



300 Corporate Center Drive Suite 600 Camp Hill, PA 17011

# Dear Participant:

You are receiving this letter because you are a PHW Community HealthChoices participant who hires your own direct care worker (DCW) through your home- and community-based services benefits.

We are writing to tell you that the Fiscal/Employer Agent (F/EA) services currently performed for the Community HealthChoices program by **Public Partnerships LLC (PPL) will be taken over by Tempus Unlimited**<sup>1</sup> (**Tempus**). Our target date for this transition is April 1, 2022. In the coming weeks, you will get more information about the final date and next steps.

#### What does an F/EA do?

- It helps you or your authorized representative complete forms that are needed to hire your DCW.
- It supports you or your authorized representative during the DCW hiring process.
- It processes time worked and pays your DCW.
- It manages payroll taxes and workers' compensation for you or your authorized representative.

## What do you need to do?

- You will receive information in the mail about next steps. You do not have to do anything right now.
- This fall, you and your DCW will need to complete new paperwork and training. Tempus will
  mail you information about this.

# What will change when Tempus becomes the F/EA?

- The contact information for your F/EA will change. There will be a new phone number, fax number, and email address.
- The websites that you and your DCW use to submit and review time worked and for electronic visit verification will change.
- Your choice to hire your own DCW will not change.

### Our goals are to:

- Make sure your services are not disrupted.
- Have a simple process to set up and manage your services that includes easy-to-use software and tools.
- Have payroll be correct and on time.

<sup>&</sup>lt;sup>1</sup> Tempus Unlimited will perform these services on behalf of Homecare Software Solutions LLC, d/b/a HHA eXchange (HHA). HHA is PHW's contracted Financial Management Services vendor.

You will receive updates in future mailings, stakeholder meetings, and on an informational website that will be coming soon.

We have included some frequently asked questions to help address any concerns you may have. If your question is not answered, please call the PHW Community HealthChoices Service Coordination Department at 844-626-6813. TTY users should call 844-349-8916. Help is available Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

PHW Community HealthChoices

# **Frequently Asked Questions**

# Q. What do I need to do because of this change?

A. You and your DCW will need to fill out some paperwork. You will get more information about this when we get closer to the transition date. Tempus will also reach out to you about trainings.

## Q. Will I be able to keep my current DCW?

A. Yes. You will be able to keep your DCW.

# Q. Will the pay rate for my DCW change?

A. No. The pay rate for your DCW will not change because of this switch.

# Q. Will the services I get change?

A. No. The services you get will not change because of this switch.

# Q. Will any processes or paperwork change?

A. Yes. There will be paperwork to complete and some new processes. More information will be provided as we get closer to the change.

# Q. Does Tempus have experience as an F/EA?

A. Tempus has been providing F/EA services for more than 20 years. It has served over 20,000 members and has a 98 percent satisfaction score.

# Q. How can I contact Tempus?

A. Tempus will be sharing contact information soon.

## Q. What if I need to contact PPL, the current F/EA company?

A. You can still reach PPL with questions or concerns at 1-877-908-1750.

# Q. What can I do if I have more questions?

A. You can call the PHW Community HealthChoices Service Coordination Department at 844-626-6813. TTY users should call 844-349-8916. Help is available Monday through Friday from 8 a.m. to 5 p.m.

### Statement of Non-Discrimination

PA Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap. PA Health & Wellness does not exclude people or treat them differently because of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

### PA Health & Wellness:

- 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)
- 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 PA Health & Wellness at 1-844-626-6813 (TTY/TDD 1-844-349-8916).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with: Grievance and Appeals Coordinator, PA Health & Wellness, 300 Corporate Center Drive, Camp Hill, PA 17011, 1-844-626-6813 (TTY/TDD 1-844-349-8916), Fax 1-844-706-7719.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PA Health & Wellness 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobbyjsf">https://ocrportal.hhs.gov/ocr/portal/lobbyjsf</a>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, **HHH** Building Washington, DC 2020

1-800-368-1019, 800-537-7697 (TDD)

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

#### Declaración de no discriminación

PA Health & Wellness cumple con las leyes federales de derechos civiles aplicables y no discrimina en base a raza, color, origen nacional, edad, discapacidad o sexo. PA Health & Wellness no discrimina en base a raza, color, credo, sexo, religión, edad, origen nacional, ascendencia, estado civil, orientación sexual, identidad de género, idioma, condición migratoria, ingresos, participación en programas, estado de salud, enfermedad o condición preexistente, necesidad anticipada de atención médica o discapacidad física o mental.

#### PA Health & Wellness:

- Ofrece ayudas y servicios gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como:
  - o Intérpretes de lenguaje de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de idiomas a las personas cuyo idioma principal no es el inglés, como:
  - o Intérpretes calificados
  - o Información escrita en otros idiomas

Si necesita estos servicios, llame a PA Health & Wellness al 1-844-626-6813 (TTY/TDD 1-844-349-8916).

Si cree que PA Health & Wellness no ha provisto estos servicios o discriminó de otra manera en base a raza, color, credo, sexo, religión, edad, origen nacional, ascendencia, estado civil, orientación sexual, identidad de género, idioma, condición migratoria, ingresos, participación en programas, estado de salud, enfermedad o condición preexistente, necesidad anticipada de atención médica o discapacidad física o mental, puede presentar una queja a:

Grievance and Appeals Coordinator PA Health & Wellness 300 Corporate Center Drive Camp Hill, PA 17011 1-844-626-6813 (TTY/TDD 1-844-349-8916) Fax: 1-844-873-7451

Puede presentar una queja en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, PA Health & Wellness está disponible para ayudarle.

Puede presentar un reclamo de derechos civiles al Departamento de Salud y Servicios Humanos de EE.UU. (U.S. Department of Health and Human Services), Oficina de Derechos Civiles (Office for Civil Rights) electrónicamente a través del Portal para reclamos de la Oficina de Derechos Civiles en: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> o por correo o teléfono en: U.S. Department of Health and Human Services 200 Independence Avenue SW.

Room 509F, HHH Building Washington, DC 2020 1-800-368-1019, 800-537-7697 (TDD) Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

| ENGLISH                 | If you, or someone you're helping, has questions about Pennsylvania Health & Wellness, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-809-0449 (TTY/TDD 1-844-322-4523).   |
|-------------------------|---|
| SPANISH                 | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Pennsylvania Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-809-0449 (TTY/TDD 1-844-322-4523).  |
| CHINESE                 | 如果您,或是您正在協助的對象,有關於<br>Pennsylvania Health & Wellness方面的問題,您有權<br>利免費以您的母語得到幫助和訊息。如果要與一位<br>翻譯員講話,請撥電話 1-844-809-0449 (TTY/TDD 1-<br>844-322-4523)。  |
| VIETNAMESE              | Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Pennsylvania Health & Wellness, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-809-0449 (TTY/TDD 1-844-322-4523).  |
| RUSSIAN                 | В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Pennsylvania Health & Wellness вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-809-0449 (TTY/TDD 1-844-322-4523). |
| PENNSYLVANIAN<br>DUTCH* | Vann du, adda ebbah's du am helfa bisht, ennichi<br>questions hott veyyich Pennsylvania Health & Wellness<br>dann hosht du's recht fa hilf greeya adda may aus finna  |

|         | diveyya in dei shprohch un's kosht nix. Fa shvetza mitt          |
|---------|--|
|         | ebbah diveyya, kawl 1-844-809-0449 (TTY/TDD 1-844-<br>322-4523). |
| KOREAN  | 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이  |
|         | Pennsylvania Health & Wellness 에 관해서 질문이                         |
|         | 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로                                      |
|         | 비용 부담없이 얻을 수 있는 권리가 있습니다.  |
|         | 그렇게 통역사와 얘기하기 위해서는 1-844-809-0449                                |
|         | (TTY/TDD 1-844-322-4523)로 전화하십시오.                                |
| ITALIAN | Se lei, o una persona che lei sta aiutando, avesse               |
|         | domande su Pennsylvania Health & Wellness , ha diritto           |
|         | a usufruire gratuitamente di assistenza e informazioni           |
|         | nella sua lingua. Per parlare con un interprete, chiami          |
|         | l'1-844-809-0449 (TTY/TDD 1-844-322-4523).                       |
| ARABIC  | إذا كان لديك أو لدى شخص تساعده أسئلة حول Pennsylvania Health     |
|         | Wellness &، لديك الحق في الحصول على المساعدة والمعلومات          |
|         | الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ -1      |
|         | .844-809-0449 (TTY/TDD 1-844-322-4523)                           |
| FRENCH  | Si vous-même ou une personne que vous aidez avez des             |
|         | questions à propos d'Pennsylvania Health & Wellness,             |
|         | vous avez le droit de bénéficier gratuitement d'aide et          |
|         | d'informations dans votre langue. Pour parler à un               |
|         | interprète, appelez le 1-844-809-0449 (TTY/TDD 1-844-            |
|         | 322-4523).   |
| GERMAN  | Falls Sie oder jemand, dem Sie helfen, Fragen zu                 |
|         | Pennsylvania Health & Wellness hat, haben Sie das                |
|         | Recht, kostenlose Hilfe und Informationen in Ihrer               |
|         | Sprache zu erhalten. Um mit einem Dolmetscher zu                 |
|         | sprechen, rufen Sie bitte die Nummer 1-844-809-0449              |
|         | (TTY/TDD 1-844-322-4523) an.                                     |

| GUJARATI      | જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને,                              |
|---------------|--|
|               | Pennsylvania Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો                        |
|               | તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત                     |
|               | કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-844-809-                     |
|               | 0449 (TTY/TDD 1-844-322-4523) ઉપર કૉલ કરો.                                   |
| POLISH        | Jeżeli ty lub osoba, której pomagasz, macie pytania na                       |
|               | temat planów Pennsylvania Health & Wellness, macie                           |
|               | prawo poprosić o bezpłatną pomoc i informacje w                              |
|               | języku ojczystym. Aby skorzystać z pomocy tłumacza,                          |
|               | zadzwoń pod numer 1-844-809-0449 (TTY/TDD 1-844-                             |
|               | 322-4523).   |
| FRENCH CREOLE | Si oumenm, oubyen yon moun w ap ede, gen kesyon                              |
| (HAITIAN      | nou ta renmen poze sou Pennsylvania Health &                                 |
| CREOLE)       | Wellness, ou gen tout dwa pou w jwenn èd ak                                  |
|               | enfòmasyon nan lang manman w san sa pa koute w                               |
|               | anyen. Pou w pale avèk yon entèprèt, sonnen nimewo                           |
|               | 1-844-809-0449 (TTY/TDD 1-844-322-4523).                                     |
| MON-KHMER,    | ប្រសិនលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី Pennsylvania Health & |
| CAMBODIAN     | Wellness អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសាលោកអ្នកដោយឥតគិតថ្លៃ។       |
|               | សូមនិយាយទៅកាន់អ្នកបកប្រែតាមលេខ1-844-809-0449 (TTY/TDD 1-844-                 |
|               | 322-4523)  |
| PORTUGUESE    | Se você, ou alguém a quem você está ajudando, tem                            |
|               | perguntas sobre o Pennsylvania Health & Wellness,                            |
|               | você tem o direito de obter ajuda e informação em seu                        |
|               | idioma e sem custos. Para falar com um intérprete,                           |
|               | ligue para 1-844-809-0449 (TTY/TDD 1-844-322-4523).                          |