

Season's Greetings and Happy New Year from Public Partnerships!

This letter contains important information for your review:

- FMS Transition in 2022
- 2022 Payroll Schedules
- Electronic Visit Verification Compliance
- IRS website for Tax assistance
- Universal Precaution videos
- Fact Sheet from PA Department of Human Services

Please share it with your workers.

FMS Transition in 2022

On April 1, 2022 CHC Waiver Participants will be transitioning from Public Partnerships, LLC to Tempus Unlimited, Inc. It is important that Participants/Common Law Employers and their Direct Care Workers complete and return the transition packets sent by Tempus as soon as possible. PPL will remain the FMS Vendor for OBRA and ACT 150 Participants. More information about Tempus and the transition can be found on Tempus' website, <https://pa.tempusunlimited.org/>. Tempus can also be contacted at the following:

Phone: 1-844-9TEMPUS (1-844-983-6787)

Fax: 1-833-5TEMPUS (1-833-583-6787)

TTY: 1-833-888-0133

Email: PAFMS@tempusunlimited.org

2022 Payroll Schedules

Payroll Schedule A and B before the transition to Tempus are both included in this packet:

- Please continue to use the same schedule that you are on today.
- Each worker's time must be approved no later than **Monday at 11:59 PM following the end of your pay period** to make sure each worker is paid on their scheduled pay date.
- Payment for shifts approved after the deadline may be delayed until the next scheduled payroll date.
- **It is important that your DCW's shifts for the last pay period and any previous pay period with PPL are submitted and approved on the Monday after the pay period has ended.**

Electronic Visit Verification (EVV) Compliance

Direct Care Workers (DCWs) must use PPL's Time4Care™ mobile app or Telephony system to record their time worked. The Pennsylvania Department of Human Services, Office of Long-Term Living (OLTL) is required to comply with a federal law called the 21st Century Cures Act. The Act requires Electronic Visit Verification or "EVV" for time entry. The Cures Act also requires capturing and verifying information including type of service provided, date of service, time the service begins and ends, location of service delivery, individual receiving services, and individual providing services.

PPL's Time4Care™ EVV-compliant app works on a GPS-enabled mobile device (such as a smart phone or tablet) to record a DCW's real-time clock in and clock out, and location when they are providing care. The app logs the DCW's location only at clock in and clock out. It does not record their location at any other time. Manual entries or edits through the Time4Care™ app or PPL's BetterOnline™ web portal are available for use on an ***as needed basis only*** since they are NOT EVV-compliant. **If you clock in a few minutes after your scheduled start time, you don't need to go in and adjust the time – it won't affect your pay or be counted against you.**

For individuals who don't have a mobile device or who have difficulty using a mobile device, PPL has a Telephony system that uses the Participant's landline to verify service location. With this option, the DCW will be clocking in and clocking out in the Participant's home. Contact PPL's customer service line 1-877-908-1750 for set up Telephony.

As a Participant/Common Law Employer it is your job to make sure that your DCWs providing care are following all program policies, including EVV. You have several options to approve your DCW's time including PPL's Time4Care™ app, BetterOnline™ portal, or Telephony system.

For further information on EVV requirements and to view helpful documents, visit <https://www.publicpartnerships.com>.

Directions to the IRS Website for Tax Assistance

If you or your Direct Care Worker(s) have tax-related questions, please visit the IRS' website, <https://www.irs.gov>, or contact the IRS at 800-829-10

Helpful Universal Precaution Videos

Universal Precaution videos are available for viewing on PPL's website. The videos cover a variety of topics such as proper handwashing practices. The videos can be found on PPL's website <https://www.publicpartnerships.com>. Go to the Pennsylvania state program page, then to the section "Pennsylvania Office of Long-Term Living Documents" and then to the COVID-19 section.

Fact Sheet from PA Department of Human Services




The Office of Long-Term Living requests that you share the fact sheet included in this packet with your Direct Care Worker(s) to read. This fact sheet covers the Adult Protect Services (APS) Law, the Older Adult Protective Services Act (OAPSA), and mandatory reporting requirements.

Your PPL Pennsylvania Team wishes you a joyous season and we look forward to working with you in 2022!

Attachments:

- Instructions for downloading and using the Time4Care™ mobile app
- 2022 Payroll Schedules A & B
- Nondiscrimination Notice
- Fact sheet from PA Department of Human Services

Instructions on how to download PPL's Time4Care™ Mobile App and create a username and password:

1. Download the Time4Care™ app  onto your smart phone or tablet.
 - a. For Android phones and tablets, go to the Google Play Store  and in the search bar enter *Time4Care* and then select install download and install the app.
 - b. For iPhones and iPads, go to the App Store  and in the search bar enter *Time4Care* and then select install to download and install the app.
2. Open the Time4Care™ app after it has downloaded by entering your username and password.
3. **If you do not have a username and password, click on the blue words *Sign Up* at the bottom of the login screen in the Time4Care™ app to start the registration process.**
 - a. Choose *Pennsylvania* as the State, *PA OLTL* as the Program, and *Direct Care Worker OR Participant* as your Role, whichever one applies, then select the *Next* button.
 - b. If you are a Direct Care Worker, enter your PPL DCW ID, which begins with an “E”, into the PPL ID field, your last name into the Last Name field, and your Social Security Number into the SSN/TIN field with no dashes, and then select the *Next* button.
 - c. If you are a Participant/Common Law Employer, enter your PPL DCW ID, which begins with an “C”, into the PPL ID field, your last name into the Last Name field, and your Date of Birth into the DOB field, and then select the *Next* button.
 - d. Create your username, password, and three security questions, and then select the *Next* button to complete the registration process.
 - i. Password is case sensitive and must be at least 8 characters.
 - ii. Password must include 1 number, 1 uppercase letter, 1 lowercase letter and 1 special character.


Instructions on how to use PPL's Time4Care™ Mobile App for Direct Care Workers (DCWs) to Start and Ending Shifts in Real-Time:

1. When you log into the Time4Care™ app, you will be taken to the **Hours** page.
2. **To start a shift**, tap on the horizontal grey button called **Add Time**, then tap on the **name of the participant** that you will be providing services to, then tap on the **type of service you will be providing** (Personal Assistance Services, Respite, etc.), and then tap on the orange button called **Start Time**. You will be taken back to the **Hours** page and a timer will be running next to the participant that you have chosen to provide services to.
3. **To end a shift**, log into the Time4Care™ app, and on the **Hours** page, **tap on the participant's name with timer running** next to it. Tap on the orange button called **End Time** to stop your shift.
 - a. **To submit your shift to your Common Law Employer to review at a later time**, tap the orange button called **Submit**, then tap on the orange button called **I Affirm** in the pop up message asking you to confirm that you worked your shift.
 - b. **To have your Common Law Employer review and approve your shift right away**, tap the orange button called **Get Approval Now**, then tap on the orange button called **I Affirm** in the pop up message asking you to confirm that you worked your shift, and then **hand your phone or device to your Employer** to review and approve your shift.

Instructions on how to use PPL's Time4Care™ Mobile App for Common Law Employers (CLEs):

- NOTE: Common Law Employers may approve shifts submitted by their Direct Care Workers for approval by using either the Time4Care™ app, BetterOnline™ web portal or Telephony option.

To approve your DCW's shift(s) through the Time4Care™ app:

1. When you have logged into the  Time4Care™ app, you will be taken to the **Pay Periods** page.
2. **To approve** your DCW's shift(s) for the **current pay period**, tap on the arrow next to the words **Read for Approval**. To approve all of your DCW's shifts at once, tap on the grey button called **Select All** so a green check mark will appear in the checkbox next to each of your DCW's shifts **or tap next to each shift to select** so green check mark will appear in checkbox. Then tap on the orange button called **Approve Selected**. Then tap on **Yes, Approve** in the message that will appear asking you if you want to approve your DCW's shift(s).
3. **To reject** your DCW's shift(s) for the current pay period, **tap on the checkbox next to the shift(s) that you want to reject** so a green checkmark will appear in the checkbox, then tap on the dark grey button called **Reject Selected**. Then tap on **Yes, Reject** in the message that will appear asking you if you want to reject your DCW's shift(s).

PAYROLL SCHEDULE - A

PENNSYLVANIA OLTL Participant Directed Models of Service

2022

Holiday

Pay Period START DATE	Pay Period END DATE	Shifts Approved By 11:59 PM	Check or Direct Deposit Issued
SUNDAY	SATURDAY	MONDAY	FRIDAY
11/21/2021	12/4/2021	12/6/2021	12/17/2021
12/5/2021	12/18/2021	12/20/2021	12/31/2021
12/19/2021	1/1/2022	1/3/2022	1/14/2022
1/2/2022	1/15/2022	1/17/2022	1/28/2022
1/16/2022	1/29/2022	1/31/2022	2/11/2022
1/30/2022	2/12/2022	2/14/2022	2/25/2022
2/13/2022	2/26/2022	2/28/2022	3/11/2022
2/27/2022*	3/12/2022	3/14/2022	3/25/2022

DCWs must use PPL's Time4Care™ Mobile App or Telephony to submit their time

Learn how to submit time using the Time4Care™ Mobile App at

<https://www.publicpartnerships.com/tools/time4care/>

*CHC Waiver Participants will be transitioning from PPL to Tempus Unlimited, Inc. on April 1, 2022. After the 2/27/22-3/12/22 Pay Period, DCWs must submit their time using Tempus' submission methods.

More information can be found on Tempus' website, <https://pa.tempusunlimited.org/>

PAYROLL SCHEDULE - B

PENNSYLVANIA OLTL Participant Directed Models of Service

2022

Holiday

Pay Period START DATE	Pay Period END DATE	Shifts Approved By 11:59 PM	Check or Direct Deposit Issued
SUNDAY	SATURDAY	MONDAY	FRIDAY
11/14/2021	11/27/2021	11/29/2021	12/10/2021
11/28/2021	12/11/2021	12/13/2021	12/24/2021
12/12/2021	12/25/2021	12/27/2021	1/7/2022
12/26/2021	1/8/2022	1/10/2022	1/21/2022
1/9/2022	1/22/2022	1/24/2022	2/4/2022
1/23/2022	2/5/2022	2/7/2022	2/18/2022
2/6/2022	2/19/2022	2/21/2022	3/4/2022
2/20/2022*	3/5/2022	3/7/2022	3/18/2022

DCWs must use PPL's Time4Care™ Mobile App or Telephony to submit their time

Learn how to submit time using the Time4Care™ Mobile App at

<https://www.publicpartnerships.com/tools/time4care/>

*CHC Waiver Participants will be transitioning from PPL to Tempus Unlimited, Inc. on April 1, 2022. After the 2/20/22-3/5/22 Pay Period, DCWs must submit their time using Tempus' submission methods.

More information can be found on Tempus' website, <https://pa.tempusunlimited.org/>

Public Partnerships' Nondiscrimination Notice

Public Partnerships, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Public Partnerships does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation. Public Partnerships provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats) Public Partnerships provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Public Partnerships at 1-877-908-1750. If you believe that Public Partnerships has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Public Partnerships, LLC
2040 Linglestown Road, Suite 201
Harrisburg, PA 17110
Phone: (877) 908-1750, TTY (800) 360-5899
Fax: (855) 858-8158, or
Email: CS-OLTL@pcgus.com

The Bureau of Equal Opportunity, Room 223, Health and Welfare Building,
P.O. Box 2675, Harrisburg, PA 17105-2675, Phone: (717) 787-1127, TTY/PA
Relay 711, Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Public Partnerships and the Bureau of Equal Opportunity is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human
Services, 200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



SUBJECT: Mandatory reporting requirements regarding abuse, neglect, exploitation or abandonment of adults covered by the Adult Protective Services Act of 2010

TO: Employees and administrators of facilities as defined by the Adult Protective Services Act (Act 70 of 2010). Refer to the definition section of this document to review the definition of an *employee*, *administrator* and *facility*.

FROM: Bureau of Human Services Licensing, Division of Adult Protective Services

PURPOSE

To notify employees and administrators of facilities (including an organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting) of the mandatory reporting requirements set forth in the Adult Protective Services (APS) Act. Forms and instructions are available on the Department’s website at www.dhs.pa.gov under Report Abuse>Adult Protective Services.

BACKGROUND

In 2010, the APS Act was implemented to provide for the protection of abused, neglected, exploited or abandoned adults. The APS Act protects residents of this Commonwealth between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. This notice applies to individuals falling within this population only.

IMMEDIATE ACTION

An administrator or employee of a facility who observes suspected abuse, neglect, exploitation or abandonment or has reasonable cause to suspect that abuse or neglect has occurred will immediately assure the recipient’s health and safety. After assisting the recipient, an employee or administrator will follow the reporting requirements set forth in the APS Act.

REPORTING REQUIREMENTS

A. General Requirements

1. An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will immediately make an oral report to the statewide Protective Services Hotline by calling **1-800-490-8505**. Once the report is made it will be referred to the APS agency (Liberty Healthcare). Please note this hotline should only be used for reporting abuse, neglect, exploitation and abandonment. Any questions should be emailed to RA-PWAPSQuestions@pa.gov or please call 717-783-3670. Any questions requiring immediate attention outside of regular business hours should be directed to Liberty Healthcare’s on call staff at **1-888-243-6561**. Please note this number should only be used for emergency situations requiring immediate attention.



pennsylvania

DEPARTMENT OF HUMAN SERVICES

2. Within 48 hours of making the oral report to the hotline, the administrator or employee will fax a written report to **484-434-1590** or email the report to Liberty Healthcare at: mandatoryron@libertyhealth.com. The written report can be one of the following:
 - The mandatory reporting form found on the Department's website at www.dhs.pa.gov under Report Abuse>Adult Protective Services;
 - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form; or
 - An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report.
3. An administrator or employee of a facility will continue to follow all other required reporting and incident management regulations, policies, and procedures.

B. Additional Reporting Requirements as required by the Adult Protective Services Law

In addition to the general reporting requirements in section A, an administrator or employee who has reasonable cause to suspect that a recipient is the victim of sexual abuse, serious injury, serious bodily injury or that a death is suspicious, will also:

1. Immediately make an oral report to law enforcement officials. An employee will also immediately notify the facility administrator or a designee following a report to law enforcement officials, unless such notification would jeopardize the investigation or subject the recipient to further risk.
2. Immediately make an oral report to the Department of Human Services/Adult Protective Services Division by calling the mandatory abuse reporting line at **717-265-7887 and selecting option #3**. Provide the following information:
 - a. The caller's name (please spell the name) and telephone number
 - b. The name of the facility
 - c. The alleged victim's name (please spell the victim's name)
 - d. The alleged victim's date of birth
 - e. The type(s) of alleged abuse or neglect (please provide only the type of abuse or neglect, the specific details are not needed for this additional reporting step)
 - f. The date and time of the oral report to law enforcement officials.
3. Within 48 hours of making the oral report to law enforcement, the administrator or employee will send a written report to law enforcement. The written report can be one of the following:
 - The mandatory reporting form found on the Department's website at www.dhs.pa.gov under Report Abuse>Adult Protective Services;
 - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form; or



- An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report.

QUESTIONS AND ADDITIONAL INFORMATION

Questions or requests for additional information regarding the Adult Protective Services program can be sent to the following email address: RA-PWAPSQuestions@pa.gov, or please call **717-783-3670**.

ADULT PROTECTIVE SERVICES ACT DEFINITIONS

Abandonment – The desertion of an adult by a caregiver.

Abuse – The occurrence of one or more of the following acts: (1) The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. (2) The willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health. (3) Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102 (relating to definitions). The term does not include environmental factors which are beyond the control of an adult or a caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or medical care.

Administrator – The person responsible for the administration of a facility. The term also includes a person responsible for employment decisions or an independent contractor.

Adult – A resident of this Commonwealth between 18 and 59 years of age who has a physical or mental impairment that substantially limits one or more major life activities.

Agency – A local contracted provider of protective services.

Department – The Department of Human Services.

Employee – An individual who is employed by a facility. The term includes: (1) Contract employees who have direct contact with residents or unsupervised access to their personal living quarters. (2) Persons employed or contracted to provide care to an adult for monetary consideration in the adult's place of residence.

Exploitation – An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the adult.

Facility – The term includes, but is not limited to:

- Assisted Living Residence
- Domiciliary Care Home
- Home Health Care Agency or Home Care Agency
- Intermediate Care Facility for people with intellectual disability or with other related conditions
- Long-Term Care Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- **An organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting**

Neglect – The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid a clear and serious threat to the physical or mental health of an adult. The term does not include environmental factors that are beyond the control of an adult or the caregiver, including, but not limited to, inadequate housing, furnishings, income, clothing or medical care.

Recipient – An adult who receives care, services or treatment in or from a facility.

Serious Bodily Injury – Injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.

Serious Injury – An injury that causes a person severe pain; or significantly impairs a person’s physical functioning, either temporarily or permanently.

Sexual Abuse – Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest.

Rape: A person commits rape when he or she engages in sexual intercourse with a complainant: (1) by forcible compulsion; (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4) where the person has substantially impaired the complainant’s power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5) who suffers from a mental disability which renders the complainant incapable of consent; (6) who is less than 13 years of age.

Involuntary Deviate Sexual Intercourse: A person commits involuntary deviate sexual intercourse when he or she engages in deviate sexual intercourse with a complainant: (1) by forcible compulsion [forcible compulsion includes but is not limited to compulsion resulting in another person’s death, whether the death occurred before, during or after sexual intercourse]; (2) by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (3) who is unconscious or where the person knows that the complainant is unaware that the sexual intercourse is occurring; (4) where the person has substantially impaired the complainant’s



power to appraise or control his or her conduct by administering or employing, without the knowledge of the complainant, drugs, intoxicants or other means for the purpose of preventing resistance; (5) who suffers from a mental disability which renders him or her incapable of consent; (6) who is less than 13 years of age, or (7) who is less than 16 years of age and the person is four or more years older than the complainant and the complainant and person are not married to each other.

Sexual Assault: Except as provided under the definitions relating to Rape and Involuntary Deviate Sexual Intercourse, a person commits sexual assault when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

Statutory Sexual Assault: Except as provided under the definition of Rape, a person commits statutory sexual assault when that person engages in sexual intercourse with a complainant under the age of 16 years and that person is four or more years older than the complainant and the complainant and the person are not married to each other.

Aggravated Indecent Assault: Except as provided under the definitions relating to Rape, Statutory Sexual Assault, Involuntary Deviate Sexual Intercourse, and Sexual Assault, a person who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the person's body for any purpose other than good faith medical hygienic or law enforcement procedures commits aggravated indecent assault if: (1) the person does so without the complainant's consent; (2) the person does so by forcible compulsion; (3) the person does so by threat of forcible compulsion that would prevent resistance by a person of reasonable resolution; (4) the complainant is unconscious or the person knows that the complainant is unaware that the penetration is occurring; (5) the person has substantially impaired the complainant's power to appraise or control his or her conduct by administering or employing without the knowledge of the complainant, drugs, intoxicants or other means for the purposes of preventing resistance; (6) the complainant suffers from a mental disability which renders him or her incapable of consent; (7) the complainant is less than 13 years of age; or (8) the complainant is less than 16 years of age and the person is four or more years older than the complainant and the complainant and the person are not married to each other.

Incest: A person commits incest if he or she knowingly marries or cohabits or has sexual intercourse with an ancestor or descendant, brother or sister of the whole or half blood or an uncle, aunt, nephew or niece of the whole blood. The relationships referred to include blood relationships without regard to legitimacy, and relationship of parent and child by adoption.

Sexual Harassment – Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. **NOTE: Sexual harassment is an abuse that requires reporting to the protective services hotline; however, the APS Act makes a distinction between sexual harassment and sexual abuse—sexual abuse is considered one of the 4 serious and requires additional reporting steps to the Department of Human Services/Adult Protective Services Division and local law enforcement (see Section B beginning on page 2).**