

October 22, 2021

«AddressBlock»

Hello,

Welcome to Tempus Unlimited!

Recently, your Community HealthChoices Managed Care Organization (CHC-MCO) sent you a letter telling you that Tempus Unlimited (Tempus) will be the new Fiscal Employer Agent (F/EA) for the Community HealthChoices (CHC) program.

We are writing to introduce Tempus and explain the next steps.

In the next few weeks, Tempus will send you an important packet of information. Please watch for this packet and return it quickly.

What is in the packet?

- Forms you need to complete so that Tempus can be the F/EA
- Instructions on how to complete the forms
- Contact information for questions
- Instructions on how to attend an information session

Why do I need to complete new paperwork?

- Tempus must have these forms on file in order to pay the Direct Care Worker (DCW) on your behalf.

What should I do when I receive the packet?

- **Review the prefilled forms:** Please review the forms to make sure the information is correct. If there are any mistakes, call Tempus as soon as possible for an updated form.
- **Return the forms:** If the information on the forms is correct, sign, date and return them to Tempus. You must return them to us within 2 weeks. Tempus will not be able to process your DCW's payroll without them.
- **Attend an information session:** Tempus will hold information sessions in November and December. These sessions will answer questions about the transition and help you to complete your paperwork. Visit the Tempus website at <https://pa.tempusunlimited.org/> for a schedule of information sessions and information on how to attend.

Payroll and Timesheets

You and your DCWs will start using Tempus in **March 2022** so that Tempus can process payroll after **April 1, 2022**. Training information will be sent beginning in January 2022.

Continue to Contact Public Partnerships LLC (PPL) for current payroll and enrollment needs.

PPL will manage your DCW's payroll until March 2022. Contact PPL with any payroll or enrollment questions until you are notified to call Tempus.

How to contact Tempus:

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

Website: <https://pa.tempusunlimited.org>

As we get closer to the March 2022 start date, you will receive more information from Tempus. Please watch your mailbox and email inbox for more information. Respond as quickly as possible to help make this a smooth transition.

We look forward to working with you!

Sincerely,

Tempus Unlimited

Tempus Unlimited, Inc. 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.

Tempus Unlimited, Inc. 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.

Tempus Unlimited, Inc. 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)

Tempus Unlimited, Inc. 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 Tempus Unlimited, Inc. at 1-844-983-6787 (TTY: 1-833-888-0133).

If you believe that Tempus Unlimited, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, physical or mental disability, health status, pre-existing condition, anticipated need for health care, income status, MA category status, program participation, grievance status, creed, religious affiliation, ancestry, marital status, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with your CHC MCO or with the Bureau of Equal Opportunity:

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
PO Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, TTY/PA Relay 711
Fax: (717) 772-4366
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, your Community HealthChoices Managed Care Organization (MCO), your Service Coordinator 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, 1-800-537-7697 (TDD)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-844-983-6787 (TTY: 1-833-888-0133).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-983-6787 (TTY: 1-833-888-0133).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-983-6787 (телетайп: 1-833-888-0133).

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 1-844-983-6787 (TTY：1-833-888-0133)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-983-6787 (TTY: 1-833-888-0133).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-983-6787 (رقم هاتف الصم والبكم: 1-833-888-0133).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-983-6787 (टिटावाइ: 1-833-888-0133) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-983-6787 (TTY: 1-833-888-0133) 번으로 전화해 주십시오.

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-844-983-6787 (TTY: 1-833-888-0133)។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-983-6787 (ATS: 1-833-888-0133).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-844-983-6787 (TTY: 1-833-888-0133) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-983-6787 (TTY: 1-833-888-0133).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-983-6787 (TTY: 1-833-888-0133).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-844-983-6787 (TTY: 1-833-888-0133)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-983-6787 (TTY: 1-833-888-0133).

সুখনা: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-983-6787 (TTY: 1-833-888-0133).