/>
PA State Unemployment Insurance Rate (optional)	<input type="text"/>
PA State Income tax withholding number (optional)	<input type="text"/>

- C. If the Participant is going to serve as the Employer; you may use the copy button to pull the physical address from the participant profile into the Common Law Employer profile.

[Copy Participant Address Information from Above](#)

- D. The Employer Identification Number (EIN) will be obtained by PPL; you should not enter any information into this field.

Designated Representative

- A. The Designated Representative section is for those individuals who are not serving as the legal employer but who plan to assist the participant in the management of their authorizations and direct care workers.
- As part of the Common Law Employer packet, the participant/employer is asked to identify if a designated representative exists. If the participant does not plan to use a designated representative this section may remain blank.
 - **If a participant does plan to use a designated representative** this section must be completed.

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Designated Representative

First Name (optional)	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name (optional)	<input type="text"/>
Address (optional)	<input type="text"/>
Address 2 (optional)	<input type="text"/>
City (optional)	<input type="text"/>
State (optional)	Pennsylvania ▼
Zip Code (optional)	<input type="text"/>
Phone (optional)	<input type="text"/>
Email Address (optional)	<input type="text"/>
Relationship to Participant (optional)	- Select - ▼

Emergency Contact

A. In the Emergency Contact section at a minimum the following data questions must be completed:

- ✓ First Name
- ✓ Last Name
- ✓ Address
- ✓ City
- ✓ State
- ✓ Zip Code
- ✓ Phone Number
- ✓ Relationship to Participant

-Emergency Contact

First Name (optional) *	<input type="text"/>
Middle Name (optional)	<input type="text"/>
Last Name (optional) *	<input type="text"/>
Address (optional) *	<input type="text"/>
Address 2 (optional)	<input type="text"/>
City (optional) *	<input type="text"/>
State (optional) *	Pennsylvania ▼
Zip Code (optional) *	<input type="text"/>
Phone (optional) *	<input type="text"/>
Email Address (optional)	<input type="text"/>
Relationship to Participant (optional) *	- Select - ▼

- Please be aware that PPL customer service will only provide information related to the Participant's account to the Participant, Employer, Designated Representative, Emergency Contact and assigned Service Coordinator.

Entering Participant Plan Information. 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 (such as OBRA Waiver Participants and ACT150 Participants). The Current Program remains OLTL.

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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 Add

Current Plan	Current Program	Enrollment Start Date	Enrollment End Date
<div style="border: 1px solid black; padding: 2px;"><ul style="list-style-type: none">AmerihealthPA OLTLPA HealthWellness UPMC</div>	OLTL ▾	<input type="text"/>	<input type="text"/>

Service Coordinator

- A. As a service coordinator when you log into the Web Portal you will only be able to search on Participant's who are linked to your case load.
- B. Therefore, before you submit the newly created Participant Profile, please select your name from the service coordinator dropdown list.
 - a. This will make the new participant part of your caseload so that you can search for them in the future.

Service Coordinator

Service Coordinator View Service Coordinator

How to Search and View a Participant's Profile?

- ❖ After you have successfully enrolled a new participant you can log in and search for any of the participant's in your case load.

Searching for Participants

- A. Go to the Participant Search Page

The screenshot shows the top navigation bar of the Pennsylvania Department of Human Services Office of Long Term Living. The navigation menu includes: Invoices Search, Participant Search, Authorizations, Direct Care Worker View Timesheet, and Participant. Below the navigation bar is the 'Participant Search' section. It contains several input fields for search criteria: Participant Last Name, Participant First Name, Participant ID, MA ID, SSN, EIN Number, CLE First and Last Name, and Service Coordinator Last Name. There is a 'Search' button and an 'Enroll a New Participant' button.

- B. If you don't want to search for a specific participant, you can simply leave all search fields blank and click the "Search" button. This will show all participant's in your caseload.
- C. Otherwise, you can search for a specific participant by using one of the following fields:
- ✓ **Participant Last Name**
 - ✓ **Participant First Name**
 - ✓ **Participant ID** (This is the PPL generated ID that will begin with the letter "C")
 - ✓ **MA ID** (This is the Participant's Medicaid ID)
 - ✓ **SSN** (This is the Participant's Social Security Number)
 - ✓ **EIN** (This is the Participant's Employer Identification Number)
 - ✓ **CLE First and CLE Last** (This is the Common Law Employer assigned to a specific participant)
 - ✓ **Service Coordinator Last Name** (Most likely it will be unnecessary to search by your own name; but this field is here for Service Coordination Agency Supervisors).

Viewing a Participant's Profile

- ❖ Use the "Search" feature to find the participant whose profile you would like to view.
 - In the search results table, you should see a blue hyperlink titled "**Participant Profile**".
 - Click "**Participant Profile**" to bring up the participant's profile page.

Edit a Participant's Profile

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BetterOnline™ Web Portal for PA OLTL Participant Directed Services

- ❖ After initially creating a Participant's account you may need to correct or modify key Participant Information. Any changes to the Participant's demographic information should be updated in the source (OLTL/MCO) system. PPL will receive a demographic file uploads for any modified participant data. This is how we will ensure that PPL has the same information as the OLTL/MCO's system.
 - **You may also contact your regional enrollment manager to update a participant's demographic information.**

How to View Associated Direct Care Workers?

1. Select the Participant Search page.

2. Search for the participant whose Direct Care Workers (DCWs) you would like to view.
3. Select the “Participant Profile” blue hyperlink.

4. Scroll to the bottom of the participant's profile and you will see 3 options.
 - Authorizations
 - Associated Direct Care Workers
 - Checklist

5. Select “Associated Direct Care Workers”.
6. If the participant has a Direct Care Worker you will see a page appear similar to the below image. If there is more than one DCW working for the participant, they will appear here:

Associate Direct Care Workers to Participant (C034626 - CONSUMER TEST)

Direct Care Worker ID	Direct Care Worker Name	Phone Number	Direct Care Worker Type	Participant - Direct Care Worker Checklist*	Good to Go*	Services
E028168	JANE DOE		IP	Checklist Complete: Yes	Yes	Services
E063941	COLIN TEST	7178847742	IP	Checklist Complete: No	No	Services
E065933	HEATHER TEST	6023003000	IP	Checklist Complete: Yes	Yes	Services
E065937	PRISCILLA TEST	6262562541	IP	Checklist Complete: No	No	Services
E065942	Ivan TEST	6262562541	IP	Checklist Complete: Yes	Yes	Services
E073742	TERRI TEST	717-203-5637	IP	Checklist Complete: No	No	Services
E073763	MICKEY MOUSE	717-203-5637	IP	Checklist Complete: No	No	Services
E073768	MINNIE MOUSE	717-203-5637	IP	Checklist Complete: No	No	Services

Checklist Complete and Good to Go assume a work date of 12/11/2017. A different work date may yield a different result.
[Show Disassociated Direct Care Workers](#)

[Back to Participant Profile](#)

7. If the Participant has no associated Direct Care Workers, then no names will appear.
 - If a participant has no associated Direct Care Workers, it could mean any of the following:
 - They have not chosen to hire a DCW yet.
 - PPL has not yet received the DCW paperwork.
 - PPL has not yet processed the DCW paperwork.
 - If a participant does not have a DCW who is associated and “Good to Go”, they should not allow any DCWs to begin providing services.
8. You can view the status of the Direct Care Worker's paperwork, but the profile pages are not editable.

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- To view the checklist information, click the “**checklist**” hyperlink for the specific DCW.
- To view the wage rates at which the Participant is paying the DCW you can select the “**Services**” hyperlink.

Participant Direct Care Worker Services

Services								
	Service Name	Service Description	Service Code	Maximum Rate	Minimum Rate	Actual/Desired Rate	Billable Rate	Rates Count
<input checked="" type="checkbox"/>	Personal Assistance Services	Personal Assistance Services	W1792	12.27	As Negotiated	\$9.1	\$10.4402935	Rates [2]
<input checked="" type="checkbox"/>	Respite	Respite	S5150	12.02	As Negotiated	\$10	\$11.47285	Rates [1]

9. If you wish to view previously employed DCWs who may have been voluntarily or involuntarily terminated, select the “**Show Disassociated Direct Care Workers**” hyperlink.

How to View Good to Go Dates?

The good to go date is located on the associated DCW's checklist. To find the good to go date:

- ❖ Click on Participant Search
- ❖ Enter participant name or C# - click search
- ❖ Click on the Participant Profile hyperlink
- ❖ Scroll to the bottom of the page and click on Associated Direct Care Workers
- ❖ Click on the Checklist hyperlink to the right of the specific direct care worker
- ❖ You should see DCW Notified of G2G Status Date

If there is no date, then they are not good to go and all outstanding documents for the DCW will be highlighted in red on the right side of the page.

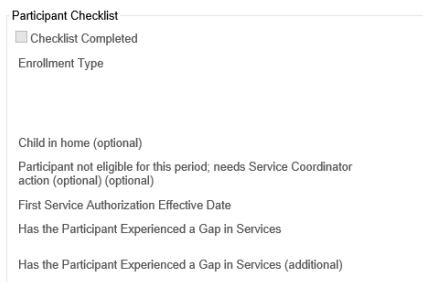
How to View Gap in Service Dates?

- ❖ Click on the Participant Search tab
- ❖ Search for the specific participant using any of the demographic identifiers
- ❖ Click on the Participant Profile hyperlink
- ❖ Click on checklist



1. You will then be able to view Gaps in Services

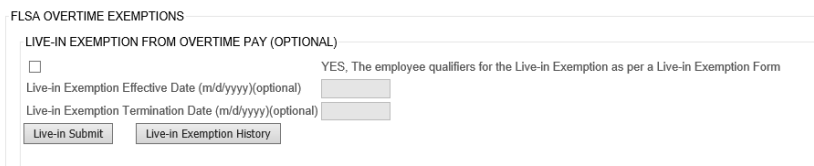
Participant Checklist PATTY PARTICIPANT (Participant ID #C038356)



- This will give you the dates of the Gap. If there is no end date that means the services are still on hold.

How to View Overtime Exemption Status?

- ❖ Click on the Participant Search tab
- ❖ Search for the specific participant using any of the demographic identifiers
- ❖ Click on the Participant Profile hyperlink
- ❖ Scroll to the bottom of the page and click on Associated Direct Care Workers
- ❖ Click on the Checklist hyperlink to the right of the specific direct care worker
- ❖ Scroll to the FLSA Overtime Exemptions section (shown below)



- **If exempt**, there will be a check mark next to **“YES, The employee qualifies for the Live in Exemption”**
 - The Live-in Exemption Effective Date will also be populated
- **If not exempt**, then the field will be blank
- If the DCW's exemption status has been terminated then you can click on Live-in Exemption History to view the end date.

How to View Participant Authorizations?

10. As previously mentioned when you log in you will default to the “Service Coordinator Search” page.

The screenshot shows the header of the Pennsylvania Department of Human Services web portal. The header includes the logo and the text "Pennsylvania Department of Human Services Office of Long Term Living". Below the header is a navigation ribbon with the following items: Service Coordinator Search, Invoices Search, Participant Search, Authorizations, and Direct Care Worker View Timesheet. The "Service Coordinator Search" item is highlighted. Below the ribbon is a search form with two input fields: "Service Coordinator First Name" and "Service Coordinator Last Name", and a "Search" button.

11. Select the “Participant Search” feature in the header ribbon and search for the participant.

The screenshot shows the navigation ribbon with "Participant Search" highlighted. Below the ribbon is a search form with two input fields and a "Search" button.

12. After selecting the specific participant, click on the “Authorization” hyperlink.

The screenshot shows a table with two columns: "Participant Profile" and "Authorization". The "Authorization" link is highlighted in blue.

13. After selecting the “Authorization” hyperlink the participant’s authorization will appear.

Budget Detail For TEST CONSUMER (ID#C034626)

[Show/ Hide filter](#)

Service Type: Status:
 Creation Date Between: And Authorization ID:

Service	Authorization ID	Start Date	End Date	Authorized By	Unit Type	Authorized Units	In Increments Of	Total Authorized Units	Paid Units	Good To Pay Units	Remaining Units	Authorization Amount	Paid Dollars	Involved Dollars	Balance	Note
W7341: Financial Management Service	AUL1998009	4/1/2018	4/30/2018	Date	Unit	1.00 units	1.00	1.00	0.00	0.00	1.00	N/A	N/A	N/A	N/A	
W1792: Personal Assistance Services	AUL1998001	4/1/2018	4/30/2018	Date	Hour	1,736.00 units	15 minutes	434.00 hours	0.00 hours	0.00 hours	434.00 hours	N/A	N/A	N/A	N/A	

14. How to use the “Filter” feature:

Budget Detail For TEST CONSUMER (ID#C034626)

[Show/ Hide filter](#)

Service Type: Status:
 Creation Date Between: And Authorization ID:

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- By selecting the **Show/Hide filter (blue hyperlink)** you can hide this feature if you do not want to see it.
 - ❖ The filter allows you to search authorizations by service type; status and creation date.
 - ❖ You may find the filter helpful if the participant has a lot of authorization lines and you don't want to look at older authorizations.
 - ❖ You are NOT required to use this feature if you don't want to.
- To use the filter feature, select one of the search criteria options:
 - ❖ **Service Type** – This will list all service types which PPL provides service for.
 - ❖ **Status** – This will list all authorization status'.
 - ❖ **Creation Date Between: _____ And _____** - These are the dates that PPL may have received the authorization.
- To search click the **“Search”** button.
- To erase your previous filter selections and start over click the **“RESET”** button.

15. How to read the participant's Budget Detail page:

Service	Authorization ID	Direct Care Worker	Start Date	End Date	Authorized By	Unit Type	Authorized Units	In Increments Of	Total Authorized Units	Paid Units	Good To Pay Units	Remaining Units	Authorization Amount	Paid Dollars	Invoiced Dollars	Balance	Note	Status	Actions
W7341: Financial Management Service	AUL199009		4/1/2016	4/30/2018	Date	Unit	1.00 units	1.00	1.00	0.00	0.00	1.00	N/A	N/A	N/A	N/A		Approved	
W1792: Personal Assistance Services	AUL1998001		4/1/2018	4/30/2018	Date	Hour	1,736.00 units	15 minutes	434.00 hours	0.00 hours	0.00 hours	434.00 hours	N/A	N/A	N/A	N/A		Approved	
W7341: Financial Management Service	AUL1998007		3/1/2018	3/31/2018	Date	Unit	1.00 units	1.00	1.00	0.00	0.00	1.00	N/A	N/A	N/A	N/A		Approved	

*Note: W7341 U4 is not required for plan set-up in the MCO System; only in OLTL's system for applicable non-MCO participants.

- You will see 17 populated columns in the budget detail page.
 - **Service Type** – This is the service the participant has been authorized to receive.
 - **Start Date** – This is the first date that the participant is eligible to use units/dollars for this service. Please remember that DCWs cannot begin working until they have been determined to be Good to Go.
 - **End Date** – This is the last date that the participant is eligible to utilize units/dollars authorized for this service.
 - **Unit Type** – This is a description of what the unit is based on. (Time/Dollars)
 - **Authorized Units** – This is the number of authorized units for this service during this date span. This correspond with the participant's individual service plan (ISP).
 - **In Increments of** – This is how the units/minutes are broken down. For example, 1 unit = 15 minutes of service time.
 - **Total Authorized Units** – This is the number of units/hours of service authorized.
 - **Paid Units** – This column shows how many hours have been paid out to date.
 - **Good to Pay Units** – Units populate in this column when a DCW has submitted a timesheet, that timesheet passes all rules and is just waiting on PPL to pay it.
 - We created this column so you know how much is going to be deducted from your budget before we make the payment.
 - **Paid Units** – This column will only have data in it if your service type is

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authorized in units. This column shows how many hours have been paid out to date.

- **Remaining Units** – This column will only have data in it if your service type is authorized in units. This column shows how many hours of service you still have available to use.
- **Authorization Amount (Services My Way only)** – This is the amount of dollars authorized for the participant's services. This should correspond with the participant's individual service plan.
- **Paid Dollars (Services My Way only)** - This column will only be populated if the service type is authorized in dollars. This column shows how much money has been paid out to date.
- **Invoiced Dollars (Services My Way only)** - Dollars populate in this column when a Vendor invoice has been submitted; that invoice passes all rules and is just waiting on PPL to pay it.
- **Dollar Balance (Services My Way only)** - This column will only be populated if your service type is authorized in dollars. This column shows how much money you still have available to use for this service type.
- **Status (Services My Way only)** - This is the status of the participant's authorization. An authorization must be in "Approved" status for a timesheet or invoice to be paid against it.
- **Action (Services My Way only)** - This column will have a "book/paper" icon in it. Select that icon to see the authorization detail page.

16. How to use the participant's Authorization Detail Page.

- To view the authorization in greater detail, select the icon in the "Action" column.



- You will see the following page appear:

Authorization Detail

Authorization Details			
Authorization Id:	AJL1998003	Unit Type:	Hours
Service Type:	W1792: Personal Assistance Services	Unit Increment:	15 minutes
Participant Name:	TEST CONSUMER	Total Units in unit increment:	1,848.00 units
Participant ID:	C034626	Authorized Units:	462.00 Hours
Date Range:	2/1/2017 - 2/28/2017	Invoiced Units:	0.00 Hours
Last Modified:	12/5/2017 1:26:00 PM	Paid Units:	0.00 Hours
Date Created:	6/21/2017 2:18:00 PM	Remaining Units:	462.00 Hours
Created By:	DATALOADNASUSER		
Notes:			
Referral Status:	Approved		
Total Invoiced: \$0.00			
Total Paid: \$0.00			
Revision History: Show Revision			

- In the authorization detail page, you can see when the authorization was created and if it has been modified.
- You can also see all the paid timesheet lines for the authorization.
 - ❖ **Total Invoiced** – By left clicking the "Show Detail" (blue hyperlink), you will bring up all of the timesheet lines which are waiting to be paid using this authorization.

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Total Invoiced: \$0.00

Total Paid: \$2,229.21 [Show Detail](#)

Revision History: [Show Revision](#)

- This will show:
 - Timesheet ID number
 - Direct Care Worker Name
 - Service type
 - Service date
 - Hours provided
 - DCW pay rate
 - Billable rate
 - The total line amounts
- ❖ **Total Paid** – By left clicking the “Show Detail” (blue hyperlink), you will bring up all the timesheet lines which have been paid using this authorization.
 - This will show information such as:
 - Timesheet ID number
 - Direct Care Worker Name
 - Service Date
 - Hours Provided
 - DCW Pay Rate
 - Billable Rate
 - The total line amounts
 - Check number

A Few Reminders!

- PPL receives the participant's approved authorizations through an electronic file load.
- PPL may not change or edit authorizations.
 - If you believe you need to increase or decrease the participant's authorization, an update to the ISP and approval through the OLTL/MCO's system will be required.
- The authorization information is displayed in “real time”.
 - This means that as soon as a payment has been made, the deduction will show on the authorization immediately. You can see the participant's authorization balance at any time.

How to View Timesheets?

- ❖ PPL has provided SCs and MCOs access to view timesheets as both a Participant and Direct Care Worker would see them.

What is the major difference?

1. When Participant's view timesheets, they are only able to see timesheets that have been submitted for payment.
2. Only DCWs can view timesheets in a "saved" status.
3. To research timesheets from the participant's view, select "Participant View Timesheet".
4. To research timesheets from the DCW's view, select "Direct Care Worker View Timesheet".
5. The research steps below are the same.

Service Coordinator Search Invoices Search Participant Search Authorizations Direct Care Worker View Timesheet Participant View Timesheet Contact Us

Timesheet List

Timesheet Status: All To improve the timesheet approval process, the default has been changed to Submitted.

Timesheet Start Date Range: any - any

Timesheet Submitted Date Range: any - any

Consumer ID:

Consumer External ID:

Check Num:

[+ Search with Direct Care Worker Name...](#)

6. Here, you can view every electronic timesheet that has been submitted in the system by clicking the "Search" button or you can search by:
 - **Timesheet Status:**
 - Possible timesheet status' are:

Timesheet List

Timesheet Status: Submitted To improve the timesheet approval process, the default has been changed to Submitted.

Timesheet Start Date Range: -

Timesheet Submitted Date Range: -

Consumer ID:

Consumer External ID:

Check Num:

[+ Search with Direct Care Worker Name...](#)

- **Timesheet Start Date Range**
 - You may want to use this search feature if the participant has multiple DCWs and you want to view all their timesheets for just one pay period.

Timesheet Start Date Range: any - any

- **Timesheet Submitted Date Range**

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- You may want to use this search feature if you want to view all timesheets submitted during a certain time. Sometimes DCWs wait a long time to submit their timesheets, instead of having to search for every pay period, you can search for just when the timesheets were submitted.

Timesheet Submitted Date Range: -

▪ **Search with Direct Care Worker Name**

- You may want to use this search feature because you will be viewing timesheets for multiple DCWs and you might want to only view timesheets for one of them.

[- Search with Direct Care Worker Name...](#)

7. If you would like to search by DCW, click on the blue hyperlink “Search with Direct Care Worker Name”. The screen below will appear.

[- Search with Direct Care Worker Name...](#)
Direct Care Worker First Name:
Direct Care Worker Last Name:

- Enter the First and Last name of the Direct Care Worker and click the “Search” button. All timesheet for the selected DCW will appear. See below.

All Timesheets (24 results)

Action	Timesheet ID	Timesheet Start Date	Timesheet End Date	Submitted Date	Submitted By	Participant	Direct Care Worker Name	Status	Check Number	Timesheet Amount (before tax)
<input type="button" value="View"/> <input type="button" value="Pend History"/>	PA0003015609	11/12/2017	11/25/2017	12/04/2017	treesor	CONSUMER TEST	COLIN TEST	PENDING		\$245.70
<input type="button" value="View"/> <input type="button" value="Pend History"/>	PA0003015614	11/12/2017	11/25/2017	12/04/2017	treesor	CONSUMER TEST	TERRI TEST	PENDING		\$60.00
<input type="button" value="View"/> <input type="button" value="Pend History"/>	PA0002889385	09/17/2017	09/30/2017	09/25/2017	Mobile Web Site, FAP1	CONSUMER TEST	HEATHER TEST	DENIED		\$0.00

- You will be able to view timesheets at any time.
 - You will notice that some timesheets will be in submitted status and need to either be approved or rejected by a Participant.
 - Remember, PPL cannot pay timesheets that are not in “Approved” status.
8. If you would like to view the timesheet detail select the “View” button under the action column.
9. The view button allows you to see the day by day detail of the submitted timesheet. By selecting it, the view timesheet page below will appear.

HEATHER TEST				Timesheet for CONSUMER TEST			
Direct Care Worker ID: E065933				Participant ID: C034626			
				Participant Phone No: 7178847742			
Date	Total Daily Hours	Service	Service Code	Time In	Time Out	Hours Worked	F
08/20/2017 Sunday							
08/21/2017 Monday							
08/22/2017 Tuesday							
08/23/2017 Wednesday							
08/24/2017 Thursday							
08/25/2017 Friday	22 hours	Respite	S5150	2:00 AM	11:59 PM	22 hours	

10. On the far-right side of the search return you will see 4 columns.

- Status

The Service Coordinator's and Managed Care Organization's Guide to the PPL
BetterOnline™ Web Portal for PA OLTL Participant Directed Services

- Check Number
- Timesheet Amount (Gross Pay)

Status: The status column will show you at what stage the timesheet is in. Possible timesheet statuses are listed below:

- **Saved** – If the timesheet has a status of Saved, it means that the DCW may still be working on it. It also means that it has not been submitted for approval yet. **Please note, the Participant/Employer or Authorized Representative will not be able to view a timesheet until it has been submitted. (SCs and MCOs can see timesheets in this status by selecting the “Direct Care Worker Timesheet View” feature).**
- **Submitted** – If the timesheet has a status of Submitted, it means that the DCW has completed the timesheet and has submitted it for approval. It also means that it has not been approved yet.
- **Rejected** – If the timesheet has a status of Rejected, it means that the Participant/Employer or Authorized Representative has rejected the timesheet. If a timesheet is rejected the person who rejected it will note the reason why.
 - **If the DCW does not** agree with the rejection reason they should work with the Participant/Employer or Authorized Representative (as appropriate) to resolve the issue.
 - **If the DCW DOES** agree with the rejection reason they should please correct the error and resubmit the timesheet for approval.
- **Approved** – If the timesheet has a status of Approved, it means that the timesheet has been approved. It also means that it has been submitted and received by PPL. It is now awaiting payment.
- **In Process** – If the timesheet has a status of In Process, it means that the timesheet is currently moving through the PPL payment process and will be paid shortly.
- **Pending** - If the timesheet has a status of Pending, it means that the timesheet is currently moving being tested against PPL's timesheet rules.
- **Paid** – If the timesheet has a status of Paid, it means that the timesheet has been paid by PPL and a check has been issued.

Check Number: The check number column will populate with information as soon as a check has been cut. If the DCW receives payment through direct deposit the Remittance Advice number will appear in this same column.

Check Number

Timesheet Amount (Gross Pay): You will notice that this column populates with information before the check is cut. This column indicates the gross or “before tax” amount of the check.

- ❖ This amount is based off the agreed upon DCW rate multiplied by the hours that were submitted.

Timesheet Amount (before tax)
\$245.70

How to View Paid Overtime Hours on a Timesheet?

- ❖ Select Participant View Timesheets
- ❖ Select all for timesheet status
- ❖ Enter the participant's C # and click search
- ❖ Click the view button to the left of the timesheet number that you would like to view
 - a. Service codes W1792 or S5150 represents regular pay
 - b. Service code W1792TU or S5150TU represents overtime pay

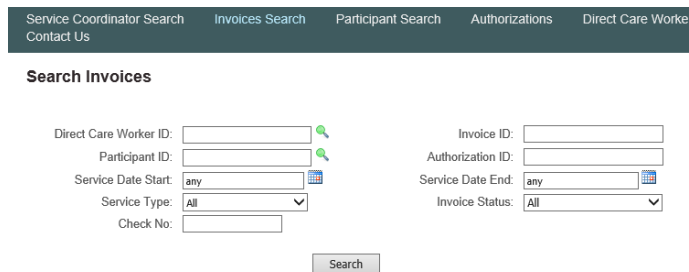
How to View Invoices (Services My Way Participants Only)?

- ❖ Only participants who are involved in “Services My Way” will submit invoices for participant goods and services.
- ❖ Only SCs and MCOs who serve participants involved in “Services My Way” can view Submitted, Paid or In Process invoices.

1. Select the “Invoices Search” feature on the header ribbon.



2. A search page will appear:



The screenshot shows the 'Invoices Search' page. At the top, there is a dark header ribbon with navigation links: 'Service Coordinator Search', 'Invoices Search' (highlighted), 'Participant Search', 'Authorizations', and 'Direct Care Worker Contact Us'. Below the ribbon, the page title is 'Search Invoices'. The search form includes several input fields: 'Direct Care Worker ID', 'Participant ID', 'Service Date Start' (with a calendar icon), 'Service Type' (a dropdown menu set to 'All'), 'Check No.', 'Invoice ID', 'Authorization ID', 'Service Date End' (with a calendar icon), and 'Invoice Status' (a dropdown menu set to 'All'). A 'Search' button is located at the bottom center of the form.

3. You can choose to search using a search criterion (illustrated above) or you can select the “Search” button and all invoices will appear.

Most Frequent Pend Messages

Below is a list of time sheet pend reasons which explains why a timesheet is not able to be paid as is and location in portal or outside source for addition information.

Commonly Occurring Pend Messages	Resolution Source
Admin Authorization (Financial Management Service) with service code W7341 is missing for the month of %1. Contact participant service Coordinator. OLTL Specific.	AUTHORIZATION
Consumer is not associated with provider.	PARTICIPANT PROFILE/DCW ASSOC
Consumer is not authorized for this service or Date Worked is not within authorized date range.	AUTHORIZATION
Consumer Must Exist.	PARTICIPANT SEARCH
Date Worked cannot be in the future.	TIMESHEET
Date Worked is after PPL End Date.	PARTICIPANT PROFILE
Date worked is less than First Service Authorization Effective date.	AUTHORIZATION
Date Worked is outside Timesheet Begin and End Dates.	PAYROLL SCHEDULE
Duplicate entry on IN PROCESS Time Sheet No.	TIMESHEET
Duplicate entry on PAID Time Sheet No.	TIMESHEET
Eligibility Not Matching Authorization.	CAO ASSISTANCE
Eligibility Plan Not Matching Authorization Plan	PARTICIPANT PROFILE/PLAN
In Time overlaps entry on IN PROCESS Time Sheet No.	TIMESHEET
In Time overlaps entry on PAID Time Sheet No.	TIMESHEET
In Time overlaps entry on THIS Time Sheet.	TIMESHEET
Ineligible for Medicaid.	CAO ASSISTANCE
Ineligible for Waivers.	CAO ASSISTANCE
Insufficient remaining amount in Service Group pool.	AUTHORIZATION
Not enough OT units to pay OT quantity.	AUTHORIZATION
Out Time overlaps entry on IN PROCESS Time Sheet No.	TIMESHEET
Out Time overlaps entry on PAID Time Sheet No.	TIMESHEET
Out Time overlaps entry on THIS Time Sheet.	TIMESHEET
Provider is blocked.	DCW PROFILE
Provider is not Good to go.	DCW CHECKLIST
There is no Employee Rate established or effective for this Consumer No.	SERVICES HYPERLINK
Timesheet in process – 270.	TIMESHEET

Timesheet is too old to be paid - check Date Worked and Setup Days
Tolerance.

TIMESHEET

Overview of Reports Available to SCs and MCOs

The participant reports provide detail on 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. Below is a list of available SC/MCO reports. These can be obtained through the PPL BetterOnline™ Web Portal. If you do not have access to the Web Portal please contact your regional PPL Enrollment Manager.

List of Reports

1. Monthly Utilization Report (M-6)
2. Direct Care Worker Report (M-6 DCW)
3. Client Pend Report (W-2)
4. Common Law Employer Overutilization Reports (M-2 & M-4)
5. Common Law Employer Underutilization Reports (M-5)
6. Missing Timesheet/Invoice Report (M-3)
7. Overlapping Timesheet Report (M-15)
8. Direct Care Worker Qualification Report (M-8)
9. Direct Care Worker Working 16+ hours per/shift (M-12)

Monthly Utilization Report (M-6)

This monthly utilization report shows detail on the number of units used year-to-date and for the reporting month. The report also indicates how many units are left in the participant's service plan period. The utilization report also provides payment information for the participants' direct care worker(s).

Direct Care Worker Summary Report (M-6 DCW)

This monthly summary report provides payroll information for all active Direct Care Workers (DCWs) during the reporting month and year-to-date (from January of the current year). The report also identifies taxes paid by PPL on behalf of the common law employer.

Additional Information:

- DCW Pay Rate
- DCW Hire Date
- DCW Payment Type (Check vs. Direct Deposit)

Client Pend Report (W-2)

This report shows all timesheets for active participants and direct care workers that cannot be paid because they are pending. The report indicates the reason(s) the timesheets are pending and the pay period end date. Timesheet(s) pending for multiple reasons will have each pend message separated by a comma. All pending issues must be resolved before processing.

Common Law Employer Overutilization Reports (M-2 & M-4)

The monthly overutilization report is two separate reports. The first "1-Month" report shows a single non-consecutive month where the participant over utilized their monthly service plan allocation. The

second “2-Month” report shows two-consecutive months of overutilization. Non-Aging annual service plans will appear as a projected monthly allocation based on the total number of units divided by the number of days in the service plan period.

Common Law Employer Underutilization Reports (M-5)

This monthly report shows participants who have underutilized services for two consecutive months in a row. The report looks for two consecutive months based on the month being reported. The report looks for participants who have under spent their monthly allocation of services. Non-Aging annual service plans will appear as a projected monthly allocation based on the total number of units divided by the number of days in the service plan period.

Missing Timesheet/Invoice Report (M-3)

This monthly report shows active participants/direct care workers who have not submitted timesheets for two consecutive payroll periods prior to the selected reporting period. Missing timesheet results will only appear for participants who are “Good-to-Go” and at least have one direct care worker who is also “Good-to Go”.

Additional Information

- Results vary based on payroll schedule (A vs. B).

Overlapping Timesheet Report (M-15)

This monthly report shows workers who have submitted timesheets with overlapping services. The report results will include the overlapping date worked and the overlapping begin and end time submitted on the timesheet.

Additional Information:

- Includes only active participants and direct care workers.
- Checks against both paid and in-process timesheets.

Direct Care Worker Qualification Report (M-8)

This monthly report shows all direct care workers by active participants who are qualified to provide services. The results will only show workers who are actively associated and qualified during the reporting month.

Additional Information:

- Includes Initial Qualification Start Date
- Includes Qualification Expiration Date

Direct Care Worker Working 16+ Hours per/Shift (M-12)

This monthly report shows active participants and direct care workers who worked more than 16 hours for a single shift. The report results include timesheets that are both in process for payment or have been paid, where shifts are greater than or equal to 16 hours.

Additional Information:

- Display all shifts >= 16 hours

How to Use the Reporting Tool?

1. Login to the PPL Web Portal:
<https://fms.publicpartnerships.com/PPLPortal/Login.aspx>

2. Select the "Reporting" icon from the menu ribbon



Participant View Timesheet Reporting Manage Users

3. You will be redirected to PPL's reporting site



Running the Reports

- ❖ How to run the Monthly Utilization Report (Family Friendly Report)
 1. Select "Family Friendly" under Adhoc Reports.



2. Select your report option.



3. Search for the participant by PPL's "Consumer No." or MA #.

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Family Friendly Report

Single Report

Models

Consumer No.

Consumer No. 2014

Medicaid No.

4. Select your month and year to review utilization.

Family Friendly Report

Single Report

Models

Consumer No.

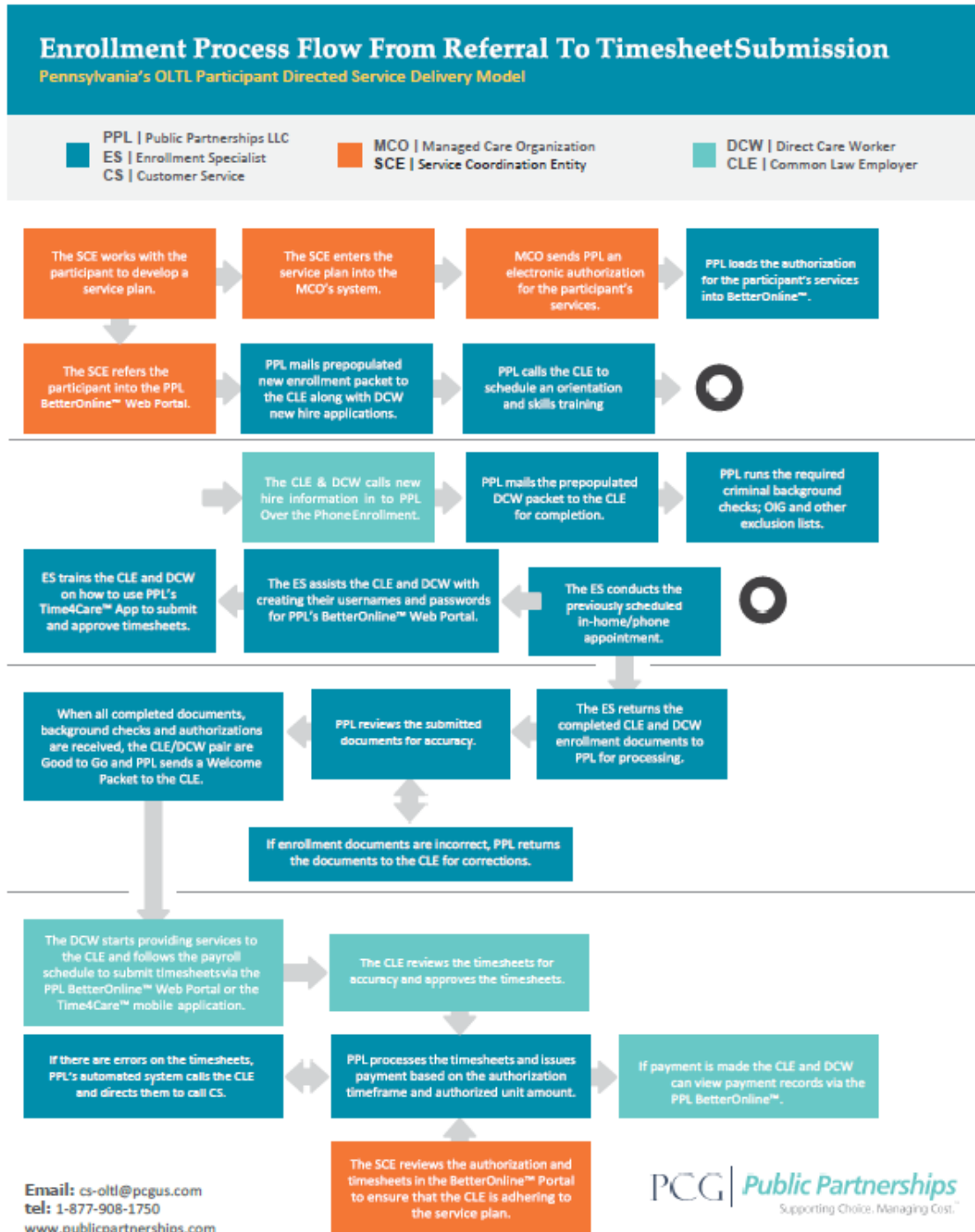
Period Start Date 12 2013

5. Select "Run" to generate the report.
6. Click "Generate PDF" to view the report as a PDF.

The screenshot shows the 'Family Friendly Report' web portal. On the left is a sidebar menu with 'Adhoc Reports' expanded, listing various report types such as 'Family Friendly', 'M 02 OLTL Over Utilization Report - 1 Month', 'M 04 OLTL Over Utilization Report - 2 Consecutive Months', 'M 05 OLTL Under Utilization Report - 2 Consecutive Months', 'W 1 OLTL Ineligibility Report', 'W 2 OLTL Client Pend Report', 'M 03 OLTL Missing Timesheets Report', 'M 08 OLTL Worker Qualification Report', 'M 12 OLTL Worker Working 16+ Hours Shift Report', and 'M 15 OLTL Overlapping Timesheet Report'. The main content area is titled 'Family Friendly Report' and 'Single Report'. It contains the same form as shown in the previous steps, with 'Models' set to 'OLTL Monthly Utilization Report - Non-Aging For SC', 'Consumer No.' set to '039426', and 'Period Start Date' set to '3 2012'. A 'RUN REPORT' button is visible. Below the form is a 'Search Result' section with 'View Available Sections' and 'Header' options, and a 'GENERATE PDF' button. The status 'Results Complete!' is displayed in the top right corner.

PPL's Referral Process Flow Chart

Below is an illustration of PPL's enrollment process from the referral stages to service utilization.



PPL Enrollment Manager County Crosswalk

The below image shows a list of PPL Enrollment Managers who are available to assist SCs and MCOs daily.

Public Partnerships, LLC PA OLTL 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 (W1900/W1901)		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
avaliante@pcgus.com
717-884-7741

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

Important PPL Forms

Referral Form

The referral form is required to re-enroll participants who were previously terminated and will be utilizing PDS once more.

		New Participant F/EA Referral Form	
<p>Supporting Choice. Managing Costs.™</p> <p>The New Participant F/EA Referral Form should only be used when a participant is re-enrolling, transferring from "Options" to waiver, and/or when the PPL Web Portal is down for maintenance or temporarily unavailable.</p>			
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"/> CommCare Waiver	<input type="checkbox"/> Independence Waiver
Referral Type:	<input type="checkbox"/> New <input type="checkbox"/> Options Transfer: <i>(Please Provide Options F/EA)</i> _____ <input type="checkbox"/> Re-Enrolled: <i>(For participant's returning to the Participant Directed Models of Service Program)</i>		
NEW PARTICIPANT INFORMATION			
Last Name:	First Name:	Medicaid ID (10 Digit) #:	
SS Number:	Date of Birth:	Gender:	ICD-10 Code:
Physical Address:			
City:	State:	Zip:	County of Residence:
Mailing Address <i>(if different from Physical Address above)</i> :			
City:	State:	Zip:	Primary Language:
Phone:	Alternate Phone:	Email Address:	
Emergency Contact Name:		Emergency Contact Phone:	
Emergency Contact Address:		Relationship to participant:	
COMMON LAW EMPLOYER INFORMATION, IF OTHER THAN PARTICIPANT			
Last Name:	First Name:	SS Number:	
Physical Address:			
City:	State:	Zip:	Relationship to participant:
Phone:	Alternate Phone:	Email address:	
<p>SUBMIT FORM: Fax completed form to: 855-858-8158 or e-mail form to: padpw-eld@pcgus.com. If you have any questions please call PPL Customer Service: 877-908-1750.</p>			
NEW PARTICIPANT F/EA REFERRAL FORM (OLTL)			<i>Version 1.4</i>

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BetterOnline™ Web Portal for PA OLTL Participant Directed Services

Common Law Employer (CLE) and Participant Services Change Form

The CLE change form is used for the following three reasons:

1. **To change the current CLE** – The SC or MCO should check the box next to “**Common Law Employer Change**” and complete all the listed fields.
2. **To add or remove a gap in service** – The SC or MCO should check the box next to “**Service Hold**” and enter the reason for the gap in service, the start date of the gap and if the DCW should be paid for that day, the end date of the gap and whether the DCW should be paid for that day.
3. **To terminate the participant from PDS** – The SC or MCO should check the box next to “**Termination from Financial of Financial Management Services**” and enter the termination reason and date.

PCG Public Partnerships Supporting Choice. Managing Costs.™		COMMON LAW EMPLOYER AND PARTICIPANT SERVICES CHANGE FORM			
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 HCSIS or SAMS. PPL will receive these changes through regular data transfers provided by the Office of Long Term Living (OLTL).					
SERVICE COORDINATOR					
Date:	Service Coordinator Name:			Phone:	
Agency:			Email address:		
PARTICIPANT INFORMATION					
Medicaid ID (10 Digit) #:	SSN:		PPL ID # (if known): C		
Last Name:		First Name:			
Please Select the Reason for Submission:					
<input type="checkbox"/> COMMON LAW EMPLOYER CHANGE					
Last Name:		First Name:		SS Number:	
Physical Address:					
City:	State:	Zip:	Relationship to participant:		
Phone:	Alternate Phone:		Email address:		
Reason for Change:					
<input type="checkbox"/> SERVICE HOLD					
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.					
Reason for Gap in Services	Effective Start Hold Date	Allow DCW to be pd. for this date (check one)	Effective End Hold Date	Allow DCW to be pd. for this date (check one)	
		<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"/> Consistent 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: padpw-oltl@pcgus.com .					
PARTICIPANT CHANGE FORM				Version 1.4	

The Service Coordinator's and Managed Care Organization's Guide to the PPL
BetterOnline™ Web Portal for PA OLTL Participant Directed Services

Designated Representative Form

This form is used to designate a representative other than the CLE to assist the participant with their roles and responsibilities in Participant Directed Services. The information provided on the form will be reflected in the Designated Representative section on the Participant Profile page. The Designated representative **cannot** be a DCW for the participant.

PA OLTL Program
Public Partnerships, LLC
PO Box 61257
Harrisburg, PA 17106-1257

Phone: 1-877-908-1750
TTY: 1-800-360-5899
Administrative Fax: 1-855-858-8158
E-mail: cs-oltrl@pcgus.com
Web Site: www.publicpartnerships.com

PCG Public Partnerships
Supporting Choice. Managing Costs.™

Designated Representative Form

Participant Information

Participant ID # _____ DOB ____/____/____

Last Name _____ First Name _____ MI. _____

Signature of Common Law Employer or Participant _____ Date _____

Designated Representative

Please circle either YES or NO which indicates your agreement with and acknowledgement of the following:

1. I understand that I may designate a family member or friend as a Designated Representative to assist me in my responsibilities to the extent that I prefer. My Designated Representative may not also act as my direct care worker.

I understand that if I choose a Designated Representative, I am not giving up any of my decision-making authority. I understand that I may change my mind and revoke my Designated Representative at any time by notifying Public Partnerships, LLC my vendor fiscal employer agent.

2. I want to designate a Designated Representative to assist me in receiving self-directed services.

I have discussed the specific assistance I would like from my Designated Representative. I give my permission for members of my PA DPW OLTL support team to contact my Designated Representative listed below:

If yes, provide the following information:

Last Name _____ First Name _____ MI. _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

I agree to serve as the Participant's Designated Representative.

Designated Representative Signature _____ Date _____

*Please note: This is an **OPTIONAL** form. This form is only required if an additional individual other than the Common Law Employer or Participant will be performing Employer responsibilities on behalf of the CLE/Participant.*

Common Law Employer (CLE) Address/Phone Change Form

This form is completed by the CLE and is used to update the CLE information section on the Participant Profile Page in the Web Portal.

PCG Public Partnerships **Common Law Employer Address/Phone Change Form**
Supporting Choice. Managing Costs.™

As a Common Law Employer in the Pennsylvania OLTL program, please complete this form when there is a change in your personal information.

UPDATE COMMON LAW EMPLOYER (CLE) INFORMATION
(Complete this section when there is a change in the CLE's information.)

Select the Common Law Employer: (check one box)
 Participant Designated Common Law Employer

Check All Boxes for Changes that Apply:
 Change in Address Change in Phone Number

Participant PPL ID: C _____

Previous Address: _____
Previous City/State/Zip: _____
New Address: _____
New City/State/Zip: _____

Previous TWP/Borough/School District: _____
New TWP/Borough/School District: _____

Previous Phone Number: _____
New Phone Number: _____

Common Law Employer Name (Print): _____
Common Law Employer Signature: _____ Date: _____

If you have any questions, please call PPL at 1-877-908-1750.

MAIL FORM TO: PA OLTL
PUBLIC PARTNERSHIPS, LLC
P.O. BOX 61257
HARRISBURG, PA 17106-1257

New OLTL Employer Informational Packet Page 18
Version 1.1

Direct Care Worker (DCW) Information Change Form

This form is completed by the DCW and is used to update the DCW information on the DCW Profile Page in the Web Portal.

PCG | *Public Partnerships*
Supporting Choice. Managing Costs.™

**Direct Care Worker
Information Change Form**

As a Direct Care Worker in the Pennsylvania OLTL Program, please complete this form when there is a change in your personal information.

UPDATE DIRECT CARE WORKER (DCW) INFORMATION
(Complete this section when there is a change your Direct Care Worker information.)

Check All Boxes That Apply:

Change in Name Change in Address Change in Phone Number

Change in Township/Borough/School District

DCW PPL ID: E _____ OR
DCW SSN: _____

Previous DCW Name: _____
New DCW Name: _____

Previous Address: _____
Previous City/State/Zip: _____
New Address: _____
New City/State/Zip: _____

Previous TWP/Borough/School District: _____
New TWP/Borough/School District: _____

Previous Phone Number: _____
New Phone Number: _____

Direct Care Worker Name (Print): _____

Direct Care Worker Signature: _____ Date: _____

If you have any questions, please call PPL at 1-877-908-1750.

MAIL FORM TO: PA OLTL
PUBLIC PARTNERSHIPS, LLC
P.O. BOX 1108
WILKES-BARRE, PA 18773-9905

New OLTL DCW Informational Packet Version 1.3 Page 30

The Service Coordinator's and Managed Care Organization's Guide to the PPL
BetterOnline™ Web Portal for PA OLTL Participant Directed Services

FLSA Live-in Exemption Form

This form determines overtime eligibility and must be completed by both the DCW and CLE. If the participant and DCW reside in the same household, then they would check the box for “**YES, the DCW qualifies for the live-in exemption**”. If the participant and DCW lives in separate households, then they would check the box for “**No, the employee does not qualify for the live-in exemption**”. This form supersedes PPL’s electronic address match.

PCG Public Partnerships
PA OLTL: Participant Directed Services



Phone: 1-877-908-1750
TTY: 1-800-360-5899
Form Fax: 1-855-858-8158
Paperwork E-mail: PADPW-OLTL@pcgus.com

**Fair Labor Standards Act
Live-In Exemption Form**

The United States Department of Labor (US DOL), Fair Labor Standards Act (FLSA), requires household employers to pay employees overtime pay for hours worked over 40 per workweek unless the employee qualifies for an exemption. Use this form to notify PCG Public Partnerships if the employee qualifies for the live-in exemption from overtime pay. You may also use this form to revoke the exemption when the employee no longer qualifies for the exemption.

Consumer/Participant Name:	Consumer/Participant ID:
Common Law Employer Name <i>(complete this section only if someone else is designated as the employer):</i>	
Attendant Employee Name:	Attendant Employee ID:

STEP 1: DETERMINE IF THE EMPLOYEE QUALIFIES FOR THE LIVE-IN EXEMPTION FROM OVERTIME PAY

The live-in exemption is:

- Available only in programs where the participant or their representative is the sole employer under the FLSA;
- Applies only to the employer/employee pair based on the “Residency Test” (below); and
- Applies to all services provided by the employee for that employer.

Residency Test

A live-in employee is exempt from overtime premium pay if the employee “...resides on the employer’s premises either permanently or for extended periods of time”. “Employer’s premises” means the household where employed. “Permanently”, or “...extended periods of time” means the employee lives, works, and sleeps in the household where employed for at least five (5) days a week (120 hours) or more.

STEP 2: CERTIFY THE EMPLOYEE’S ELIGIBILITY FOR THE LIVE-IN EXEMPTION FROM OVERTIME PAY

Please check one box below to identify whether or not the employee qualifies for the live-in exemption.

- YES, the employee qualifies for the live-in exemption.
 NO, the employee does not qualify for the live-in exemption.

If the employee qualifies for the live-in exemption:

- All hours, including overtime (over 40 hours per workweek), will be paid at regular rates for all services.

STEP 3: SIGN AND AUTHORIZE

Participant/Employer	Date	Employee	Date
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By signing, we understand that it is our responsibility to inform PCG Public Partnerships when the employee no longer lives with the employer. Both parties must sign to claim the exemption. Only the employer must sign to revoke the exemption.

IMPORTANT: Live-In providers of Medicaid waiver services may be eligible for the IRS Difficulty of Care (DOC) federal income tax exclusion. The DOC income exclusion may also qualify employees for a refund of state income taxes. Employees do not need to request a corrected W-2 to request a tax refund. To learn more, visit: <http://www.irs.gov/Individuals/Certain-Medicaid-Waiver-Payments-May-Be-Excludable-From-Income>

SUBMIT COMPLETED FORM: Fax to: 1-855-858-8158 or E-mail to: PADPW-OLTL@pcgus.com

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BetterOnline™ Web Portal for PA OLTL Participant Directed Services

Difficulty of Care Federal Tax Exclusion Form

When a direct care worker lives with the participant that they provide services to, their income **may be** excluded from Federal Income Tax.

In order to qualify for the exclusion, the DCW must be able to answer **YES to all the statements below:**

1. I provide services to the individual participant in my home. (It doesn't matter who owns or rents the home.)
2. I do not have a separate home where I reside.
3. This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.

Program: PA OLTL Program
Phone: 1-877-908-1750
TTY: 1-800-360-5899
Administrative Fax: 1-855-858-8158
E-mail: cs-oltd@pegus.com

PCG Public Partnerships
Supporting Choice. Strengthening Care.™

**Employee Application for
Difficulty of Care Federal Income Tax Exclusion**

Employee Name: _____ Employee ID: E- _____
Participant Name: _____ Participant ID: C- _____

SECTION A – Applying for a Difficulty of Care Federal Income Exclusion
Certain payments received by an individual care provider for providing Medicaid services in the provider's home are considered Difficulty of Care payments excludable from federal income tax. To determine if you are eligible for the income exclusion, complete the following steps. If you are eligible, PPL will not report the payments as income and will not withhold federal income taxes.

STEP 1: Review information regarding the Difficulty of Care Federal Income Tax Exclusion. Information is available on PPL's website at: <http://www.publicpartnerships.com>

STEP 2: Check all that apply:

- I provide services to the individual participant in my home.
- I do not have a separate home where I reside.
- This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.

STEP 3: If all of the above **do not** apply, you are **not eligible** for the Difficulty of Care Federal Income Tax Exclusion. **Do not** send in this form.

STEP 4: If all of the above **apply**, you are **eligible** for the Difficulty of Care Federal Income Tax Exclusion. Complete the information below, sign, and return to PPL.

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program. I live in the home with, and I provide services to, the individual listed at the top of this form.

_____/_____/_____
Employee Signature Date

SECTION B – Terminating Difficulty of Care Federal Income Tax Exclusion
<Complete the below section **ONLY** if you are terminating your exclusion.>


Under penalties of perjury, I declare that I no longer reside with an individual that I provide services to and who is receiving payments under a state Medicaid Home and Community-Based Services program.

_____/_____/_____
Employee Signature Date that I no longer qualify for the exclusion.

Mail Form to PA OLTL Program • PO Box 1108 WILKES-BARRE, PA 18773-9908 or Fax to 1-855-858-8158

Direct Care Worker Termination Form

The CLE must complete and submit a DCW Termination Form, to PPL when a qualified DCW stops working for the CLE voluntarily or involuntarily.

	Direct Care Worker Termination Form
DCW TERMINATION NOTICE	
Use this form to notify PPL when a direct care worker will no longer be working for you. Please submit this form to PPL within 24hrs of termination. List the date and reason why the direct care worker is no longer employed. The information provided on this form will help determine whether the direct care worker is eligible for unemployment benefits.	
Please Check One: <input type="checkbox"/> Voluntary Termination <input type="checkbox"/> Involuntary Termination	
Participant Information	
Name: _____	PPL ID: C _____
Address: _____	
Phone: _____	
Direct Care Worker Information	
Name: _____	PPL ID: E _____
Address: _____	
Phone: _____	
Last Date of Employment: ____ / ____ / _____	
Employment Status: Part Time _____ Full Time _____	
Number of Hours Usually Worked: Per Day _____ Per Week _____	
Reason for Separation from Employment:	
___ Employee failed to report for work for ___ consecutive days	
___ Employee quit with verbal notice	
___ Employee quit with written notice	
___ Employer no longer had work available for employee at time of separation (lay-off)	
___ Employee dismissed (fired) for the following reasons: _____	

Common Law Employer Name (Please print or type): _____	
Common Law Employer's Signature: _____	Date: _____
MAIL FORM TO:	
PA OLTL PUBLIC PARTNERSHIPS, LLC P.O. BOX 1108 WILKES-BARRE, PA 18773-9905	
New OLTL Employer Informational Packet Page 20	
<small>Version 1.2</small>	

How to use the Contact Us page?

- ❖ In the header bar, you will see a “Contact Us” section. Choose it by clicking on it.

Service Coordinator Search
Contact Us

- ❖ The screen below will appear.

The screenshot shows the 'Contact Us' page with the following content:

Contact Us

Hours of Operation: 8:00am – 5:00pm EST Mon-Fri

Phone Customer Service: 1-877-908-1750

Fax: 1-855-858-8158

Email: cs-oltl@pcgus.com

Submit A Question Or Comment (* required)

* Your Name:

* Your Contact Phone:

* Your Email:

* Subject:

* Comments:

Submit

- ❖ You will see the following:
 - ✓ **Hours of Operation:** 8am -5:00pm PST (Mon-Fri). If you need to call customer service after hours there is a voicemail system. Please leave a message and a customer service representative will return your call.
 - ✓ **Phone Customer Service:** 1-877-908-1750
 - ✓ **Fax:** (855)-858-8158
 - ✓ **Email:** cs-oltl@pcgus.com- This email address is primarily used by participants and direct care workers. As a service coordinator, you may continue to use the padpw-oltl@pcgus.com email address to have your questions answered or you may email your regional enrollment manager.
 - When you email PPL, your email will be responded to by a Customer Service Representative specifically familiar with and assigned to the OLTL Participant Directed Model of Service program. These are the same individual(s) who answer the phone.

If you have any questions please don't hesitate to contact us!

Glossary of Terms

TERM	DEFINITION
PARTICIPANT	This is the individual receiving services.
COMMON LAW EMPLOYER (CLE)	This is the Employer on Record. This individual receives an Employer Identification Number through the IRS and is considered the LEGAL Employer. This individual is responsible for managing DCWs and approving or rejecting timesheets.
DESIGNATED REPRESENTATIVE (DR)	This is an individual designated in the CLE packet who may call into Customer Service and obtain information on behalf of the Participant or CLE. This individual may also approve timesheets on behalf of the Participant if necessary.
EMERGENCY CONTACT	This is an individual who PPL may contact in case of an emergency if the CLE, Participant or DR is unavailable.
DIRECT CARE WORKER (DCW)	This is an individual who provides hourly services to the participant.
VENDOR	This is an individual or organization which provides Goods & Services (only applicable to Participants enrolled in "Services My Way").
PPL BETTERONLINE WEB PORTAL	This is a website where a participant can review their authorizations and approve/reject timesheets electronic timesheets and where a DCW can submit electronic timesheets.
AUTHORIZATION(S)	When PPL refers to "authorizations" this means specific services, time period and number of units (or dollars) that you have been approved to receive.
GOOD TO GO	This is related to the enrollment status of a Participant. It means that PPL has received and processed all the Participant's employer paperwork and it is complete and correct.
GOOD TO SERVE	This is related to the enrollment status of a DCW or Vendor; it means that PPL has received and processed all the DCW/Vendor's enrollment paperwork and it is complete and correct.
PAY SCHEDULE	You will be paid for bi-weekly timesheets. This document outlines what days a pay period covers, when timesheets should be submitted and what date you should expect a timesheet to be paid.
PAY PERIOD START DATE	Pay Periods are bi-weekly; the pay period start date is the first date in that pay period. Be sure not to cross pay period dates on the same timesheet.

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BetterOnline™ Web Portal for PA OLTL Participant Directed Services

PAY PERIOD END DATE	Pay Periods are bi-weekly; the pay period start date is the last date in that pay period. Be sure not to cross pay period dates on the same timesheet.
TIMESHEET RECEIVED DATE	This is the date and time by which PPL must receive your timesheet to pay it by the check issue/deposit date.
CHECK OR DIRECT DEPOSIT ISSUED DATE	This is the date that PPL will cut your paycheck and either mail it or upload it to your bank for direct deposit.
GOOD TO PAY	This is a timesheet status which means that the timesheet has been approved and will be paid on the next scheduled check run date.
PENDING	This is a timesheet status which means that there is something wrong with your timesheet that is preventing it from being paid.
DENIED	This is a timesheet status which means that PPL is unable to pay the timesheet as it was submitted. You may need to resubmit a corrected timesheet to be paid.
PLAN	Specific MCO Plan Organization associated to the participant who utilizes services in the CHC Waiver. Participants choose their MCO Plan Provider.