



«Date»

Dear Participant,

Currently, Public Partnerships, LLC (PPL) is your Fiscal Employer Agent (F/EA). It manages your direct care worker's (DCW) onboarding and payroll process. This is an important part of you getting your Personal Assistance Services.

We are writing to tell you about next steps to change from PPL to Tempus Unlimited (Tempus*) for these services.

In October and November, you and your DCW will need to complete some forms and return them to Tempus. They must be returned by the due date on the forms in order for your DCW to be paid on time once Tempus takes over as your F/EA.

PPL will manage your payroll until March 31, 2022. You, your authorized representative, or your direct care worker(s) should contact PPL with any payroll or onboarding questions until we notify you to call Tempus.

What you should expect in October & November:

- You will get information from Tempus.
 - If we have your email address, information will be emailed to you.
 - If we do not have an email address for you, information will be mailed to you.

What you will get from Tempus

- Forms Tempus needs to manage your DCW's payroll taxes for you. Some sections of the forms will be filled out with your information.
- Instructions on how to complete the forms and what to do with them when you are done.
- Contact information for questions.
- A schedule of webinars and in-person meetings to help you complete the forms and to ask questions.

What will you need to do?

- When you get forms from Tempus, review them and make sure they are right.
- Follow the instructions carefully.
- Contact Tempus if any of the information is wrong.
- Complete the forms you receive and return them to Tempus.

- Attend a webinar or an in-person meeting.
- If you do not get information from Tempus by late November, contact Tempus at 844-983-6787.

How do you get more information?

- Go to <https://pa.tempusunlimited.org/> for up-to-date information and resources. There you can find a schedule of webinars and in-person meetings.
- Join a webinar or in-person meeting.
- Call the Keystone First Community HealthChoices Personal Care Connection Team at **1-855-349-6280**. TTY users should call **711**. Help is available Monday through Friday from 8:30 a.m. to 5 p.m.
- Call Tempus at 844-983-6787.

Sincerely,

Keystone First Community HealthChoices



Keystone First Community HealthChoices 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.

Keystone First Community HealthChoices 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.

Keystone First Community HealthChoices 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)

Keystone First Community HealthChoices 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 **Keystone First Community HealthChoices** at **1-855-332-0729 (TTY 1-855-235-4976)**.

If you believe that **Keystone First Community HealthChoices** 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:

Keystone First
Community HealthChoices,
Participant Complaints Department,
Attention: Participant Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-855-332-0729**, TTY **1-855-235-4976**,
Fax: **215-937-5367**, or
Email: PAmemberappeals@amerihealthcaritas.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, Keystone First Community HealthChoices and the Bureau of Equal Opportunity are 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 S.W.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, **800-537-7697** (TDD).

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

Nondiscrimination Notice

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Call: 1-855-332-0729 (TTY 1-855-235-4976).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-332-0729 (TTY 1-855-235-4976).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-332-0729(телетайп: 1-855-235-4976).**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-332-0729 (TTY 1-855-235-4976)。**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-332-0729 (TTY 1-855-235-4976).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-332-0729 (رقم هاتف الصم والبكم: 1-855-235-4976).**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-332-0729 (टिडिवाइ: 1-855-235-4976) ।**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-332-0729 (TTY 1-855-235-4976)** 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ **1-855-332-0729 (TTY 1-855-235-4976) ។**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-332-0729 (ATS 1-855-235-4976).**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-855-332-0729 (TTY 1-855-235-4976)** သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-332-0729 (TTY 1-855-235-4976).**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-332-0729 (TTY 1-855-235-4976).**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-855-332-0729 (TTY 1-855-235-4976).**

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-855-332-0729 (TTY 1-855-235-4976).**

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-332-0729 (TTY 1-855-235-4976).**