



## **IMPORTANT UPDATE ON THE FISCAL/EMPLOYER AGENT (F/EA) TRANSITION**

[Date]

Dear Participant,

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

We wanted to let you know that the transition timeline for the F/EA services currently performed for the Community HealthChoices program by Public Partnerships LLC (PPL) and being taken over by Tempus Unlimited (Tempus) has been extended from **April 1, 2022**, to **July 1, 2022**.

Here are some frequently asked questions about this update and transition.

### **Is there anything I need to do now?**

Yes. Make sure you (or your common law employer (CLE)) and all DCWs complete the transition packets and send them back to Tempus. If you and your DCW(s) do not return your packets, your DCW(s) may not get paid on time.

### **How do I send back completed packets to Tempus?**

You can send back completed packets by mail, fax, or email.

- MAIL to: Tempus Unlimited  
600 Technology Center Drive  
Stoughton, MA 02072
- FAX to: **1-833-5TEMPUS (1-833-583-6787)**
- EMAIL: There is personal information in the packet. **Send a SECURE email to PAFMS@tempusunlimited.org.**

### **How do I know if Tempus got my packet?**

- Call your Service Coordinator and ask them to check the Tempus packet list.
- Call Tempus directly at **1-844-9TEMPUS (1-844-983-6787) (TTY 1-833-888-0133)**.

**I (or my CLE) did not get a transition packet in the mail from Tempus. What should I do?**



- Fill out the request form on Tempus' website at <https://pa.tempusunlimited.org>.
- Call your Service Coordinator.
- Call Tempus directly at **1-844-9TEMPUS (1-844-983-6787) (TTY 1-833-888-0133)**.

**Will I be getting more information from Tempus about the transition?**

Yes. Tempus will be sending more information about what to expect next in the transition.

**Who can I contact if I still have questions or need more information?**

- Call your Service Coordinator.
- Call Tempus directly at **1-844-9TEMPUS (1-844-983-6787) (TTY 1-833-888-0133)**.
- Visit Tempus' website at <https://pa.tempusunlimited.org>.

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 គឺអាចមានសំរាប់បំរើអ្នក។ 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).