YOUR LIFE
YOUR CARE
YOUR PEOPLE

Personal Preference Program (PPP)

Participant Handbook

New Jersey Department of Human Services (DHS)

State Program Office (SPO)

Personal Preference Program (PPP)

About This Handbook

Every PPP Participant is expected to review the handbook and refer to it for future program questions.

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Purpose of the Handbook and Introduction

The Participant Handbook is your guide to participating in the Personal Preference Program (PPP). PPP is personal care services that you self-direct. The handbook will teach you about the PPP and help you make decisions as a participant and an employer. This might be your first time as an employer, and you may not know where to begin. To help support you, the handbook provides important information on what you are responsible for and how to succeed in your new role.

Welcome to the Personal Preference Program!

When you enrolled in the Personal Preference Program (referred to as PPP), you chose to have more choice, more flexibility and more control over your care. Instead of having to rely on an agency to provide services, the PPP allows the participant (Member) to hire their own worker to handle their needs. With that choice, your role in the direction of your care will change as well. You will make decisions as both the participant and employer.

With the freedom and choice this program provides, it also brings greater responsibility. In order to make well informed choices and decisions, and for you to get the most out of this program, the Personal Preference Program felt it would be helpful to create a Participant Handbook to guide Members through the process.

This handbook was created as a tool to help you, the participant or representative, navigate through the PPP. The PPP is a consumer-directed program. Because we understand that this concept is new to most participants, we hope this handbook answers most of your questions. This handbook is intended to be a guide to you as you begin self-directing your services and should be referred to often. The goal of this handbook is to provide you with as much information as possible to manage your own services and be as successful as possible. Every participant is expected to review the handbook and refer to it when needed.

The Personal Preference Program allows **YOU** to have more control over your life.

YOU Make the Decisions!

YOU Have Choices You Never Had Before!

YOU Decide What You Want!

YOU Receive a Monthly Allocation to Buy Your Own Services!

What is the Personal Preference Program (PPP)?

The Personal Preference Program (PPP) is both an alternate way and the preferred option for you to receive your Personal Care Services (PCS), giving you more choice.

PCS, which includes Personal Care Assistance (PCA) services, are non-emergent, health related tasks through the NJ FamilyCare benefit. Tasks include help with activities of daily living (ADLs) and help with household duties essential to your health and comfort, such as bathing, dressing, meal preparation, and light housekeeping.

Using a "Cash & Counseling" approach, along with self-direction, PCS are accessible through the PPP, allowing you to direct and manage your care.

With a monthly cash budget, you will work together with a Financial Consultant to develop a Cash Management Plan (CMP). This plan helps you to decide what services you need and the individuals and/or agencies that you can hire to provide those services.

PPP also includes Fiscal Management Services (FMS) to help with the financial aspects of the program. The FMS handles all payroll responsibilities for participants and acts as a bookkeeping service.

The PPP requires greater responsibility but offers more choice and control over your services.

Who is Public Partnerships?

Public Partnerships LLC (PPL) is a fiscal intermediary for the PPP. The Fiscal Intermediary (FI) provides bookkeeping services for you as the employer and acts as your business agent. PPL will help you manage the financial responsibilities, which come with being an employer including:

- Paying your workers;
- Filing your paperwork with the IRS;
- Paying employer fees, taxes and sending out payment for goods and services you use, within program rules; and
- Arranging for required Workers' Compensation insurance.

PPL also provides a Financial Consultant to help you set up and use your CMP. Your Financial Consultant will visit you in person on a quarterly basis. At least once a year, they will also help you update your CMP. However, you may update your CMP as many times as you would like, by phone or in person.

Helpful Hint: You can schedule your worker for hours as long as you have remaining funds in your budget. If your care needs change, please call your Managed Care Organization for a reassessment.

What does "Self-Directed Services" mean?

Self-directed services are home and community-based services that help you with your care needs and maintain your independence. In self-directed services, you can choose what services best meet your needs, who delivers them, and when and where they are provided within program guidelines. In self-directed services, you will receive a monthly cash budget to replace traditional agency services. You have the ability to use this monthly budget to choose how you receive your care. You have a responsibility to plan and monitor the use of your CMP. For example, you may not schedule your workers for more hours than your monthly cash management budget allows.

Choice is the foundation of the self-directed service model.
You can:

- Choose who provides your care;
- Choose where you receive services;
- Choose what kind of care you receive;
- Direct your own services, and if needed, appoint a representative to assist;
- Decide which services and goods best support your needs and goals; and
- Monitor the monies budgeted for services and goods each month.

Self-directed service options allow you to maximize these areas to improve your quality of life. Participants "self-direct" their services and supports in PPP. This means that you have greater choice and control over how personal care needs are met. Self-directed services will help individuals, such as yourself, to live independently in the community and remain in control of their lives.

Responsibility is an important part of Self-Direction:

- Schedule workers within your available budget;
- Overspending is not allowed in the PPP;
- Appropriate budget utilization;
- Do not approve time for hours that your worker did not work;
- Making sure timesheets are submitted according to the payroll schedule;
- Do not schedule your workers for more than 40 hours per week;
- Overtime is not allowed in the PPP;
- If you require more than 40 hours of PCS per week, add a secondary employee or work with your Financial Consultant for assistance;
- Locate and maintain a backup employee for emergencies;
- Assign tasks and job duties to your worker that will meet your PCS needs;
- Review and approve timesheets, ensuring program rules are adhered to;
- Following all program rules;
- Attending scheduled required quarterly in-person visits and returning monthly contact with PPL; and
- Notifying your Managed Care Organization (MCO) and PPL of status changes.

For more information, please see the section "What if I do not agree with the number of hours that have been authorized" in Who Determines PPP Eligibility.

How Does the Personal Preference Program Work?

As a participant in the PPP, you will hire your own personal care workers, decide when they will work, how they will help, and how much to pay them within your assessed/approved budget. You can also choose to purchase goods and services to meet your personal care needs. Go to PPP.NJ.gov to read more about the New Jersey Personal Preference Program.

Important Numbers

Your PPL Participant ID# _____ (also see Addendum A "Who to Call in PPP")

Person/Department	Number	Reason
PPL Consultant		Participant Enrollment, Revise Cash Management Plan, Questions about how PPP works, Report Abuse, Neglect, Exploitation or Fraud, Ask about available Services or Goods
PPL Customer Service	1-844-880-8702	Questions or concerns with Payroll/ Goods/ Services Payments, Hire a new worker, Reset portal password, Request change in Consultant, Report separation from a worker
New Jersey Department of Medical Assistance and Health Services Personal Preference Program State Program Office Helpline	Direct at 1-609-631-2481 Or toll free at 1-888-285-3036 and select prompt 5	General questions about the Personal Preference Program, Grievances or concerns regarding quality of services provided by PPL
Your Managed Care Organization	**Aetna Better Health of NJ:** 1-855-232-3596, Aetna Assure Premier Plus (D-SNP) 1-844-362-0934 **Fidelis Care:** (formerly known as WellCare) 1-855-642-6185 (select option #3, then option #2) **UnitedHealthcare Community Plan:** 1-800-645-9409 (select option #3) **Wellpoint** (formerly known as Amerigroup) 1-855-661-1996 (select option #1)	Report status changes, hospitalizations, changes in care needs

Eligibility in the Personal Preference Program

Eligibility for the Personal Preference Program is based on eligibility requirements for NJ FamilyCare Personal Care Assistance (PCA) services and is determined by your Managed Care Organization (MCO). Once your MCO determines that you are eligible for PCA, provides options counseling, and you choose to enroll in self-directed services, your MCO will refer you to PPL.

Once your MCO has referred you to PPL, you can expect the below steps to occur:

Identify Caregivers Before Your Enrollment Visit

You can hire any caregiver you want; relatives, friends, neighbors. However, the potential caregiver will be required to complete Federal documents including a W-4 and I-9 Form.

Identify an Authorized Representative

If you are unable to manage the program on your own or prefer to have someone help manage it for you, you may elect to appoint an authorized representative.



Helpful Hint: Your authorized representative cannot be a paid caregiver.

Schedule Initial Home Visit

When your referral is received, you will hear from the Enrollment Specialist to schedule the enrollment – this is done over the phone unless an in-home enrollment is requested. The participant, employee, and representative (if applicable) must be present.

Who Determines PPP Participation?

Your Managed Care Organization (MCO) is responsible for authorizing the number of NJ FamilyCare PCA hours and providing information regarding approval to participate in the PPP. Following approval to participate in the program, your MCO will submit a referral to PPL. Upon completion of enrollment requirements, your MCO will provide final authorization of participation in PPP. Annually, a nurse from the MCO will do an in-home evaluation and record the need for personal care services to help with “Activities of Daily Living” skills, or ADLs and “Instrumental Activities of Daily Living”, or IADLs. This evaluation is called the PCA assessment and is used to determine the funds available for use in the CMP.

Activities of Daily Living (ADLs)

May include, but are not limited to:

- care of teeth and mouth
- grooming, such as care of hair, including shampooing
- shaving, and the ordinary care of nails (filing only)
- bathing in bed, in the tub or shower
- using the toilet or bed pan
- assistance with feeding
- assistance with dressing
- ambulation indoors and outdoors, when appropriate
- helping in transferring from bed to chair or wheelchair, in and out of tub or shower.

Instrumental Activities of Daily Living (IADLs)

May include, but are not limited to:

- planning, preparing and serving meals
- relearning household skills
- accompanying the participant to clinics, physician office visits and/or other Medicaid reimbursed service trips made for the purpose of obtaining medical diagnosis or treatment to otherwise serve a therapeutic purpose (cannot use aide's personal car)

Household Duties (essential to the beneficiary's health and comfort)
May include, but are not limited to:

- care of the participant's room or areas used by the participant (sweeping, vacuuming, dusting)
- care of kitchen, including maintaining general cleanliness of refrigerator, stove, sink and floor, dishwashing
- care of bathroom, including maintaining cleanliness of toilet, tub, shower and floor
- care of participant's personal laundry and bed linens
- necessary bed-making and changing of bed linen with participant in or out of bed

- rearranging of furniture to enable the participant to move about more easily in his or her room

In order to qualify for PCA services, recipients must:

- Have NJ FamilyCare
- Obtain a doctor's order to initially receive the service (do not have to be permanently disabled)
- Live in a community-based residence (private home, apartment, rooming house, or boarding home) or group home, skill development home, supervised apartment or other congregate living program where personal care is not provided as a part of the service package included in the living arrangement
- Have a documented need for hands-on personal care
- Require PCA services for at least 6 months
- After the PCA Assessment is completed by your MCO, your MCO will convert your recommended number of weekly hours into a monthly budget amount for use in your CMP. Your Financial Consultant will help you to put together the CMP to guide your use of personal care services and supports.

What if I am admitted to a Hospital or Facility?

If you are admitted to a hospital, rehabilitation facility or jail, you will not remain eligible to receive PPP services for the length of the stay. You must immediately call PPL and your MCO to provide the date you were admitted. You may begin services after you leave the facility but must call your MCO first. Your employee cannot be paid for personal care services during hospital or facility stay.

What if I go on vacation or leave New Jersey for an extended period?

If you are planning a vacation out of the state of New Jersey, you must provide the dates of travel to your MCO before your travel. If you leave the state for more than 30 days, you will not remain eligible to receive PPP services, and PPP services will be suspended until you return to the state and notify your MCO. If your dates of travel outside of the state of New Jersey are less than or equal to 30 days, your employee may be paid for time worked if they traveled with you, within program rules. You must immediately call your MCO to provide the dates of your travel.

What if I go on vacation out of the country?

If you are planning a vacation out of the country, you must provide your dates of travel to your MCO before you travel. Your employee cannot be paid for personal care services while you are out of the country. If you are out of the country, you will be suspended from the PPP. You must call your MCO and inform them upon your return to the country to become reactivated in the program.

What if I do not agree with the number of hours that have been authorized by my MCO?

You may not agree with the number of Personal Care Assistant (PCA) hours authorized by your MCO after you are assessed. You have the right to file an appeal with your MCO directly. If you would like your PCA Assessment reviewed again, contact your MCO (as soon as possible, but within 60 days of the MCO's assessment and decision) and provide a clear reason you believe the assessment of PCA hours is incorrect. Your MCO will let you know what the next steps are and may adjust your recommended number of hours as a result. Your monthly cash grant will be adjusted based on your MCO's decision. If you are filing an appeal and requesting a continuation of your benefit, your services will continue at the same level that were previously assessed, until the outcome of your appeal has been finalized.



Helpful Hint: Your MCO will mail you a copy of your assessment upon request. Keep this on hand to discuss with your PPL Consultant.

What if I do not feel like I can take on all of the responsibilities on my own?

You may choose to appoint or be asked to appoint an Authorized Representative to help you manage your PPP services. An Authorized Representative can be anyone over 18 years of age that you know and trust like a family member or friend. The AR must reside within 30 miles or one hour from the participant's residence.

An Authorized Representative cannot work for you or be paid to act as an Authorized Representative.

Your Authorized Representative supports you as needed to fulfill your responsibilities as a PPP participant and employer, so they must be present in your life and readily available to provide you necessary support. If you have identified an Authorized Representative, it is important that they meet the below criteria:

- The AR is expected to visit the participant as often as possible with a minimum of one (1) visit per pay period
- The AR must reside within 30 miles or one hour from the participant
- The AR must have knowledge and understanding of the participant's specific needs

Your Authorized Representative will support you to:

- Process paperwork
- Hire and supervise your workers
- Oversee services from providers
- Sign timesheets and invoices
- Follow-up with a PPL Customer Service Agent or your Financial Consultant if any issues come up

The AR must be willing to:

- Visit the Participant at least one (1) time per pay period
- Support the Participant in fulfilling their responsibilities as a program member and employer
- Have ongoing knowledge of the participant's care needs
- Be available to provide the participant any necessary support throughout the program
- Be present for all scheduled contacts with the program consultant, attending visit in the participant's home with the program consultant and participant at least one (1) time per quarter
- Work with the program consultant to provide information to develop the Cash Management Plan (CMP) on the participants' behalf
- Help assure the monthly budget is used for the items outlined in the Cash Management Plan
- Adhere to program rules and regulations
- Comply with all payroll rules, Cash Management Plan (CMP), and other payroll requirements

Your Authorized Representative must meet with the Financial Consultant to ensure they understand the role and responsibilities. Your Authorized Representative will also complete a Designation of Representative Form agreeing to act in this role.

IMPORTANT: *Your Authorized Representative must also be present for all scheduled visits and calls with your Consultant.*

What kind of support can I receive through the Personal Preference Program?

Personal Care Services – Individual

Your Personal Care Services are provided by the worker you hire, supervise, and manage. You schedule your worker's hours, decide on an hourly rate of pay within your approved budget, and approve your worker's timesheet after they have worked.

Personal Care Services – Group

The Group Personal Care Service in PPP is provided by a self-directed personal care worker to two or more Participants at the exact same time, such as laundry or meal preparation. If there is another participant living in the same home as you, you may qualify for and use Group Hours. If you have questions about whether or not you should include Group Hours in your monthly budget, please outreach your MCO or speak with your Financial Consultant.



Helpful Hint: If you are assessed for group hours, you must let your Consultant know so they can be added to your CMP!

Personal Care Assistant – Agency

Personal Care Assistant Services provided by an agency are also available to you, when used in addition to self-directed personal care services. Agencies must be accredited by a State-approved Accreditation Agency before they can be put on your CMP. You must work with the agency to determine the number of units, and unit cost for the services they will provide to you. Agencies may only be used as a backup to an employee or to supplement an employee's services, based on your needs.



Helpful Hint: To remain eligible for PPP, you must have at least one employee. If you have lost your employee, you must call your Consultant immediately. Having a backup employee is recommended.

Participant Directed Goods and Services

Listed below are the goods and services that are available to PPP Participants when included on the CMP.

The goods and services under "MLTSS only" are only available to Participants who are enrolled in Managed Long-Term Services and Supports (MLTSS). Not all participants are enrolled in MLTSS. If you are unsure about your MLTSS status, you can inquire with your MCO or your Financial Consultant.

*MLTSS enrolled participants must first attempt to obtain the below noted goods and services from their MCO. If the MCO denies the request for the goods and services, the participant must appeal the denial. If the denial appeal is upheld, the MLTSS enrolled participant may request to add the good or service to their CMP, provided supporting documentation is available. Following submission of the goods or service on the CMP, the MCO will review the request and make the final determination in whether or not the PPP budget may be used to make the purchase.

Your Financial Consultant will be able to guide you on available services and supports. Goods and services are permitted after your first 6 months in the program.



IMPORTANT: *All goods and services must be approved by your MCO before being used, including Cash.*

All PPP Participants

Mileage

Your self-directed Personal Care workers can also be reimbursed for driving you to some places in the community. PPL will send a check for payment to your employee based on the number of miles they drive in their car when working for you. For your worker to receive payment, Mileage must be included in your CMP, and you will need to approve the miles your worker records and submits to you. **You may not use the Mileage service to pay for travel to or from medical appointments.** Before your worker begins providing the Mileage service they will need to provide you:

- a copy of their Driver's license, and
- a current copy of their vehicle insurance card.

You will need to review these before you put Mileage on your CMP.
Reminder: Transportation to and from medical appointments is covered through the State's Transportation Broker, ModivCare. Non-emergent medical transportation may not be charged to your PPP CMP budget. To schedule, call ModivCare (State transportation contractor). NOTE: Members should call ModivCare at 1-866-527-9933 (TTY/TDD 1-866-288-3133) to book a trip by 12:00 noon at least 48 hours in advance of a routine transportation need.

Adaptive Equipment

Assistive, or adaptive, technology is the name for a device (item, equipment, or product system) that helps to increase, maintain or improve the capabilities of an individual with a disability.

Examples of adaptive equipment include:

- Modified furniture
- Adapted wheelchair trays
- Bite sticks
- Adaptive eating utensils
- Customized handles/ doorknobs
- Portable ramps

Adaptive equipment is usually something that is added to an existing structure such as a piece of furniture or wheelchair, so that it is more usable to you. If you are planning to use adaptive equipment, your Financial Consultant can assist you to determine how it would improve your independence and indicate that need on your CMP. You should consult your MCO to determine whether your adaptive equipment needs can be met through the Medicaid benefit package instead of your CMP.

Household Appliances

A Participant may choose to purchase small to medium size household appliances to reduce their need for Personal Care Assistant services.
Common examples include:

- Toasters
- Microwaves
- Timers
- Food processors, and
- Crock pots.

Technology

Adaptive technologies support you to live more independently in your home and community.
These technologies include:

- Communication devices
- Tools for reading, and
- Products providing automated reminders to take medications, prepare meals, etc.

Not all technology is allowed within the program, such as technology that is for entertainment purposes. The technology that you plan to purchase should maintain, or increase, your day-to-day functioning. If you have questions about what technology might help with your personal care, contact your Financial Consultant. Again, you should consult your MCO to see whether your technology needs can be met through

your Medicaid benefit package or whether there are resources available in the community or from other sources to support your needs.

Cash

A check may be made out directly to you for up to 10% of your cash budget for ADLs or other goods, such as Medical Gloves, not covered by your Medicaid Benefit. You should always obtain a receipt. An example includes quarters for the laundromat.

MLTSS ONLY *available only after following the denial process outlined above*

Chore Services

Chore Services are tasks and maintenance to keep your home clean and safe. These go beyond the routine tasks of day-to-day living. Chore services are ideal when you, a relative or landlord cannot complete them. You may need to ask your landlord before looking for a contractor. Examples of chore services include:

- Changing screens/storm windows, weather stripping around doors and caulking windows for seasonal weather (check with your utility provider first)
- Cleaning appliances
- Cleaning and securing rugs and carpets
- Cleaning attics and basements to remove fire and health hazards
- Clearing walkways of ice, snow and leaves, trimming overhanging tree branches
- Installing safety equipment
- Replacing door locks and window catches
- Replacing fuses, light bulbs, electric plugs and bad cords
- Washing walls, windows and scrubbing floors

Non-Emergent Transportation Services

- You may use your CMP budget to pay for non-medical transportation on a one-time basis. Participants typically use this service to pay for a bus or train pass.

Transportation services in your CMP budget cannot be used to pay for travel to or from medical appointments.

- ModivCare should be used for non-emergent medical transportation needs.
- Transportation to and from medical appointments is covered through the State's Transportation Broker, ModivCare. Non-emergent medical transportation may not be charged to your PPP CMP budget. To schedule, call ModivCare (State transportation contractor). NOTE: Members should call ModivCare at 1-866-527-9933 (TTY/TDD 1-866-288-3133) to book a trip by 12:00 noon at least 48 hours in advance of a routine transportation need.

Home Modifications

Home Modifications are changes to your home to make it safer and/or help you to be more independent.
Examples of Home Modifications include:

- Installed ramps
- Grab bars
- Widening of doorways
- Stair lifts and roll in showers.

Home modifications can only be completed by a licensed and bonded contractor.

Vehicle Modifications

Vehicle Modifications are changes to your vehicle which help you to drive or ride in it safely.
Examples of Vehicle Modifications include:

- Wheelchair lifts
- Automatic door/ window openers
- Attached steps
- Palm grips
- Remote switches and knobs.

What are examples of things I can purchase with my PPP funds?

Common Purchases (Allowed in PPP)

The following items are commonly purchased by Participants through the Personal Preferences Program:

- Employment of individuals, including family members, to provide personal assistance
- Purchase of worker's compensation coverage (required)
- Background checks for employees
- Cleaning service from private companies to clean the consumer's personal areas including bedroom, bathroom, kitchen, etc.
- Food preparation service and delivery of prepared foods (but not payment for the food itself)
- Small electric appliances which allow the individual to safely prepare meals
- Laundry service from a Laundromat or other provider
- Errand service to assist with banking, shopping and other types of routine tasks
- Personal assistance services training and education which enables the worker to deliver personal assistance. May be purchased from a variety of sources, including a home care agency or a vocational or technical school (MLTSS members only)
- Home modifications such as ramps and grab bars, installation of visual or tactile alarms as well as wander alarms and other modifications (MLTSS members only)
- Non- Medical transportation services not currently available under NJ FamilyCare or the county transportation system, where related to activities of daily living (MLTSS members only)
- Supplies and equipment that promote or enhance independence that are not currently covered by NJ FamilyCare. Participants must first attempt to obtain the supplies and equipment from their MCO. If the MCO denies the request for the supplies and equipment, the participant must appeal the denial prior to requesting from the PPP

- Incontinence supplies such as chuck pads or adult diapers are **not** allowed for purchase

Not Allowed for Purchase in PPP

The following items may not be purchased using PPP funding:

- Food and/or other beverages, nutritional supplements;
- Entertainment equipment or supplies such as videos, VCR's, televisions, stereos, CD's, DVD's, audio/video tapes, video game systems;
- Air Conditioners, heaters, fans and similar items. There may be other government programs that can assist you with these needs. Consult your MCO or your PPP Financial Consultant.
- Electronics such as iPads, iPods and cell phone, laptops;
- Illegal drugs or alcohol;
- Costs associated with travel (airfare, lodging, meals, etc.) for vacations or entertainment;
- Utility, rent or mortgage payments;
- Clothing or shoes or other apparel;
- Comforters, towels, linens or drapes;
- Paint and related supplies;
- Household furnishings;
- Cleaning for other household members or areas of a home that are not used as part of the participant's personal care;
- Exercise Equipment;
- Medications, vitamins/herbal supplements;
- Incontinence supplies such as chuck pads or adult diapers;
- Laundry detergent, household cleaning supplies;
- Vehicle expenses including routine maintenance and repairs, insurance or gas money;
- Transportation to work, school, day program or recreational activities;
- Landscape and yard work (restricted to participants who also receive MLTSS benefits);

- Pet care, such as food, grooming, or housing, including service animals;
- Massages, manicures and pedicures; and
- Tips and gratuities.

Financial Counseling Services – Your Financial Consultant

Each Participant has an assigned Financial Consultant (Consultant) who works for PPL. These professionals teach you about self-direction, how to manage the program, and assist you in developing your CMP. A Consultant will be available to you for as long as you are in the Personal Preference Program (PPP).

Your Consultant is an employee of PPL. Their priority is to support your ongoing success in the PPP. Your Consultant will act as your support, advisor, coach, and guide in navigating the program. The Consultant also acts as your advocate, assisting you to overcome any hurdles you face in PPP. Consultants are required to complete regular contact with you and answer any questions you may have.

Things to Know About Calling Your Consultant:

- While they typically work during regular business hours, you may call your Consultant at any time. If they are not available, they will return your call within 24 business hours.

1. Each Consultant has a secure voicemail set up so that the messages you leave are safe.
2. The Consultants do not have work cell phones, and the phone will direct you to their voicemails if they are unable to take a call, such as while they are visiting another participant.
3. When Consultants are away for a period of time, such as for vacation, someone else will check their messages and contact you so that you do not have to wait for an answer.

- Consultants are mandated to report suspected or reported fraud, waste, and abuse; and abuse, neglect, and exploitation. Your Consultant is required to review fraud, waste, and abuse; and abuse, neglect, and exploitation with you during your home visits.

Consultant Changes

If you wish to change your Consultant, call the PPL Customer Service line and let the customer service representative know. Your Consultant's supervisor will be notified by the representative, and they will follow up on your request. **You may reach Customer Service at 1-844-880-8702**.

If your Consultant leaves PPL, or no longer serves your area, you will be assigned a new Consultant. When possible, your existing Consultant will alert you to the change and you will receive a follow-up call from your new Consultant. While PPL tries to keep the same Consultant in place for as long as possible, they will make a change at the request of the participant or if a change is otherwise necessary. PPL encourages a good working relationship between the Consultant and program participants.

Paying for Your Services

Cash Management Plan

Getting Started with Your Cash Management Plan (CMP):
Managed Care:

1. The MCO will schedule and complete your PCA assessment.
2. The MCO will recommend a number of hours per week for you based on your assessed need.
    - The number of hours per week is turned into a dollar amount per month that is used to support and build your CMP with your Financial Consultant. Depending on how you spend your budget, you may receive more or fewer hours from month to month.
    - Once enrolled, you will receive a start date from your Consultant. **Your start date is not the same as your assessment date.**

Remember, as a participant in this program, you can choose what services you purchase, based on your **assessed needs**. You can also save money each month as part of your CMP, to purchase approved goods at a later date, for up to a total of six (6) months. The CMP budget is the same each month, regardless of how many days are in that month. You will need to monitor the spending of your budget to make sure that you stay within it. You

can appoint an authorized representative to help you with this, and can monitor your budget online, at BetterOnline (https://fms.pplfirst.com).

Important timelines for you to know

After your MCO completes your assessment and calculates your monthly budget, your Consultant helps you develop your CMP, throughout your time in the program. They will help you develop your initial CMP and any revisions that you need, to make sure that your personal care needs remain met.

If there is a change in your needs, or you receive a reassessment, contact your Consultant to complete a revision to your CMP.

Your Consultant can help you revise your plan over the phone, or during a visit. **Plans must be submitted 10 days prior to the last day of the month in order to be reviewed for approval before the 1st of the next month**. For example, to start a new CMP on April 1st, the CMP must be submitted by March 21st. To start a new plan on March 1st, the CMP must be submitted by February 18th. Plans do not go into effect until they have been reviewed and approved. While planning your budget, your Consultant will show you how including different items on your CMP, such as an employee, cash, or other goods and services, will impact your budget. Before the CMP is submitted for approval, you will have the final say in determining what your budget is used for within program rules. Your Consultant is there as a guide. You always have a right to a copy of your CMP.

How is my budget calculated?

Your MCO (Aetna, Wellpoint, UnitedHealthcare Community Plan or Fidelis Care) is responsible for authorizing the number of Medicaid PCA hours you are eligible to receive, to provide you with options counseling and to enroll you into the PPP.

The MCO uses the hours of service authorized from your initial PCA clinical assessment (or most recent reassessment) as the basis for determining your monthly budget. The number of authorized hours is converted into a dollar amount using the current reimbursement rate. A standard administrative deduction is then calculated to cover the costs of counseling and bookkeeping services. The remaining amount is available to you for purchasing services.

The Financial Consultant will assist you in developing a CMP to help determine how best to spend your monthly budget to purchase services that you need.
Here is an example of a participant who is eligible for 40 hours a week based on the PCA assessment, the participant's budget is calculated like this:

Step 1. The number of hours assessed by the MCO is multiplied by the State's reimbursement rate of $20.40 per hour as of January 2026. This includes cost and does not represent the rate of pay you must pay your worker per hour.

Step 2. Multiplied by 4.33 which is the calculation used to account for the different number of days in each month.

Step 3. Multiplied by the Administrative fees at 12.5%.

Step 4. The participant has a monthly budget in the amount of **$3091.62**

(Hrs. Assessed) X $20.40 (State's Reimbursement Rate/Hr.) = $816
$816 X 4.33 (Monthly Calculation) = $ 3533.28
$3533.28X 12.5% (Admin Fees) = $441.66
$3533.28- $441.66 = ***$3091.62*** *(Monthly Budget)*

12.5% administrative fee and how the CMP is determined

There is a small fee set aside each month to pay for the administrative and financial services provided to you during the month. The monthly budget amount that PPL receives from the MCO is your total PPP monthly budget after the administrative deduction. Using the budget provided to us by the MCO, your Financial Consultant will assist you with planning your spending, on a monthly basis.



Helpful Hint: Your Cash Management Plan (CMP) is designed to pay for all of the goods and services you receive during the month. Some administrative costs are deducted from your overall budget amount, but the remainder is available to pay for your service needs.

Monthly Budget

The budget that PPL receives from your MCO is for one month at a time. This means that you cannot borrow from past or future months to cover employee hours. You will manage your employees' hours by setting a schedule that will allow you to stay within your budget.

Your budget may also be used for goods and services. Funds from one month do not carry over to the next month.

Savings for Goods and Services

You may choose to include a savings plan on your CMP, to help you purchase an item that would help you reach your independence goals. Savings may only last for a total of 6 months. If you are requesting savings for an item, you must obtain three (3) invoices or estimates. Your Consultant can assist you with starting this process.

Purchasing Goods

Program participants may choose to include the purchase of goods or other services in their CMP. All purchases must include appropriate reasoning in order for approval to be granted. Your Consultant can assist in guiding you in identifying a needed good and the reason for purchase. Purchases cannot be made until your MCO has approved the purchase. Participants should maintain receipts for purchases made. See section Participant Directed Goods and Services for more details.

Invoice Submission

Invoices should be submitted following PPL Invoice Schedule. Invoices must be submitted for goods and services planned for purchase in the CMP.

Starting the Program

When can I start the program?

After you complete your enrollment visit with your Consultant, PPL will obtain an Employer Identification Number (EIN) and Worker's Compensation policy for you. Once all enrollment activities and documentation are completed, your Consultant will notify you of your official program start date. Your start date will always be on the first of the month. Employees should not be scheduled to work until you have an official start date. Please see Addendum H for more details on the enrollment process.

Who Pays My Workers?

PPL is a contractor of the State of New Jersey Department of Human Services. PPL pays your worker on your behalf. PPL is not the employer of the workers that you select. PPL acts as a payroll agent. They pay your employees based on time worked for you, within the program rules. PPL is not able to pay outside of the program rules. When your employee submits a timesheet, it is "tested" against the program rules, such as making sure:

- Hours worked do not exceed your monthly budget amount;
- There are no duplicate hours worked;
- There are no overlapping hours worked;
- The worker did not submit more than 16 hours in a single shift for a single employee;
- The worker did not submit more than 40 hours in a single week for a single employee;
- The hours aren't being paid during a time when you are listed as ineligible;
- Payment is not made if the budget is not approved.
- Making sure that all payments are made within the program rules helps guarantee the program's longevity, such as the ability to succeed for future generations.



Helpful Hint: PPP participants are not able to spend more than their approved monthly budget supports. Public Partnerships is not able to pay more than what is currently in the approved monthly budget.

Spending My Approved Budget (CMP)

Participants should monitor their spending to ensure that the budget is not overspent. It is very important that you do not schedule employees for more hours than your budget can support. If you do schedule your employees for more hours than the budget supports, PPL will not be able to pay them. As the employer, you will be responsible for paying your employees if they work beyond approved budget hours. If you need help with scheduling your employees, you can appoint an authorized representative or speak with your Consultant. In addition, if you feel the hours you have been assessed for by your MCO are not adequate, you can appeal their decision on your assessment. Contact your MCO Care Manager or MCO Member Services for how to file an appeal.

Including Worker's Compensation

All PPP participants must purchase and maintain a Worker's Compensation policy. Public Partnerships will purchase a policy from an Insurance Brokerage on your behalf. Current policy rates are based on the New Jersey Compensation Rating and Inspection Bureau (NJ CRIB). The purchase of Worker's Compensation occurs once per year and will be included on the CMP. There is a $10 annual Worker's Compensation policy fee that is also included on the CMP.

Check Processing Fee

There is a $2.00 per check processing fee charged for each employee per payroll period, and each purchase of goods and services. A check processing fee is charged for each employee check and for each check processed and sent to you for goods and services such as cash. This includes direct deposit. These fees are charged to your PPP budget in the month they are used.

Employee Background Checks

Program participants can choose to use their monthly budget for a one-time background check to be completed on an employee. If an employee has a disqualifying conviction on his or her background check, they may not be employed in the PPP.

Employee Wages

Participants can choose how much per hour their employees earn. The employee wage must not be less than the minimum wage or greater than $25.00 per hour. If the minimum wage increases, your Consultant will call you to adjust your employee's hourly rate and revise your CMP. Remember, you cannot pay more than your PPP budget will allow. You will need to calculate the hours and wages you will pay within your approved CMP. If you need assistance in this area, talk with your Consultant, they can help.

New Jersey Sick Time Law

As of October 29, 2018, the State of New Jersey implemented a Sick Time Law that states all New Jersey employees are able to earn 1 hour of sick time for every 30 hours worked. This means, when your employee who provides you with personal care services works 30 hours, they earn 1 hour of sick time. The sick time accumulates over a calendar year. An employee can earn up to 40 sick time hours in one calendar year (January 1st to December 31st). If these hours are not used by your employee, they can roll over up to 40 hours into the next year.

PPL will keep track of sick time. Both the employee and you, the participant, will have access to view the number of sick time hours in the BetterOnline Portal system or by calling customer service. To claim sick time, the employee would need to select Sick Time on their timesheet for the date and time of when they would have normally provided services. As the participant, you are responsible for making sure claimed sick time is accurate before you approve your employee's submitted timesheet.
Sick time is intended for your employee to use when they need personal time, such as attending a medical appointment or are sick.

Sick time cannot be used during the below circumstances:

- Vacation
- Participant hospitalization
- Lapse in program eligibility
- Camp stays
- If employment with the participant ends

Billable Rate

Participants' budgets are charged a "Billable Rate," which includes the hourly wage and employer-related business taxes. This rate depends on the employer's relationship to the employee. The correct relationship must be included on the CMP and employee paperwork.

The billable rate will vary based on the State Unemployment Insurance (SUI). Additionally, the billable rate depends on the employee relationship to the participant.

Your Consultant can provide you with the billable rate for each employee hired. See Addendum H.

Difficulty of Care Tax Exclusion

Some employees may qualify for the Difficulty of Care Tax Exclusion, based on residency. If an employee qualifies, he or she must complete the paperwork before the exclusion can be applied. When an employee completes an application with PPL, on behalf of a program participant, they will complete a brief list of questions identifying Difficulty of Care:

All three (3) of the below statements must apply in order to qualify for Difficulty of Care.

- I provide services to the Participant in my home.

- I do not have a separate home where I reside.
- This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.

Per IRS Publication: #926 – Household Employer's Tax Guide, and Notice 2014-7, 2014-4 I.R.B. 445, Federal taxes may not be withheld if an employee qualifies for Difficulty of Care. **The Difficulty of Care Federal Tax Exclusion is not optional.** Federal and State taxes will be deducted from Sick Time Pay.



Helpful Hint: Your Federal Income on your W2 will reflect as $0.00 from the time that you have enrolled in Difficulty of Care, until you no longer qualify. NJ State taxes are no longer applied by PPL to DOC eligible wages effective December 2024.

Backup Plan and Risk Assessment Planning

During your initial visit, and every year after, your Consultant will complete a Risk Assessment Profile with you, to determine your risk level and factors that increase or decrease your risk. Your Consultant will always talk about the results with you.
The list below identifies the categories reviewed during the Risk Assessment.

- Living Arrangement: Who lives with you or nearby?
- Meals & Eating: Are you able to prepare your own meals?
- Medications: Are you able to self-administer medications or do you require assistance?
- Toileting: What level of toileting assistance is needed?
- Mental Status: Are you ever disoriented or confused?
- Communication: How effectively do you communicate with others? In what ways?
- Mobility: What level of mobility do you have? Do you have any assistive devices?
- Telephone: Do you have access and are able to use a telephone in case of emergency?
- Environmental Factors: Are you able to evacuate your home in an emergency?

The Risk Assessment will determine a risk rating, or score, that falls into one of the below categories:

- Minimal Risk
- Moderate Risk
- High Risk

If you are determined to be Minimal or Moderate Risk, a backup plan does not need to be included on your CMP. However, it is your responsibility to make sure that you do have a backup plan in case an emergency occurs, or your regularly scheduled employee cannot come in. We highly recommend a backup plan for all program participants. If you are High Risk, you are required to have a backup plan included on your CMP.



Helpful Hint: If you are at high risk, you will be required to have a backup plan included on your CMP. Items that might be included on your CMP are a backup employee, or a purchase, such as a Personal Emergency Response System, like a Life Alert button. This is for your safety!

Becoming an Employer in the Personal Preference Program

What is your role as an Employer in the Personal Preference Program (PPP)?

Being an employer might sound scary at first, but most people find that being an employer is worth the extra effort. In the PPP, you are recognized as the Employer of Record. This means that you, as the participant, have both Employer Authority and Budget Authority.

As an Employer, your Employer Authority includes:

- Recruiting, locating, and hiring your employee(s);
- Training employees and determining what tasks they will complete for you;
- Supervising your employees, to make sure they are meeting your needs;
- Dismissing and replacing your workers as necessary, if they are not meeting your needs;
- Fulfilling the role of supervisor over your personal care needs within your CMP and program rules;

- You will provide supervision to your employees, ensuring they are providing services that adequately meet your needs and that you are satisfied with them.
    - Your employee reports his or her hours to you for you to review and approve.

- Scheduling your employee, according to the monthly dollars available in your CMP; and
- Backup planning
    - As a participant, you must maintain a backup plan for:
        - When your employee is unable to come in, due to illness or weather;
        - If your employee unexpectedly leaves; and
        - If your care needs increase, due to an injury or illness
    - Your backup plan should be documented, and emergency phone numbers, such as a backup employee, should be posted in a visible area of your home.
    - You must keep these numbers current. Your backup plan is very important.

Budget Authority includes:

- Determining how you want to use your monthly budget to cover your personal care needs, by purchasing personal care services, goods and services, and/or cash;
- Determining what portion of your monthly budget will be used for personal care services, goods and services, and/or cash;
- Determining employee wage rates, and number of hours worked within your CMP limits;
- Scheduling your employee to fulfill your personal care needs within program rules;
- Reviewing and approving employee's timesheets, per pay period from the provided payroll schedule;
- Submitting invoices for planned goods and services;
- Monitoring the use of your monthly budget and spending, making sure that your needs are met, and making changes if they are not;
- Scheduling your employees when you need them, based on your schedule; and
- Using both paid and unpaid supports to meet your personal care needs.

As an employer, you also have some additional responsibilities:

Making time for, and attending *face to face* quarterly visits with your assigned Consultant

- Face to face quarterly visits are not optional in the program
- If you have an Authorized Representative, they must also participate in the entire visit

Responding to monthly contacts with your Consultant for the first 6 months

- Once a month, for the first 6 months, to make sure the program is working for you
- Ongoing monthly contact after the first 6 months is available, if requested.

Monthly contact is available after the first 6 months if needed.

Returning Consultant contact, as needed

- Participants must call their Consultants back, and keep the Consultants and their MCO updated on contact information

Backup planning for regular worker absences

- All participants should create and maintain a backup plan. You should develop a plan in case your regular employee cannot come to work as scheduled, so that your needs remain met. Examples of why an employee would not be able to come in include both planned and unplanned absences, such as:
  - Vacations
  - Being sick
  - Bad weather
- Being prepared will ensure that your needs are always met.
- Backup employees can be paid or unpaid supports.
- Backup employees should always know and agree to their role. You should periodically check in with your backup employees to make sure they are still available and agree to continue in their backup role.
  - You should keep backup employee phone numbers handy in case an unplanned absence occurs.

Recruiting Employees

Being an Employer in Self Direction

We often hear “I want to self-direct, but how do I find a worker or backup worker?” This may be your first time as an Employer. Included below are some tips that you may wish to follow in order to find a worker to support you or your loved one.

Here are some tips for finding a worker:

Writing a job description

Before you start looking for a worker to provide support for you, it’s a good first step to write a job description. It’s also a good idea even if you plan on hiring a friend or family member. A job description helps you decide what kinds of support you need, and what you’re looking for in a worker. It also helps your workers know what you expect.
You can use your job description:

- As a guide when screening or interviewing applicants:
- To make sure applicants are willing and able to give the kind of help you need: and
- To help you train the workers you hire and monitor their performance. Are they doing the things you hired them to do?

The job description should include:

- A summary of basic job duties
- Qualifications the person must have
- Specific information on how you want the job performed
- Days and times you need help

You should discuss the job description with your workers and make sure they agree to perform the support duties you need. Have them sign a copy of the job description or attach it to your Information and Attestation form.

If your needs change, you can update the job description. Review the job description with your workers any time it changes and at least once a year.

Minimum requirements for workers

A person must meet all of these requirements to be a worker in Self Direction:

- 16 years of age or older;
- Able to perform all of the services (including tasks) needed by you;

- Able to provide care based on your schedule;
- Is authorized to work in the United States: identification is required for the I-9 form; and
- Complete all required paperwork to provide care through Self-Direction.

Hiring friends and family

You may already know who you want to hire to provide your support. It could be a friend or family member. **NOTE -** you cannot hire your Authorized Representative to provide care.

How can I find primary or backup workers?

If you don't already know who you want to hire, there are lots of ways to find workers. Be sure friends and family members know you're looking to hire someone to help you. You can:

- Make a flyer or an advertisement.
- Post it on bulletin boards at local employment offices, grocery stores, churches, colleges or social service agencies—any place you think you may find people looking for work.
    - Call first or talk with someone to find out about rules they may have for posting flyers.
- Run an ad in the employment section of local college or community newspapers.
    - If you run an ad, be sure to ask how much it will cost first. If it is a daily paper, Sunday ads probably cost more than weekday ads. It's OK to ask for help trying to keep the cost as low as possible. It's also OK to call around and check prices before you decide where to place your ad.
- In making an ad or flyer, be careful to not include too much information. Never include your home address. It may be best to have interested people respond by phone. That way, you can screen them first.
- Certain home care websites can assist with matching you to qualified providers in your area.

How do I identify potential employees I may want to hire?

Once you identify people interested in working for you, you may want to screen them first. Screening means that you ask some questions to find out more about that person.

It will help you decide if you want to interview that person. Screening is usually done over the phone, but it could be done through email, video chat, or in person too. If you choose to meet someone in person, it is recommended that you meet in a public place and bring someone you trust with you.

Screening helps the applicant understand what you're looking for in an employee and what to expect. You can use the job description as a guide. You may also want to mention the rate (or range of rates) you're willing to pay, and make sure the applicant is still interested.

Ask and answer only job-related questions during the screening. Don't ever give out personal information, except what the person must know in order to decide if they can deliver the care you need.

It is all about you! Screening and interviewing potential employees

Here are some quick tips and reminders about screening applicants:

- Call people back as soon as possible.

Provide basic information about the job and ask if it sounds like something they're interested in and able to do. Be honest and up front about your needs. You will be working closely with your workers!

- Ask a few questions:
    - Why are you interested in this kind of work?
    - What training or experience do you have?
    - Are there any parts of the job you may not be able to do? You may want to ask specifically about things like lifting, transfers, help with bathing or toileting. If you need someone to accompany or transport you into the community, you may want to ask about that too.
    - Are there tasks that the worker is uncomfortable performing?

Do you as the employer have any deal breakers? You should clearly explain these things.

- Be organized and take notes. It will be difficult to remember each applicant's responses.
- You may want a family member or friend to help you.

- Don't answer any personal questions. Be mindful of personally identifying information such as your exact address, social security number, birthdate, or family relationships.
- Be upfront about the conditions in the workplace. Do you have any pets? Do you smoke? These things may be very important to your potential workers.

If, at the end of your screening, you think you would like to interview this person, you can set a time. If you're not sure, you can politely end the conversation by saying, *"Thank you for your time. I'll be making my final selections by (date) and will contact my top choices to set up an interview. Thanks again, good-bye."*

Remember...you don't have to interview anyone. Let each person know you'll call them back if you decide to interview them.

Interviewing

Once you've screened applicants, now you're ready to interview applicants you may want to hire.

A face-to-face interview gives you the chance to learn as much as you can about the person applying for the job. It also gives the applicant a chance to learn about the job—what you need and expect—so both of you can make a good decision. This works best if you're prepared.

It's a good idea to have questions ready that you want to ask. Here are some examples. Pick those that make sense for you. Add other questions about the kind of help you need.

- Tell me a little about yourself.
- Tell me about your work experience.
- What do you like best and least about the work you have done in the past?
- Do you have any training or experience helping someone who has a disability? Can you give an example?
- Are you comfortable around people with disabilities?
- Would you describe yourself as a dependable person?

- How much notice would you need if I needed extra help?
- Would you be able to help me with lifts or transfers using the right equipment?
- Can you think quickly on your feet? Can you give an example?
- How do you handle differences of opinion with an employer? Can you give an example?
- How do you handle constructive criticism? Can you give an example?
- How do you deal with another person's anger or frustration?
- Do you feel comfortable bathing someone?
    - Do you have experience bathing someone?
- Do you feel comfortable helping with toileting?
    - Do you have experience helping with toileting?
- Are there things you don't feel comfortable doing?
- Do you have reliable transportation to and from work?
- Describe your best qualities.
- Describe your worst qualities.
- What's your pet peeve?
- Do you prefer/require lots of supervision, or just a task list?
- Do you have any questions/concerns about the job?



Helpful Hint: There are some questions that you are not allowed to ask during an interview. Base your questions and worker choice on the requirements of the position! All applicants must be asked the same set of questions.

Questions you CANNOT ask during a screening or interview

When you are an employer, you must be fair to all of the people who apply to work for you. To help you treat people fairly, there are questions you should not ask or use in making a hiring decision.

It's against the law to not hire a person for any of these reasons

Marital/Parental Status

- Don't ask applicants if they're married, pregnant, or planning to become pregnant.

- Do not ask if applicants have children, the number or age of their children, or about childcare.
- Don’t ask the applicant about the names of family members or where they work.

National Origin or Native Language

- Don’t ask about a person's birthplace or citizenship. You can ask, "If hired, can you provide proof that you’re eligible to work in the U.S.?" But you do not need to ask since all new employees must complete the federal I-9 form and provide that proof. If you decide to ask the question, you must ask all applicants (not just someone you think may not be a U.S. citizen).
- Don’t ask the person about their native (or first) language. It’s OK to make sure the applicant can clearly understand and communicate with you in order to do their job. But you cannot simply ask what language the person speaks.

Age

- Never ask an applicant's age, except to make sure the person is of legal working age.

Religion, Schools, and Organizations

- Don’t ask any questions about religious beliefs. Don’t ask if the person goes to church or where they go to church. It is OK to be sure they understand the work schedule and are able to provide care when you need it.
- Don’t ask the person about their star (or zodiac) sign.
- Don’t ask where a person goes to school. But you can ask about education the person has completed that may help them do the job.
- Don’t ask about clubs or organizations the person belongs to.

Criminal Record

- Don’t ask if the person has ever been arrested. But you may ask about a conviction if it is related to the job. For example, you could ask if the applicant has ever been convicted of driving under the influence if the person you are hiring will be driving you into the community. Remember, you have the option of requiring a potential employee complete a criminal background check in order to provide care for you.

Discharge from Military Service

- You can ask about military service but cannot ask about the type of discharge. That's because it might be a way to learn about other things you can't ask about—like disabilities or arrests.

Race

- You can't ask about or discriminate against any applicant based on their race.

Disabilities and Health Problems

- With the passage of the Americans with Disabilities Act of 1990 (ADA), you must be very careful when asking questions about an applicant's abilities (or disabilities). You can't ask if the person has any disabilities or health problems. Instead, describe the requirements of the job and focus on the applicant's ability to meet them. You can ask applicants if they are able to perform all of the required tasks safely.
- What if an applicant voluntarily discloses a disability or has an obvious disability? If you think it may be necessary to make changes so the applicant can perform the job, you may ask limited follow-up questions to decide what those changes might be. But never ask questions about the kind or severity of the person's disability.

Sex

- You can't discriminate against any applicant based on their gender.

Political Party

- You can't ask about the political party the person belongs to or how they vote.

Job Attendance

- You should tell applicants when care will be needed and make sure they can work the hours that you need them. It's also OK to ask about an applicant's attendance record at previous jobs. (People miss work for lots of reasons, not just illness.) But you cannot ask how many absences at a prior job were due to illness. You can't ask about job-related injuries or workers' compensation claims. Don't ask about the health of family members or others in their life either. Under the ADA, you can't decide not to hire someone because they have a relationship or association with a person who has a disability.

Drug Use

- It is OK to ask an applicant about current use of illegal drugs. But you cannot ask about prior use of illegal drugs or about any prescription drugs they now take. ALSO, you can't ask the person if they have any addictions.

Finances

- You can't ask if the person owns or rents their home.
- You can't ask if the person owns a car, unless the job includes transporting you into the community, and the person will need to drive their own car.
- You can't ask the person's credit rating.

Set a day and time for the interview that works for you and the applicant. Decide where you'll meet. If you're interviewing in your home, give the person directions to your house. If you prefer not to interview in your home, find another place that works for both of you. Be sure you have each other's phone number in case one of you needs to change the time.

When the applicant arrives

Pay close attention. Do they look neat and clean? Are they dressed appropriately? Do they seem comfortable around you? Do you feel comfortable around them? Find out as much as you can about them. You will be hiring someone who may perform very personal tasks for you. Your decision may be based on just a few contacts. Make the interview count. Your health and safety depend on the choice you make.
If you have any follow-up questions from the screening, you can ask them during the interview.

- Try to help the applicant feel comfortable. You can ask, "Did you have any trouble finding the house?" Talking about the weather is always safe and helps people relax.
- Be sure to ask about:
    - Gaps in employment (any time period of over one month)
    - Things that are missing (education, former employers)
    - Inconsistency (information or dates that don't make sense)
- Explain your disability/needs, as you feel comfortable.

    - Give information that would be important for someone to understand if they were helping you.
    - Review the job requirements.
- Ask the Interview Questions. Refer back to Interviewing for examples.

After you finish your questions, ask applicants if they have any questions. The questions they ask can tell you a lot. Be sure not to talk too much—you want to learn about them.

Things to look out for

An applicant who:

- Has alcohol on their breath
- Appears unclean (dirty hair, dirty fingernails, messy clothes)
- Is rude or disrespectful
- Poor communication about tardiness
- Discloses confidential or negative information about previous employer
- Takes control of the interview
- Seems to have pity toward you
- Makes little eye contact (Keep in mind it might also mean the person is shy or from a culture that thinks too much eye contact is disrespectful.)
- Begins the interview by telling you all the things s/he can't do or all the times they can't work
- Can't provide references or contact information for former employees (Even someone who just moved should have friends or previous employers elsewhere.)
- Says they just really need a job and will take anything for now
- Looks to a non-disabled person in the room for guidance or directs responses to that person

Be sure to discuss

- Duties and responsibilities of the job
- Specific hours and days of work
- Rate of pay

- Arranged time off
- How they will be trained
- How their performance will be evaluated
- How much notice is expected from the worker and employer for termination of services

Be sure to take good notes during the interview. You can refer back to your notes to decide who you want to hire. You don't have to do the interview alone. You can ask a friend or family member to sit in on the interview with you. It may also be helpful to have someone else to compare notes with after the interview.

Here are some quick tips and reminders about interviewing applicants

- Hold the interview in a place that's safe for you.
- Having a second person sit in is a good idea for safety, and because that person may notice things during the interview that you don't.
- Eliminate distractions. Turn the TV and radio off. Make sure pets and children will not interrupt.
    - Recognize that it's natural to feel nervous when interviewing, the prospective worker is probably nervous too.
    - Being prepared for the interview will lower your anxiety level.
    - Having a friend or family member with you may help calm your nerves.
- Be prepared. Before the interview, make sure you have:
    - A job description.
    - Information about your disability.
    - Information about special equipment you use.
    - A way to record your impressions.
        - Write them yourself.
        - Have a tape recorder or ask a friend to take notes. If you plan to record the interview, be sure to let the potential employee know.
    - A list of interview questions you will ask. See Interviewing for examples.
    - If you need support preparing for the interview, such as practicing interview questions, you can ask your Consultant.
- Plan the interview questions.
    - Decide ahead of time what questions you will ask and write them down.

    - Frame your interview questions to give you the information you need. (At the very least you want someone who is trustworthy, reliable and responsible. Ask questions that will give you that information).
    - By using the same list of questions for each applicant, you will be able to compare their responses more easily.
- Don't ask illegal questions. See the "Questions You CAN'T Ask in a Screening or Interview".



Helpful Hint: Invite a family member to help you, meet in a public place outside of the home. You can always conduct a second interview in the workplace (your house). If you don't feel comfortable, you can always politely end the interview early. Remember: Safety First!

Narrowing down the applicants

Once you've completed your interviews, you're ready to choose your top candidates. Review the answers the applicants gave you to the interview questions along with notes you made. If you had a friend or family member with you during the interviews, compare notes with them.

After you've considered everything and picked the best ones, you need to **check references**. This is an important step. Never hire someone without talking with each of the references they provide. You should also call former employers if they're not listed as references.

Keep a list of names and numbers of your other top choices, even if the first one accepts. You may want to hire more than one worker. OR you may want to see if others would be willing to be back up workers when your regular worker cannot be there. You may also want to come back to this list if the worker you hire doesn't work out.

Making the offer

Only after these steps have been completed are you ready to make an offer. Call and offer the job to the person you want to work for you. If they accept, you'll need to meet with the worker to fill out the employment packet provided by PPL.

You can complete the employment packet by:

- Calling your Enrollment Specialist
- Calling the Over the Phone Enrollment Department at 877-908-1752
- Is something missing here? Old version had online enrollment
- Calling your Consultant

Onboarding the Employee

Background and registry checks

If the person accepts your offer of employment, then PPL will complete a Central Registry check for prior records of abuse and sexual offenses. They must pass this check before they can begin to work for you. You can also request a Criminal Background check for $30. Your potential employee will need to sign a consent form to proceed with a Criminal Background check.



Helpful Hint: Your workers must complete and submit all required paperwork to PPL before they can begin work. PPL will let you know when your workers are ready to start. Please do not allow your employee to begin providing services before you receive confirmation from PPL.

Employee Enrollment with PPL

Your worker is recruited and employed by **you** to provide personal care services that meet your individual needs. As the employer, you or your Authorized Representative will need to ensure that the following steps are completed by you and your potential worker before h/she can provide supports services:

- Call your Enrollment Specialist who can guide you through the below steps and assist you with paper form enrollment if requested

1. Go online with your worker at https://www.pplenroll.com/ to complete the online provider enrollment process; **OR**
2. Call PPL Over the Phone Enrollment Team at **1-877-908-1752** to complete the over the phone provider enrollment process;
   - PPL will process the provider (worker) enrollment paperwork and ensure the worker is not barred from employment by the Office of Inspector General or Central registries;

- Your Consultant will contact you to let you know when the worker can begin providing personal care services to you;

3. You will partner with your worker to develop their monthly work schedule;
4. Your worker provides services as set in their monthly work schedule; and
   - You review, approve, sign, and submit your worker's timesheet electronically at https://fms.pplfirst.com/ or by using our Time4Care mobile application. Your Consultant can walk you through downloading and using Time4Care.

     a. Your worker can complete a paper timesheet, which you would review and sign. The timesheet can be submitted via fax or mail. The fax number for timesheets is 1-844-561-5983. If it is completed on paper, it still must arrive on time.
     b. You can request additional paper timesheets by calling Customer Service 844-880-8702

You've Hired a Worker – What's Next?

Reinforcing your Expectations – Review the following topics with your new worker as well as the job description and your performance expectations:

- Confidentiality - What you say and do in your home should remain confidential. The kind of help being provided by your worker is not to be discussed with their friends, family members or other individuals they may work for. Be specific - some people think if they are not saying something bad about you, it is not a violation of confidentiality. The worker should be reminded that it is not only disrespectful, but that violating confidentiality can be grounds for termination.
- Punctuality – Make sure your worker understands the importance of reporting to work on time. If late, this can result in your care not being provided as needed. Remember you are responsible for approving actual time worked.
- Notice of time off - What are your expectations?
- Mutual Respect - Let your worker know the kind of behavior you expect and what they can expect from you in return.
- Acceptable Behavioral Standards – Be clear about what you think is appropriate work behavior and what is not (how you speak to each other, dress standards, etc.).

Training

As an employer, you have a responsibility to train your employees. Not only are you able to choose what tasks they complete for you, but you can train them to complete the tasks in a way that meets your needs. If you're not sure where to start, review a typical day for you with your employee. You can also ask your Consultant to assist with completing a CMP Self-Assessment. This tool touches things such as:

- Meal preparation
- Taking a shower or other hygiene
- Moving throughout your home

Based on your individual needs, you should prepare a training plan for your new employee, to make sure that s/he understands your needs and is able to meet them. For example, if you need help with meal preparation, you should let your new employee know what kinds of meals are needed, how frequently, and if you have any dietary restrictions that they should be aware of. Now that you have an employee, this is your opportunity to provide additional information about the specific details for any needs you may have.

It is also your responsibility to train your employee on Fraud, Waste and Abuse as well as Abuse, Neglect and Exploitation. Refer to Program Safeguards and Your Rights for detailed information regarding Fraud, Waste and Abuse and Abuse, Neglect and Exploitation. Consider having your employee complete a Training Acknowledgement Form, agreeing that they have received the training you provided. See Addendum I for a sample.

General Supervision

Being a good employer requires that you talk with your workers on a regular basis to let them know if they're doing a good job. You should tell them the things they're doing well, and areas where they could do better. If there are problems, you should address them with the worker right away.

Talk with and treat your worker as you would like to be treated. Be clear about job duties and about their performance. Be respectful when giving direction and feedback. Feedback should also be specific. Say, "You did a good job of cleaning the kitchen yesterday after dinner," rather than just "Good job." Tell your worker, "I need you to give me more time to move from my bed to the chair," rather than "You move too fast."

Terminating an Employee… When Things Don't Work Out

Regardless of relationship, terminating a worker is never easy. The worker may be a nice person who is just not meeting your needs.

If you decide to terminate a worker, you may want to have another person with you when you tell them. This could be a family member or friend. If you think the worker may become angry or do something to harm you, you should not be alone when you have this discussion.

If possible, do some advance planning. Decide what the final date of employment will be. Try to have another worker ready to provide your support. If not, make sure the people in your backup plan are ready to provide your support while you find someone.
You should terminate a worker right away if your worker has:

- Stolen something from you (this includes using your money or a debit or credit card to buy something without your OK).
- Neglected or abused you or threatened to harm you.
- Done anything that places you at serious risk of harm.
- Purposefully submitted incorrect or falsified timesheets.

You should also let your Consultant know right away if this happens to you.
Any actions that are against the law should be reported to the police.

If you have to terminate your worker's employment:

- Keep written notes of the discussion and your reasons for letting them go. This will protect you in case of a later dispute.
- Keep employment records for a minimum of three years.
- Make sure you get back any keys or other items the person has.
- Consider changing the locks if the employment relationship ended poorly, if applicable.
- Update alarm codes, if applicable.

If there are things the worker does well, you can offer to write a letter of reference highlighting those skills.

Protecting Personal Safety and Property

When you receive support at home, it's a good idea to take a few simple steps to protect your safety and your property.

To protect your personal safety:

- If anyone threatens you, notify the police as well as neighbors and family/friends. Make sure neighbors and family/friends are aware if you fire an employee.
- Always dial 9-1-1 in an emergency.
- Contact your Consultant.

To protect your property:

- Make an inventory of valuable items in your home, the date of purchase and the price. Give a copy of the inventory to your insurance agent or a family member. If you have a loss, it will help you file a claim.
- Mark valuable items so that if they are stolen, they are easier to recover.
- Check your phone bill and credit card bill to ensure that charges are not being made by someone else.
- Make sure you get keys back from any ex-employee. Change your locks if any keys are not returned by ex-employees.



Helpful Hint: If you are in fear for your safety, please call 911. Safety First!

Withdrawal from Self-Direction

Deciding you no longer want to be in Self-Direction

What if you decide you do not like hiring your own workers? You can withdraw from self-direction at any time.

To end Self-Direction of any or all supports:

- Call your Managed Care Organization and your Consultant. They will work together to coordinate transfer of services.
- After you contact your Consultant, you will need to let your workers know that you will no longer need their support after a certain date.

Program Safeguards and Your Rights

Prevention, Identification and Reporting Fraud, Abuse, Neglect, and Exploitation

No one likes to think about fraud, abuse, neglect, and exploitation, but they do happen. Fraud, waste, abuse, neglect, and exploitation of participants is not acceptable and always against the law. Knowing what it means to be defrauded, abused, neglected, or exploited can help keep you from being a victim. As an employer, it's important your workers understand what fraud, abuse, neglect and exploitation are and how to make a report if anyone suspects it is occurring. If you aren't comfortable explaining these definitions and steps for reporting to your workers, your Consultant can help.

Defining Fraud, Waste, Abuse, Neglect, and Exploitation

- Fraud is an act of wrongful deception intended to end in financial or personal gain.
- Waste is overuse, underuse, or the ineffective use of resources. Generally, waste is not considered to be an intentional act but rather the poor use/misuse of resources.
- Abuse is an act of aggression by one person intended to inflict harm on another person. Abuse can be when one person tries to or does hurt or harm another person on purpose.
- Neglect is an act of omission by one person that results in harm to another person. Neglect can be when one person doesn't give a person with a disability the kind of support they have promised and the person with a disability is hurt or gets sick because of this.
- Exploitation is when one person uses another person for one's own gain. Exploitation happens when one person takes advantage of another person.

What does "Misuse of Program Funds" mean?

Misuse of program funds means spending funds in a way not allowed by program rules. For example, if you sign a timesheet that is incorrect, this is a misuse of funds. An

incorrect timesheet includes one where your worker failed to work all the hours for which you signed off on, or if you submitted a timesheet for hours worked when you were in the hospital.

What happens if I or my worker misuse program funds?

If you sign and submit a timesheet you know is not accurate, you may lose the ability to self-direct your services and be mandated to have an Authorized Representative by your Managed Care Organization. You may also put your participation in the PPP at risk. Your worker may be asked to refund the money they have been paid, also known as a recoupment.

Remember, if your worker asks you to sign a timesheet you know is incorrect, say no and report the request to your Consultant. Both you and your worker agree with every timesheet submission to an acknowledgment that reported hours and services described on the timesheet are true and accurate.

Before signing any timesheet, it is important to carefully review the hours documented for submission. Your signature reflects that you have reviewed the timesheet for accuracy and that you agree that the hours documented are true and reflect actual work performed. Your signature indicates that you are responsible for the hours reported and paid on the timesheet. Timesheets should not be signed if they are not accurate. You can ask your Consultant for support if you feel you are being asked to sign timesheets that are not accurate. Never give out blank paper timesheets that are signed.

How do I keep myself safe?

It is your right to be free from abuse, neglect, and exploitation. There are many things you can do to help protect yourself. Start with the hiring process:

- Check the person's employment and personal references. Sometimes you may think that you know the person or the person seems nice, so you do not need to check the employment and personal references. You can better protect yourself if you take the reference check seriously. It's a good idea to call each of the people listed as references and ask them a little bit about the applicant. If they provide professional references, you should only ask the reference if they are eligible for rehire.
- Consider conducting a criminal background check. The report will tell you if the person has a history of abuse or neglect that has been filed with local or state officials. On request, PPL will conduct the criminal background check for you.

Sometimes just telling people that a criminal background check will be done will give you a better pool of applicants.

- Let applicants know during the hiring process that you do not tolerate abuse, neglect or fraud, and that your Consultant checks regularly to ensure you remain free of harm.
- Insist on being treated with dignity and respect.
- When a problem comes up between you and your worker, try to find a way to solve the problem as soon as possible. Do not let little problems become big problems. Your Consultant is available to help, if you find yourself in these situations.
- If you feel uncomfortable, intimidated, or threatened in any situation, tell other people how you feel. You may choose to have someone with you, if you have to fire an employee. Never hesitate to contact your Consultant to assist.

Important to Know:

You have the right to be protected from abuse. **If you feel that you have been abused, neglected or exploited, contact the abuse and neglect hotline at 1-855-835-5277.** Every call is taken seriously.

The Division of Children Protection and Permanency (DCP&P) can be reached at 877-652-2873

In the event of an emergency, contact your local law enforcement or call the police by dialing 911.

Grievances and Complaints

During your time in the PPP, you may experience dissatisfaction and want to voice your complaints. We would love to hear feedback from you and incorporate it to improve your experience. We have five different ways for you to provide your feedback:

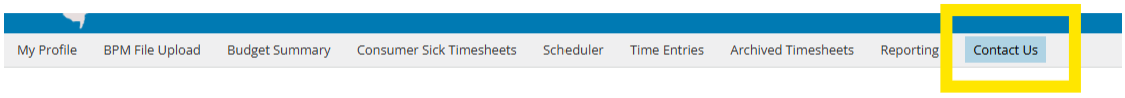
1. Customer Service: We have a dedicated customer service team ready to handle any issues or concerns that you may have. We are here to listen to your concerns to help guide us on how to provide better services. You can call us at 1-844-880-8702.

- Consultant: Consultants are here to help you throughout your time in the program. If you have a concern or a question, you can email and/or call your Consultant and your inquiry will be researched and responded to.

- Email Us: If you can't call us, email us. You can email njppp@pplfirst.com and cs-njppp@pplfirst.com

- Complete a Complaint Form: You may access our NJ PPP Complaints Grievance Process Overview 2019.02.04.pdf which can be submitted via fax (844-627-6834) or email directly to PPL.

- Better Online: You can also reach us directly while logged into our website at https://fms.pplfirst.com/ Once logged in, select "Contact Us" which will prompt you to send us a written message.
- Visit https://fms.pplfirst.com/
  a. Select Log in
  b. Enter Username and Password
  c. Select Contact Us Tab (last tab all the way to the right)

2. 

   a. Enter the information desired
      i. The information will be sent to our customer service area to resolve

3. Time4Care: Have a smartphone? You can also contact us through our Time4Care App directly from your cell phone. Please follow the following steps:
   a. Log into Time4Care using your Username and Password
   b. Select More at the bottom right-hand corner
   c. Select Contact Us
   d. You can enter the information provided and press send message
      i. The message will be sent to our customer service team to escalate your complaint and/or suggestion.

- More information regarding Time4Care can be found here T4C-Quick-Guide.pdf.

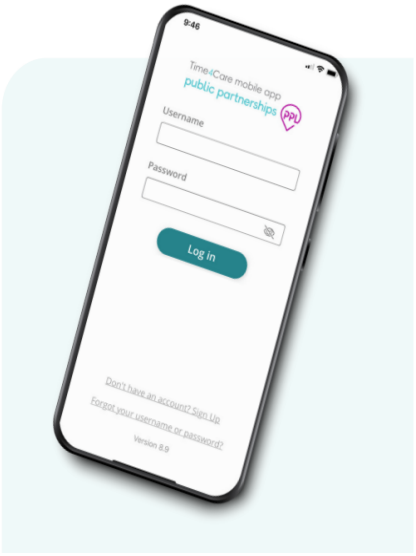
QUICK GUIDE

TIME4CARE™ MOBILE APP

by Public Partnerships

Download the Time4Care App

1. Go to **Google Play** or the **App Store** on your Android or iOS device.
2. Tap on **Search**.
3. In the search bar, type in: **Time4Care.**
4. Download the **Time4Care app**.
5. Once the application has downloaded, tap to **open.**



Frequently Asked Questions

What is Public Partnerships' (PPL) role in New Jersey?

PPL is contracted by the New Jersey Department of Human Services (DHS) to provide Fiscal Intermediary services for the Personal Preference Program (PPP). Our job will include providing guidance on your rights and responsibilities as an employer, budgeting your cash grant, processing your employees' payroll and making payment for any goods and services included in your monthly budget.

How can I contact PPL?

You may contact us by telephone at:
English: 1-844-880-8702, Spanish: 1-844-880-8703
If you need to file a work-related Workers' Compensation claim, please call 1-800-804-9382.

What are your hours of operation?

Our Customer Service center is open Monday through Friday, from 8:00 AM to 6:00 PM EST. Our agents are available by phone and e-mail.

Can I submit questions via e-mail?

Yes. Our e-mail address is cs-njppp@pplfirst.com

Do you have instructions or information available in other languages?

PPL can provide alternate languages through Customer Service. Written materials can be furnished upon request.

How do I know when I am able to begin self-directing my services?

Your Consultant will assist you through the enrollment process and communicate your program start date with you, once all forms and requirements have been completed. Program start dates are always on the first of a month.

Where and how does my employee submit their timesheets?

Beginning on your program start date, your employee (s) may be scheduled to work based on your needs. Your Consultant will assist you with creating a work schedule for your employees, if needed.

Your Consultant will provide you with a payroll schedule that outlines when your employee should submit timesheets for dates worked.
You can also print additional pay schedules from our website, or request copies be mailed to you via our Customer Service department.

Timesheets may be submitted through the BetterOnline portal, the Time4Care app, fax, telephony or mail.

What will my employee's rate of pay be?

PPL does not determine your employee(s) rate of pay. Your Consultant will assist you in determining an appropriate rate of pay that stays within your budget, meets your personal care needs, and meets program rule requirements. As a participant in the program, you are able to direct your employee's rate of pay. Please note that your employee must be paid at least the minimum wage in the State of New Jersey.

My employees would like direct deposit. Is that available?

Direct deposit is available and encouraged. In each employee's enrollment packet, there is a place to provide their direct deposit information. **Copies of voided checks are not necessary**. If your employee does not have a bank account, there is also a debit card available through ADP they can elect to receive to have their paycheck deposited onto.

Will my employee need a criminal background check?

State-wide criminal background checks are optional. In each employee's packet, the program participant can elect to have a background check performed. Each criminal background check costs $30.00 and must be budgeted in the CMP. Potential employees must consent to having a background check completed on them.

What if I need to hire a new employee?

If you need to hire a new employee, or an additional employee, we are here to assist you. Our Over-the-Phone enrollment department can gather the required information and have the paperwork mailed to your home. You can reach Over-the-Phone enrollment at 1-(877) 908-1752. Your Consultant can also assist you with enrolling a new employee online.

Do I need to register for the BetterOnline™ web portal?

No. Registration is not required, but we do recommend it. To register, visit the BetterOnline™ web portal: https://fms.pplfirst.com/PPLPortal/login.aspx. Click on the link to get started on the steps to self-register.

By registering for the BetterOnline™ web portal, users may:

- Submit and approve timesheets;
- Track and monitor CMP expenditures;
- View both current and old pay stubs.

How can I monitor my spending?

You will have access to your CMP and associated spending 24 hours a day, 7 days a week through our BetterOnline™ web portal. For those that do not have access to the internet, your Consultant can assist you with reviewing your spending history, during monthly phone contacts or quarterly visits.

Who should I contact if my employee is injured while working?

You may report an injury on the dedicated PPL Workers' Compensation Claim line at 1-800-804-9382.

Does PPL offer Medical Benefits?

No. PPL is a payroll agent, not an employer.

Does PPL offer Personal Time Off (PTO)?

No. Public Partnerships is a payroll agent, not an employer.

Are there holidays available for my employee?

No. Public Partnerships is a payroll agent not an employer.

Are there sick days available for my employee?

PPL is a payroll agent. The State of NJ has passed a law that requires all employees to accumulate 1 hour of sick time for every 30 hours worked with a maximum of 40 hours earned in the benefit year. Employees can rollover a maximum of 40 hours and can use up to 80 hours in a benefit year. PPL will assist you with keeping track of sick time accrued and sick time used on the BetterOnline™ web portal. You can also obtain assistance with sick time through Customer Service. Employees are able to utilize accrued sick leave after completion of 120 days of employment.

Where can I see my budget?

You can login at BetterOnline web portal, 24/7 to view your current budget and up to date spending history. You can also call Customer Service or your Consultant to find out what your budget is.

Where can I file a complaint?

You can call or email Customer Service, call your Financial Consultant, email us at CS-njppp@pplfirst.com, or select 'Contact Us' on BetterOnline web portal.

Is overtime available for employees?

There is no overtime in the program.

Can my employee work more than 40 hours per week?

There is no overtime in the program. Your employee is not allowed to work more than 40 hours per week. You can hire additional employees as needed based on your own personal needs and budget.

My employee worked more hours than my budget allowed. Will PPL pay them?

No, you must monitor your spending and schedule your employee(s) to remain within your monthly budget. If you go above the budget, you will be responsible for paying your employee(s). You, as the employer, are responsible for assuring your employee's timesheet is accurate and aligns with program rules. If your employee is paid incorrectly, for example you are hospitalized, then your employee(s) will be subject to recoupment and it may impact your ability to continue self-directing your services.

How do I report facility stays, such as hospitalization?

You should call your MCO and PPL to report any facility stays as soon as possible, and again when you return home.

Can my employee start right away?

No, your employee needs to register with PPL and become 'Good to Serve' in order to start working. Your Consultant will let you know when your employee can begin submitting time.

When will I receive my cash check that was approved on my CMP?

Cash checks are paid on the last Wednesday of the month, if it has been approved. Please outreach your MCO if it has not been approved.

If I was in the hospital for a few days, do I lose those hours?

No, with monthly budget authority, you can schedule your employee, within your monthly budget, after you return from the hospital. Your Consultant can help you, if needed.

I don't feel like my hours are enough to meet my needs. How do I request more hours?

You can call your MCO to request a reassessment.

I received a letter from my MCO with a new amount of hours. When can I use them?

Your Consultant will contact you when we receive your new budget amount. Once your Consultant and you revise your CMP, your Consultant will advise you of when you can begin using the budget.

Definitions of Commonly Used Terms and Acronyms

Authorized Representative (AR) - May be the Participant's legal guardian, family member, or other individual who accepts responsibility for performing PPP related roles and tasks the Participant may not be able to do. The AR is appointed by the Participant or a Legally Responsible Individual (LRI) and must be willing to follow the Participant's wishes and respect their preferences while using sound judgement in acting on their behalf. The AR may not receive any monetary compensation for this service and may not serve as the employee of the participant. Participants may choose not to have an AR, unless they are explicitly directed to have an AR by their MCO.

Allocated - Personal Preference Program (PPP) funds are allocated, or "set-aside" on a monthly basis according to the Cash Management Plan (CMP). For example, the participant may choose to allocate or "set-aside" all of the CMP budget for personal care services provided by a self-hired worker.

Bi-Weekly – Every other week.

Budget - The "budget" in the PPP describes the amount of money used in developing the CMP, as determined by the participant's needs assessment completed by the Managed Care Organization (MCO) nurse assessor. The hours of personal care needed are used to formulate the budget available in the monthly CMP.

Care Manager (CM) – An individual employed by an MCO, or by a State contracted care management agency, who provides enrollee-centered, goal-oriented, culturally relevant assistance to assure that an enrollee receives needed services in a supportive, effective, efficient, timely, and cost-effective manner.

Cash - The term "cash" in the PPP refers to funds in the CMP budget set aside for services. An example of PPP cash is quarters for the laundromat. PPP cash payments are made directly to the participant. Anything over $50 per month, or $599 per year, is considered taxable income and the participant will receive a 1099.

Cash and Counseling – A personal care services delivery model using the concept of self-direction. A monthly budget is calculated for the participant in place of traditional Personal Care Assistance (PCA) services, and with the guidance of a Financial Consultant, purchases goods and services to meet personal care needs.

Cash Management Plan (CMP) - The planning document used by the PPP participant to identify, document and budget PPP funds for goods and services. The Participant's CMP allocates goods and services using the total amount of the allotted monthly budget. The CMP can be reviewed and updated as frequently as necessary.

Chore Services - A self-directed service option provided to the Participants in Managed Long-Term Services and Supports (MLTSS), if approved by the MCO.

Department of Human Services (DHS) - New Jersey Department of Human Services

Division of Medical Assistance and Health Services (DMAHS) DMAHS administers the PPP on behalf of the State of New Jersey. DMAHS is the Medicaid agency and is housed within the Department of Human Services.

Employee or Worker – PPP direct hire worker, hired by the Participant to provide personal care.

Employer Identification Number (EIN) - The PPP Participant's identification number issued by the Internal Revenue Service (IRS), used when filing employer taxes. The Fiscal Intermediary files paperwork with the IRS to obtain the Participant's EIN after completion of the enrollment meeting.

Employer of Record (EOR) - In PPP the participant is established as the legal employer within the program. The EOR, or their appointed Authorized Representative recruits, selects, trains, supervises, directs and terminates employees as necessary. The EOR, or Authorized Representative also verifies, signs, and submits complete and correct timesheets for employees.

Federal Insurance Contribution Act (FICA) – Includes both Medicare and Social Security Taxes. These costs are paid out of the participant's budget as part of a worker's total hourly wage. For more information, please speak to your Financial Consultant.

Federal Unemployment Tax Act (FUTA) – A payroll or employment tax used to help fund the federal share paid to state workforce agencies, including providing for some extended unemployment benefits. These costs are paid out of the Participant's budget as part of a worker's total hourly wage. For more information, please speak to your Financial Consultant.

Financial Consultant (Consultant) - The person employed by the Financial Counseling Services agency who assists the participant to create/ manage their Cash Management Plan and navigate the PPP. The Financial Consultant is the primary front-line support to the Participant, his/ her Authorized Representative, and the State Program Office (SPO).

Consultants complete more than two weeks of orientation, training and shadowing before stepping into the role.

Financial Counseling Services (FCS) – Services provided by the Financial Consultant, including:

(1) Orienting and training program participants/ Authorized Representatives on using financial management and counseling services, as well as understanding their role and responsibilities as the Employer of Record.

(2) Assisting program participants/Authorized Representatives in preparing their initial budget and subsequent budget updates, as well as effectively using the participant's budget (Cash Management Plan);

(3) Conducting in-person quarterly home visits with program participants/Authorized Representatives; and

(4) Maintaining contact with program participants/Authorized Representatives and providing guidance, support, and answer questions from participants/Authorized Representatives enrolled in the Personal Preference Program.

Fiscal Intermediary (FI) – Public Partnerships (PPL) is your FI**.** The FI is selected by the State of New Jersey to provide a range of financial and business services to participants in the PPP. The FI acts as the fiscal agent for program participants; filing taxes, paying employees and sending Participants' payments for approved goods and services.

"Good to Go" – Good to Go means that the Participant/Employer and at least one worker have completed the enrollment process and have been given a program start date by the Financial Consultant. A worker cannot begin providing services until the start date is provided by the Financial Consultant.

"Good to Pay" – PPL term used for submitted and received Personal Care Services (PCS) provider or worker timesheets which will be paid during the next payroll date. This does not mean that any or all of the employer paperwork has been completed.

"Good to Serve" - Good to Serve is the status indicating that PPL has received and processed all employer paperwork and requirements have been met, including Worker's Compensation insurance and an EIN. Status indicates that the Participant may begin receiving services in the PPP. The Financial Consultant notifies the Participant of the Good to Serve date in advance. This does not mean that any or all of the worker paperwork has been completed.

Legally Responsible Individual (LRI) – Any individual established in a guardianship, conservator or power of attorney role on behalf of a PPP Participant. If the Legally Responsible Individual (LRI) appoints a PPP Authorized Representative, the LRI may act as a worker in the PPP.

Managed Care Organization (MCO) - Health Insurance organizations serving PPP Participants. The five plans are: Aetna Better Health, Fidelis Care, United Healthcare Community Plan, and Wellpoint.

Managed Long-Term Services and Supports (MLTSS) – A managed care delivered long-term care program that applies solely to the individuals who meet the MLTSS eligibility requirements.

MCO Nurse Assessor - The registered nurse assessor visits the Participant's home annually or upon change in condition to review needs for personal care and authorize the number of hours which are converted into the dollar amount available in the CMP.

Monthly Budget Allocation - Funds set aside for use each month as outlined in the CMP. The monthly budget allocation can be used to fund personal care, goods, services and cash (when approved).

Natural Support (Generic Support) - An unpaid friend or family member who provides care or other support to the Participant.

Participant – Individual covered under the NJ FamilyCare program, who requires personal care attendant services and chooses to self-direct his/ her goods and services in the PPP. Individual must effectively direct their own care, with support from an Authorized Representative, if needed.

Pended Timesheet- PPL term indicating a worker timesheet that requires further information or resolution of the issue preventing payment. Typical issues causing a pended timesheet include - spending over allocated monthly budget, incorrect service code, and duplication of hours.

Personal Care Services – Health-related tasks performed by a worker in the PPP Participant's home and community.

Personal Preference Program (PPP) – Using the concept of "self-direction," the Personal Preference Program allows eligible NJ FamilyCare recipients to design, direct and manage their personal care services. The program requires greater responsibility of the participant, but offers greater control, flexibility and choice than the alternative traditional NJ FamilyCare Personal Care Assistance Program. PPP allows participants to choose

services they need, self-direct care, hire their own employees including family, friends and neighbors and create a Cash Management Plan to meet personal care needs.

PPP Personal Care Attendant Agency (PPP PCA Agency) – Accredited agency chosen by PPP Participant to employ PCA workers providing personal care assistance. These can only be used to supplement a care plan.

Public Partnerships (PPL) - PPP Fiscal Intermediary and Financial Counseling Service provider.

State Program Office (SPO) - The State Program Office (SPO) for the Personal Preference Program (PPP) is within the DMAHS. The SPO maintains responsibility for the overall administration of the PPP, including development of policies, procedures and other parameters of the program.

State Unemployment Tax Act (SUTA) – New Jersey's Unemployment Compensation Law. These costs are paid out of the participant's budget as part of a worker's total hourly wage. For more information, please speak to your Financial Consultant.

Personal Preference Program "Who to Call" Reference Sheet

Call an Enrollment Specialist (before starting the program) to:

- Provide PPP orientation and training
- Directly assist Participants in enrolling in the Personal Preference Program
- Provide instruction on paper or online timesheets or "e-timesheets" for Participants
- Provide training on the Time4Care™ mobile timesheet application
- Explain what timesheet pend messages are and what they mean
- Provide instruction on preparing and submitting paper and electronic invoices for Participant-Directed Goods & Services (only if denied by MCO)
- Answer questions about Personal Preference Program rules or how the PPP works
- Assist with the development of the initial CMP
- Explain the CMP and budget before a start date
- Add or remove personal care services or other goods/services from the CMP before a start date

- Check on the status of an employee's enrollment packet
- Report changes in the choice of Managed Care Organization or if a Participant moves more than 20 miles from their current location before a start date
- Request guidance in locating a new employee, before the program has started
- Report an instance or allegation of abuse, neglect, exploitation or fraud
- Report a change in unpaid care or supports, if it impacts personal care needs
- Adjust, update or otherwise inquire about pay rates
- Gain guidance, direction, and consultation on the PPP program
- Provide instruction for locating agency services and submitting invoices for Agency PCA services

Call a Long-Term-Care Consultant (after starting the program) to:

- Provide instruction on paper or online timesheets or "e-timesheets" for Participants
- Give guidance on how to use the Time4Care™ mobile timesheet application
- Explain what timesheet pend messages are and what they mean
- Provide instruction on preparing and submitting paper and electronic invoices for Participant-Directed Goods & Services (only if denied by MCO)
- Answer questions about Personal Preference Program rules or how the PPP works
- Assist with the development of the CMP
- Explain the CMP and budget
- Add or remove personal care services or other goods/services from the CMP
- Check on the status of an employee's enrollment packet
- Schedule or ask about quarterly home visits
- Report changes in the choice of Managed Care Organization or if a Participant moves more than 20 miles from their current location
- Request guidance in locating a new employee
- Report an instance or allegation of abuse, neglect, exploitation or fraud
- Report an employee termination of employment
- Change Authorized Representatives
- Report a change in unpaid care or supports, if it impacts personal care needs

- Adjust, update or otherwise inquire about pay rates
- Gain guidance, direction, and consultation on the PPP program
- Provide instruction for locating agency services and submitting invoices for Agency PCA services
- Report Provider payment issues

Call Customer Service to:

- Check the status of submitted timesheets
- Enroll a new Provider (with the Customer Service Over-the-Phone Enrollment Team)
- Update either the Participant or Provider address, phone number or name
- Report status changes, including the beginning or end of hospitalizations or vacations that are out of state and exceed 30 days
- Request check stop payments
- Identify timesheet payment amount(s)
- Ask about employee Direct Deposit enrollment and status
- Change employee payment preferences
- Inquire about an “online error” preventing a timesheet from being submitted
- Reset a Portal username or password for either Participants or Providers
- Report an instance or allegation of abuse, neglect, exploitation or fraud
- Report provider termination of employment
- Request a Difficulty of Care Acknowledgement Letter

Call the State Program Office for:

- General questions about PPP, including how to enroll in the program
- PPP participant support

Call your Managed Care Organization for:

- Questions about how to enroll in the program
- Questions about your PCA assessment, or the number of hours
- Questions about your budget amount
- To report changes in eligibility status

- To report changes in demographic information, such as phone number or address
- Report status changes, including the beginning or end of hospitalizations or vacations that are out of state and exceed 30 days or more

Important Contacts

Public Partnerships (fiscal intermediary counseling services)	
Enrollment Specialist Contact Information: Name: Phone: E-Mail:	**Your Consultant Contact Information:** **After the first check is sent to your employee, you can fill in your ongoing Consultant's info here:* Consultant Name: Phone: E-Mail:

Customer Service

- Phone: (844) 880-8702
- Spanish: (844) 880-8703
- E-mail cs-njppp@pplfirst.com
- Timesheet Fax: (844) 561-5983
- Non-Timesheet Fax: (844) 627-6834

Online Timesheets

- Site: PPLfirst.com
- Mobile App: Time4Care™

Over-the-Phone Enrollment (to hire a new employee)

- Phone: (877) 908-1752

Need timesheets or other documents? Download them!

Site: PPLfirst.com

Work Related Injuries

- Phone: (888) 239-3909

NJ Department of Human Services

Division of Medical Assistance and Health Services (State Program Office)

- Phone: (609) 631-2481– general questions/concerns
- Phone: 855-672-8477– fraud waste and abuse reporting
- Website: PPP.NJ.Gov

Managed Care Organizations (MCO)

- Aetna: (855) 232-3596
- Wellpoint: (855) 661-1996
- Fidelis Care (855) 642-6185
- United Health Care: (800) 645-9409

Emergency Contact Information	
Backup 1:	Phone:
Backup 2:	Phone:

Participant Information

Name:	
Medicaid #:	
PPL ID #:	

Budget Details	Start Date Month	Continuous Months
Monthly Budget:		
Check Fees:		
Cash Check:		
Mileage:		
Worker's Comp:		
Remaining PCS Funds:		
Wages + Taxes:		
Total Monthly Hours:		

Other Details	
Employee Negotiated Hourly Pay Rate:	
Service Type:	

Next Steps

- Your Enrollment Specialist will call you to inform you of your program services' start date. You cannot start the program until confirming this start date with your Enrollment Specialist.
- Your Enrollment Specialist will be able to provide you with your employee's PPL ID number after the employee is "good to go."
- Your employee will need to visit https://fms.pplfirst.com and click "Sign Up" to create a portal account to submit timesheets electronically.
- Once the first timesheet has been submitted successfully, your Enrollment Specialist will introduce you to your long-term Consultant who will set up your Quarterly Visit schedule and be your first point of contact going forward.
- Remember to expect monthly phone calls from PPL for the first six months you are in the program. These monthly calls are mandatory.

Notes

Payment Schedule

Timesheets: Calendar Year 2025

NJ-PPP-Pay-Schedule-2025.pdf

Timesheets must be received and approved by 5PM of the Monday deadline. Late Timesheets will be paid with the next off-cycle payment.

Use either the Time4Care™ smartphone application or e-Timesheets through the BetterOnline™ web portal, to submit your timesheets electronically. Never worry about paper timesheets again.

Payments for CASH are issued on the last Wednesday of a month.

An invoice, receipt, or mileage log must accompany every Payment Request Form, in order for payment to be made.

Mileage Logs and Payment Request Forms are available on the Public Partnerships website https://fms.pplfirst.com/

Employer related Payroll Taxes

Employer related Payroll Taxes are determined by familial relationship, living situation, employee age and student status. Adding these taxes to the employees' Gross Wage results in the Billable Rate.

A ***Child*** employed by their parent *under 21*, ***Employees under 18***, ***Foreign Students***, ***Parents*** employed by their children, and Employees working for their ***Spouse*** will be subject only to the *Disability Tax and Workforce Development Tax.*

Parents employed by their child are exempt from *Social Security Tax and Medicare_Tax.*

All other employees are subject to withholding of all taxes listed below.

Payroll Taxes

Payroll Taxes deducted from your paycheck may include:

Federal Income Tax

State Income Tax

Disability Tax

State Unemployment Insurance

Workforce Development Tax

Federal Unemployment Tax

Social Security Tax

Medicare Tax

Individual Income Taxes

Individual Income Taxes are deducted from the Gross Wage of the individual employee and include withholdings for *Federal Income Tax and State Income Tax,* based upon the individual employee's tax filing status and allowances listed on their **W-4**. Additionally, State and Federal Unemployment Taxes, Disability Tax, Workforce Development Tax, Social Security and Medicare Taxes are withheld based on the relationship statuses previously discussed.

Employees residing together in the same home **with the participant** they care for are excluded from federal and state Income Tax per the *Difficulty of Care Income Tax Exclusion, Internal Revenue Service Notice 2014-7*, and are subject to all other applicable taxes as determined by their relationship status.

Sample Training Acknowledgment Form

Employee Name: _____

Employee Start Date: _____

Training Provided:

- Introduction to the Personal Preference Program
- Process for identifying fraud, waste, or abuse of program funds
- Process for reporting fraud, waste, or abuse of program funds
- Process for identifying neglect, physical abuse, or exploitation
- Process for reporting neglect, physical abuse, or exploitation
- Care needs of the participant
- Preferences of the participant
- How to submit a timesheet/how to document hours worked
- How to report absences
- Emergency exits in the home
- Emergency contact numbers
- Allergies of the participant
- Confidentiality

I acknowledge that I have completed training for the above participant.

_____

Employee Signature

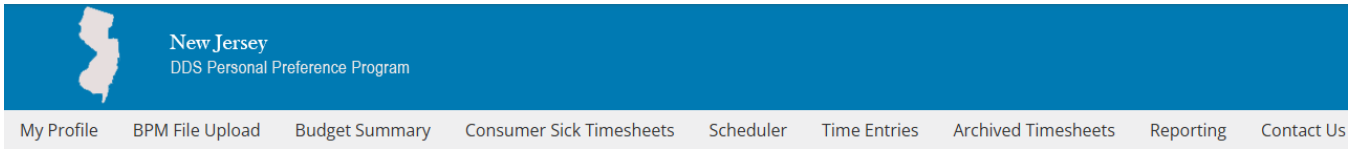
_____

Date

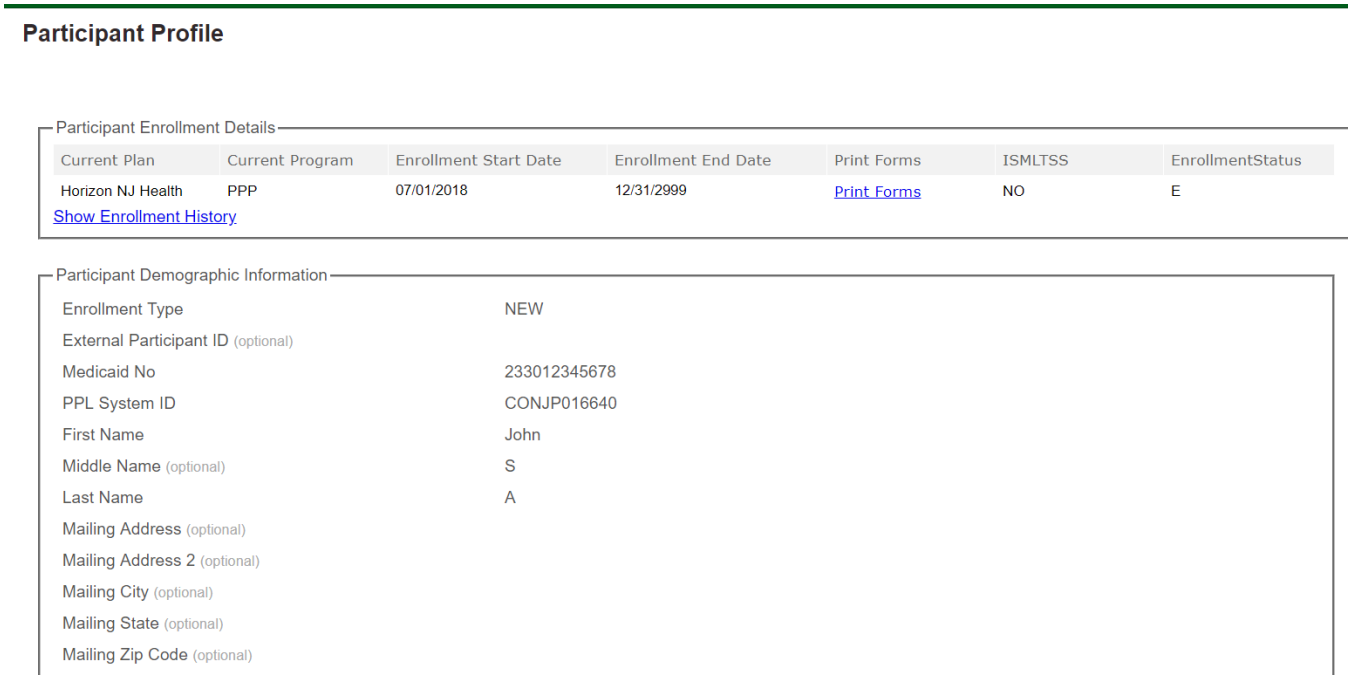
Getting to Know Portal

There are nine tabs lining the top of your portal website:

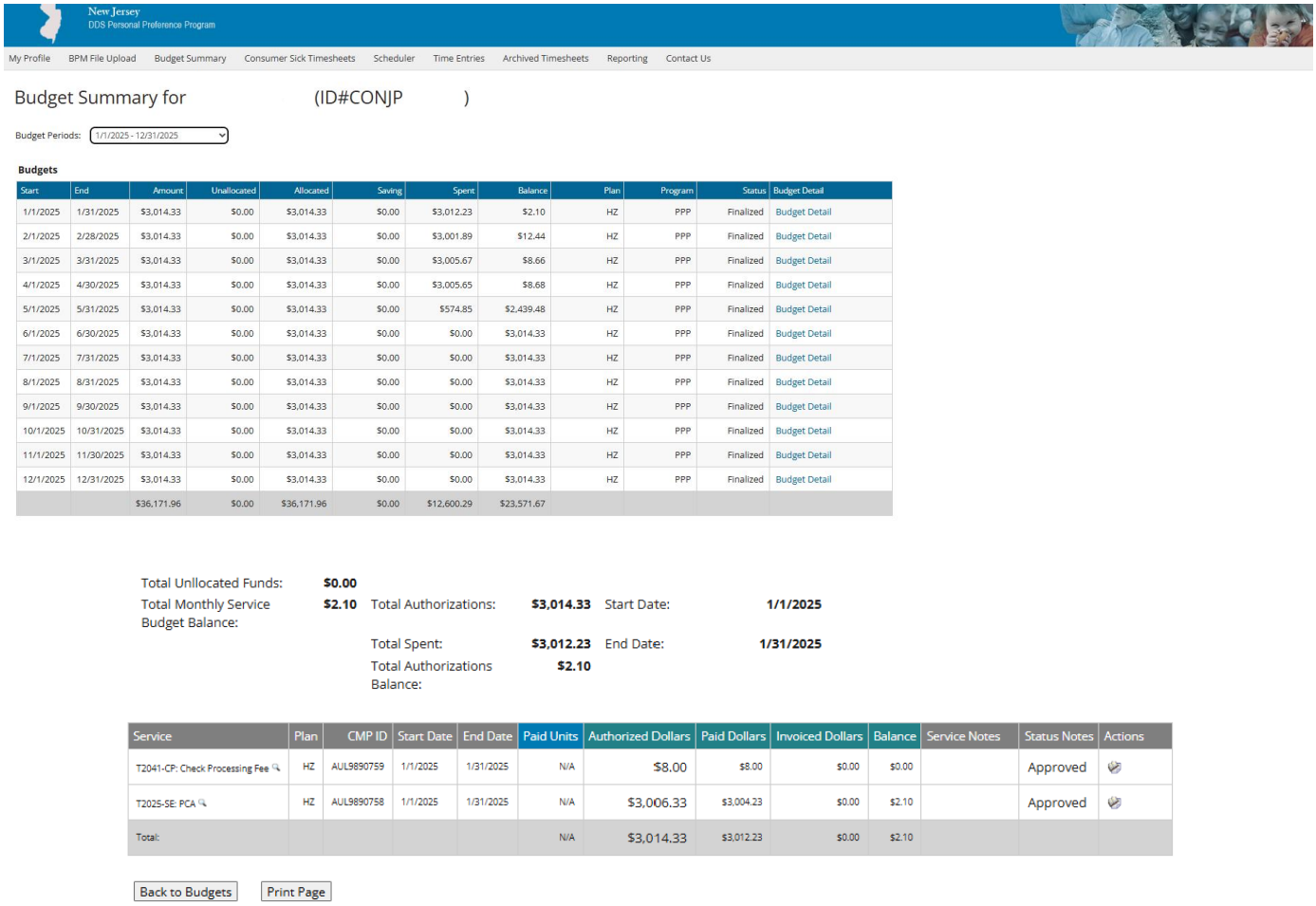
1. **My Profile**: To view your demographics
2. **BPM File Upload**: To upload documents
3. **Budget Summary**: This shows the budget details for each month
4. **Consumer Sick Timesheets**: This manages your provider(s) accrued and submitted Sick Time
5. **Scheduler**: To view appointments made with FCS Consultant
6. **Time Entries**: To view and approve timesheets for workers
7. **Archived Timesheets**: To view a record of older timesheet submissions
   - **Reporting**: *not applicable*
   - **Contact Us**: You can contact PPL directly with any questions or comments



1. **My Profile**: To view your demographics
   - Scroll through the page to view your information, such as name, address, phone number, date of birth, employer of record info, representative info etc.



2. **BPM File Upload**: You can upload documents directly to your profile
3. **Budget Summary**: This shows the budget details for each month
    a. This page will automatically show all budgets approved for you
    b. To filter specific months, select Budget Periods and select the range of months you want to view.
    c. You can then select the month you want to look at, by selecting "Budget Detail".



New Jersey
DDS Personal Preference Program

My Profile | BPM File Upload | Budget Summary | Consumer Sick Timesheets | Scheduler | Time Entries | Archived Timesheets | Reporting | Contact Us

Budget Summary for (ID#CONJP)

Budget Periods: 1/1/2025 - 12/31/2025

Budgets

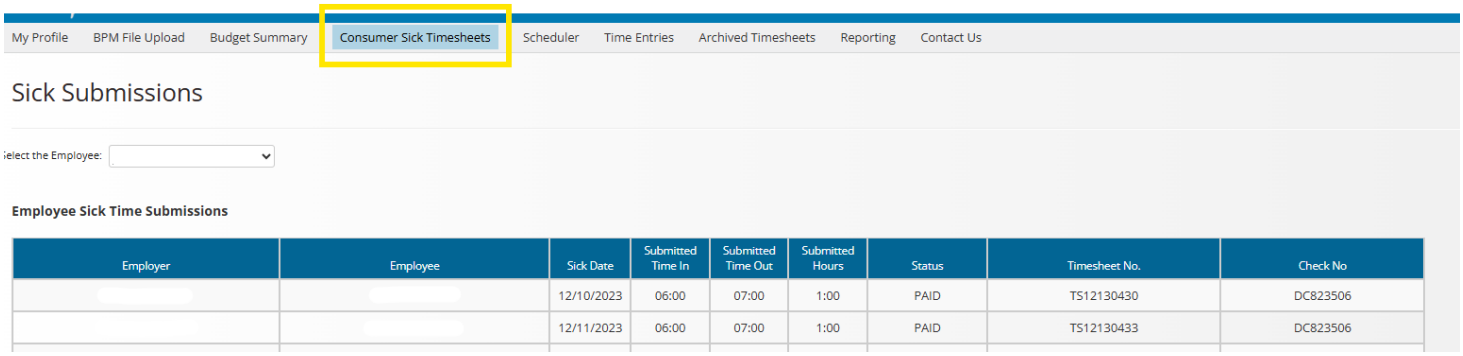
Start	End	Amount	Unallocated	Allocated	Saving	Spent	Balance	Plan	Program	Status	Budget Detail
1/1/2025	1/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$3,012.23	$2.10	HZ	PPP	Finalized	Budget Detail
2/1/2025	2/28/2025	$3,014.33	$0.00	$3,014.33	$0.00	$3,001.89	$12.44	HZ	PPP	Finalized	Budget Detail
3/1/2025	3/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$3,005.67	$8.66	HZ	PPP	Finalized	Budget Detail
4/1/2025	4/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$3,005.65	$8.68	HZ	PPP	Finalized	Budget Detail
5/1/2025	5/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$574.85	$2,439.48	HZ	PPP	Finalized	Budget Detail
6/1/2025	6/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
7/1/2025	7/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
8/1/2025	8/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
9/1/2025	9/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
10/1/2025	10/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
11/1/2025	11/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
12/1/2025	12/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
		$36,171.96	$0.00	$36,171.96	$0.00	$12,600.29	$23,571.67				

Total Unllocated Funds: **$0.00**
Total Monthly Service Budget Balance: **$2.10**
Total Authorizations: **$3,014.33**
Start Date: **1/1/2025**
Total Spent: **$3,012.23**
End Date: **1/31/2025**
Total Authorizations Balance: **$2.10**

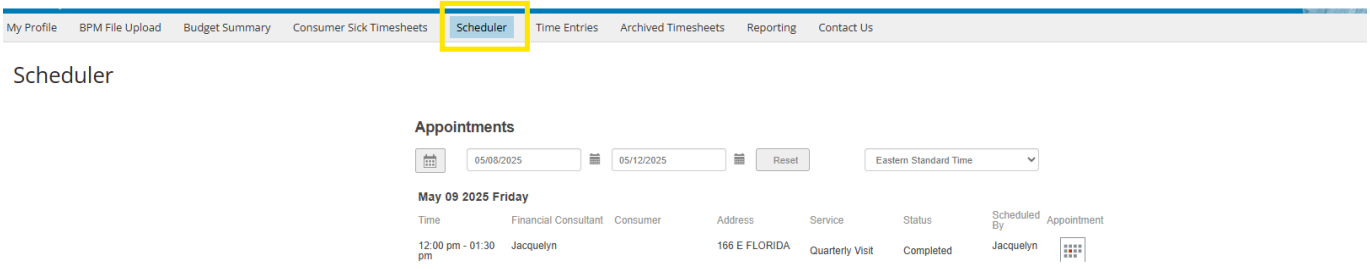
Service	Plan	CMP ID	Start Date	End Date	Paid Units	Authorized Dollars	Paid Dollars	Invoiced Dollars	Balance	Service Notes	Status Notes	Actions
T2041-CP: Check Processing Fee	HZ	AUL9890759	1/1/2025	1/31/2025	N/A	$8.00	$8.00	$0.00	$0.00		Approved	
T2025-SE: PCA	HZ	AUL9890758	1/1/2025	1/31/2025	N/A	$3,006.33	$3,004.23	$0.00	$2.10		Approved	
Total:					N/A	$3,014.33	$3,012.23	$0.00	$2.10			

Back to Budgets | Print Page

4. **Consumer Sick Timesheets:** This manages your provider(s) accrued and submitted Sick Time



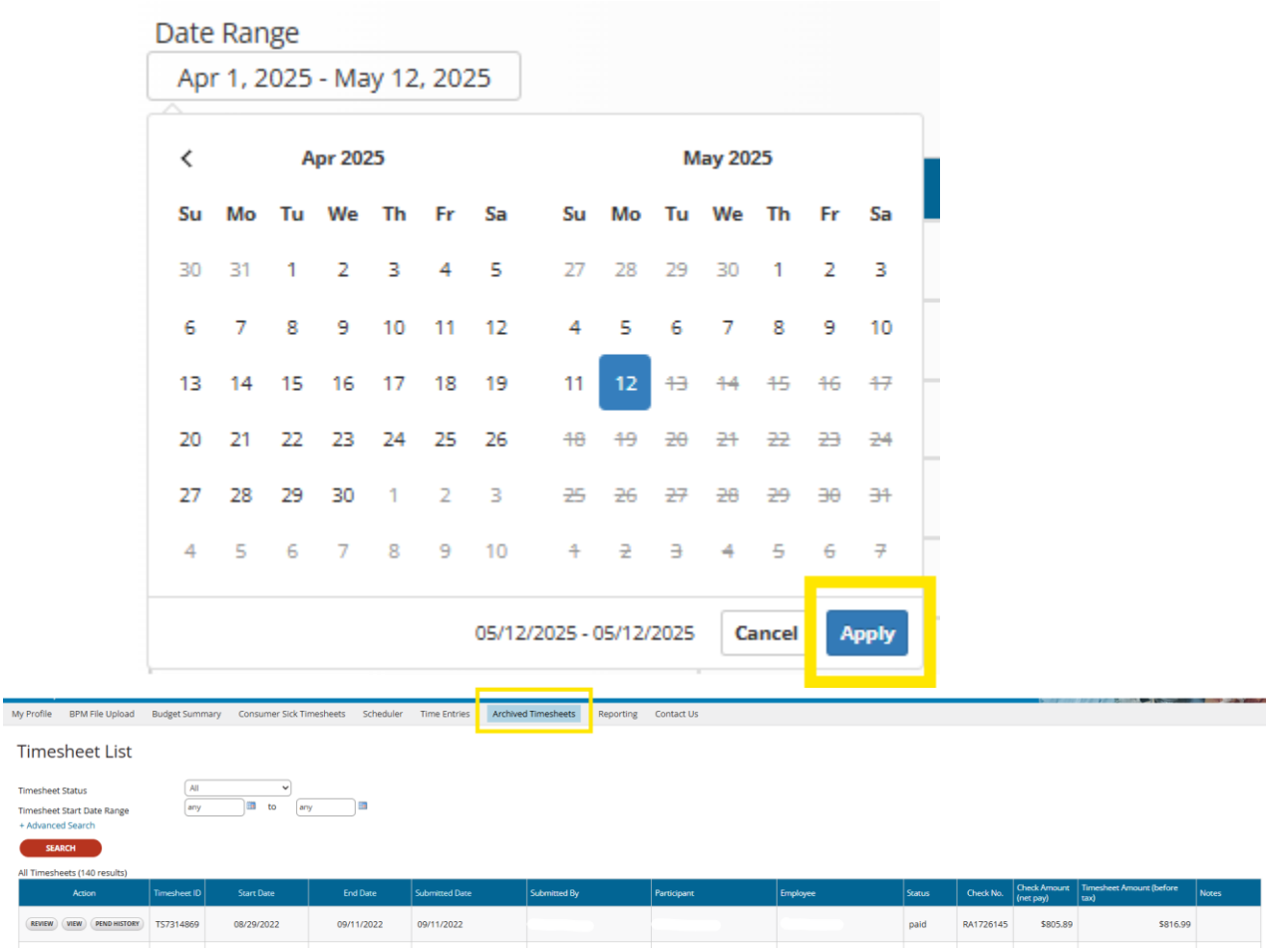
5. **Scheduler**: To view appointments made with FCS Consultant



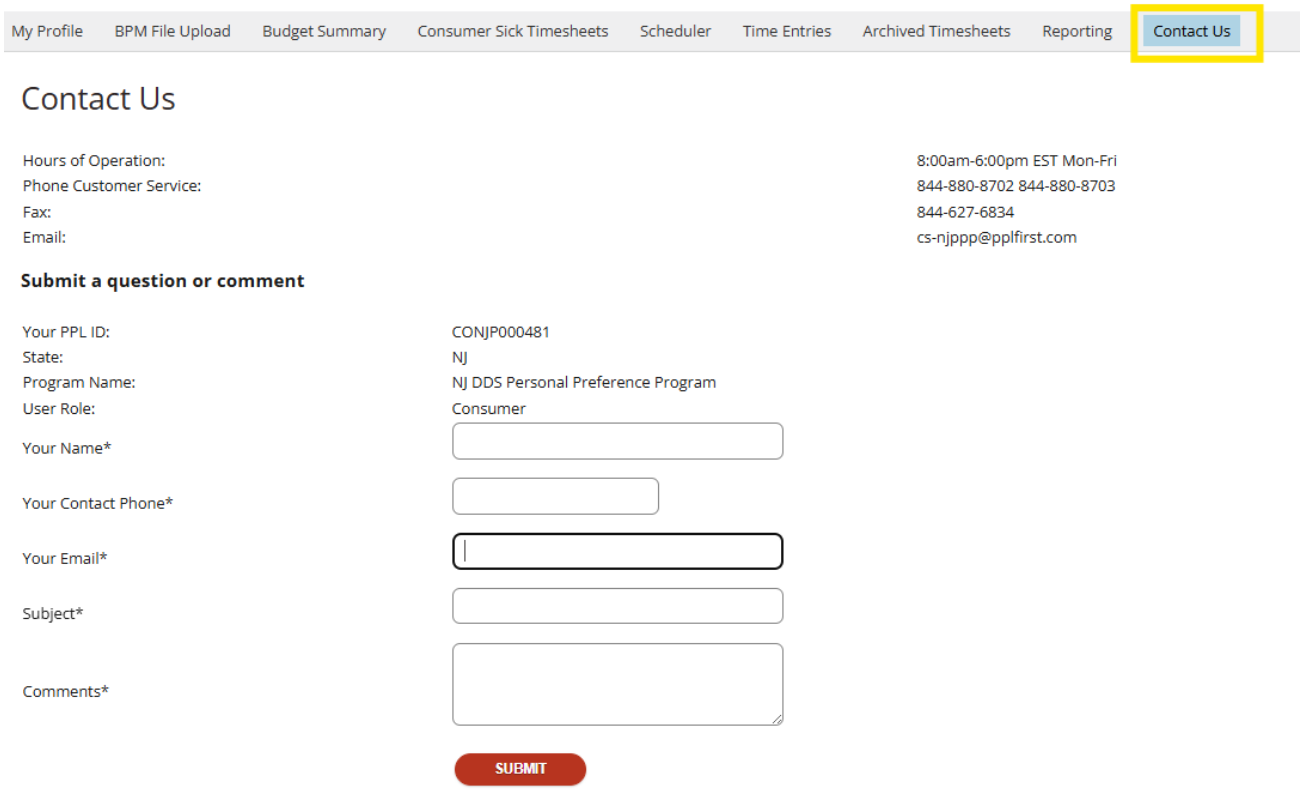
6. **Time Entries**: To view and approve timesheets for workers
   - To search for a timesheet, change “Date Rage” to the timeframe you want to view and select the “apply”



- **Archived Timesheets**: To view a record of older timesheet submissions

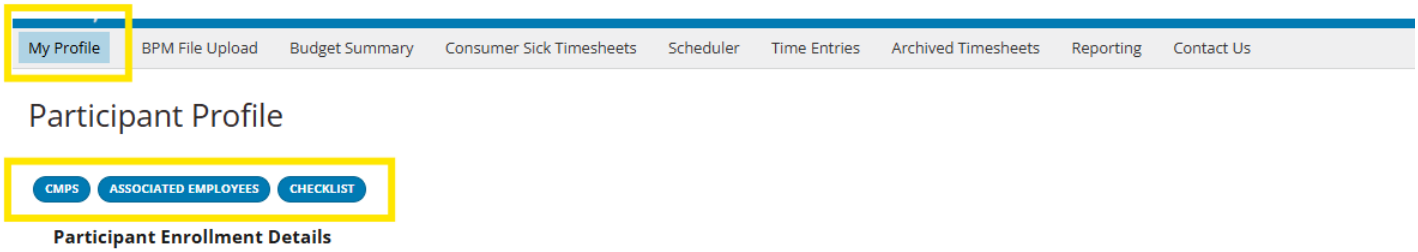


- **Reporting:** Not applicable
- **Contact Us**: You can contact PPL directly with any questions or comments

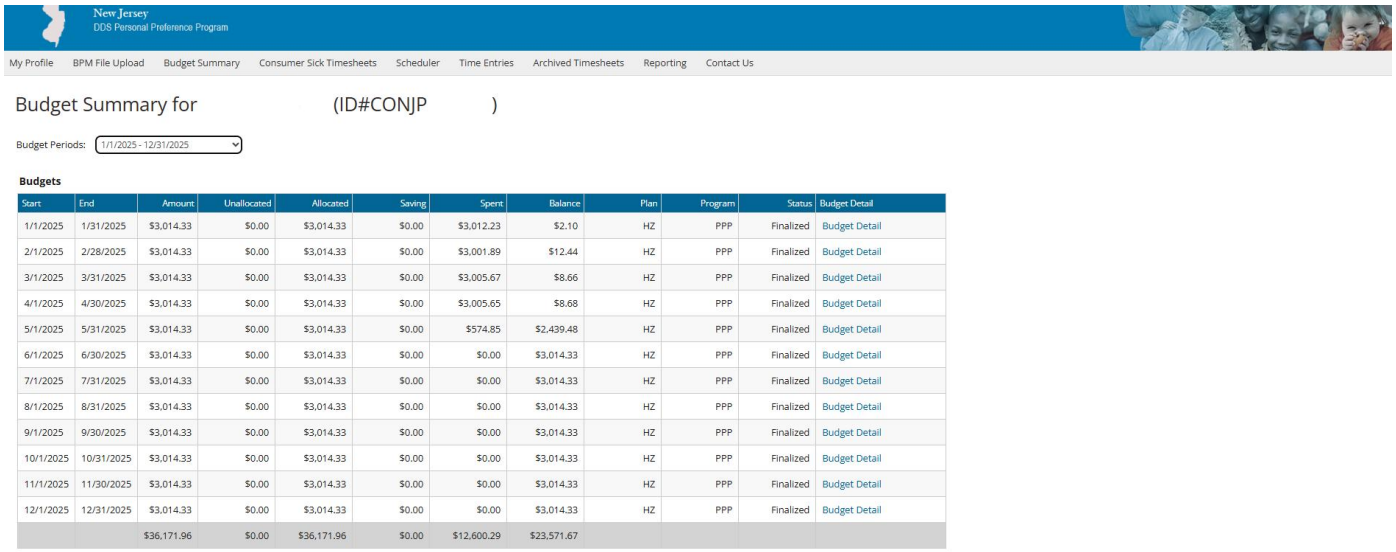


On the top of your profile tab, there will be three action buttons

1. **CMPs:** This shows the budget details for each month
   - **Associated Employees:** To view worker information
   - **Check List:** To view your document checklist

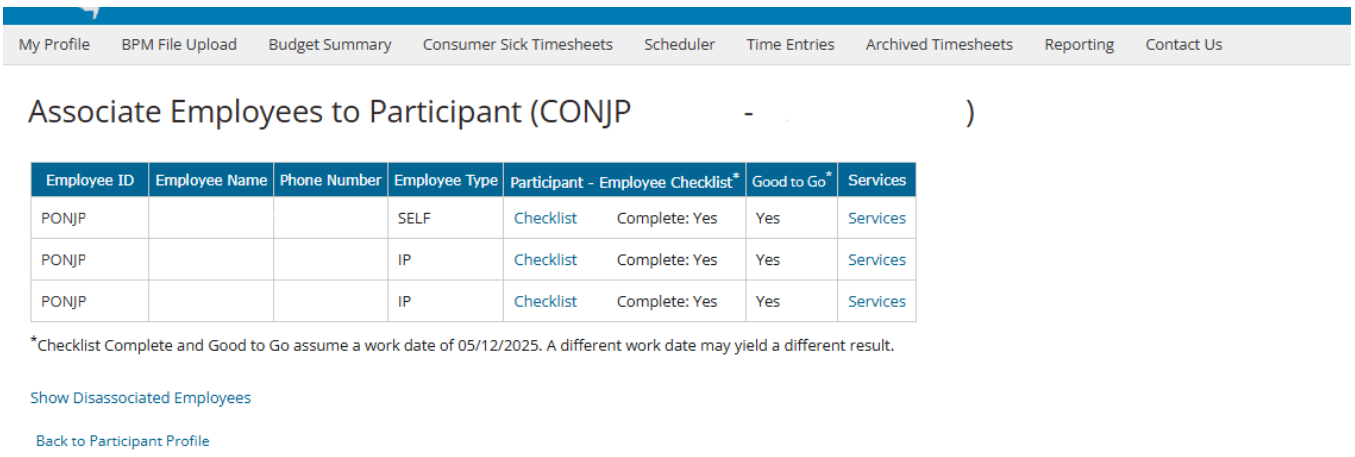


1. **CMPs**: this shows the budget details for each month
    a. This page will automatically show all budgets approved for you



Start	End	Amount	Unallocated	Allocated	Saving	Spent	Balance	Plan	Program	Status	Budget Detail
1/1/2025	1/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$3,012.23	$2.10	HZ	PPP	Finalized	Budget Detail
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6/1/2025	6/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
7/1/2025	7/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
8/1/2025	8/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
9/1/2025	9/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
10/1/2025	10/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
11/1/2025	11/30/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
12/1/2025	12/31/2025	$3,014.33	$0.00	$3,014.33	$0.00	$0.00	$3,014.33	HZ	PPP	Finalized	Budget Detail
		$36,171.96	$0.00	$36,171.96	$0.00	$12,600.29	$23,571.67				

2. **Associated Employees:** To view worker information
    a. Select worker listed to view
    b. “Checklist” will indicate which paperwork has been processed



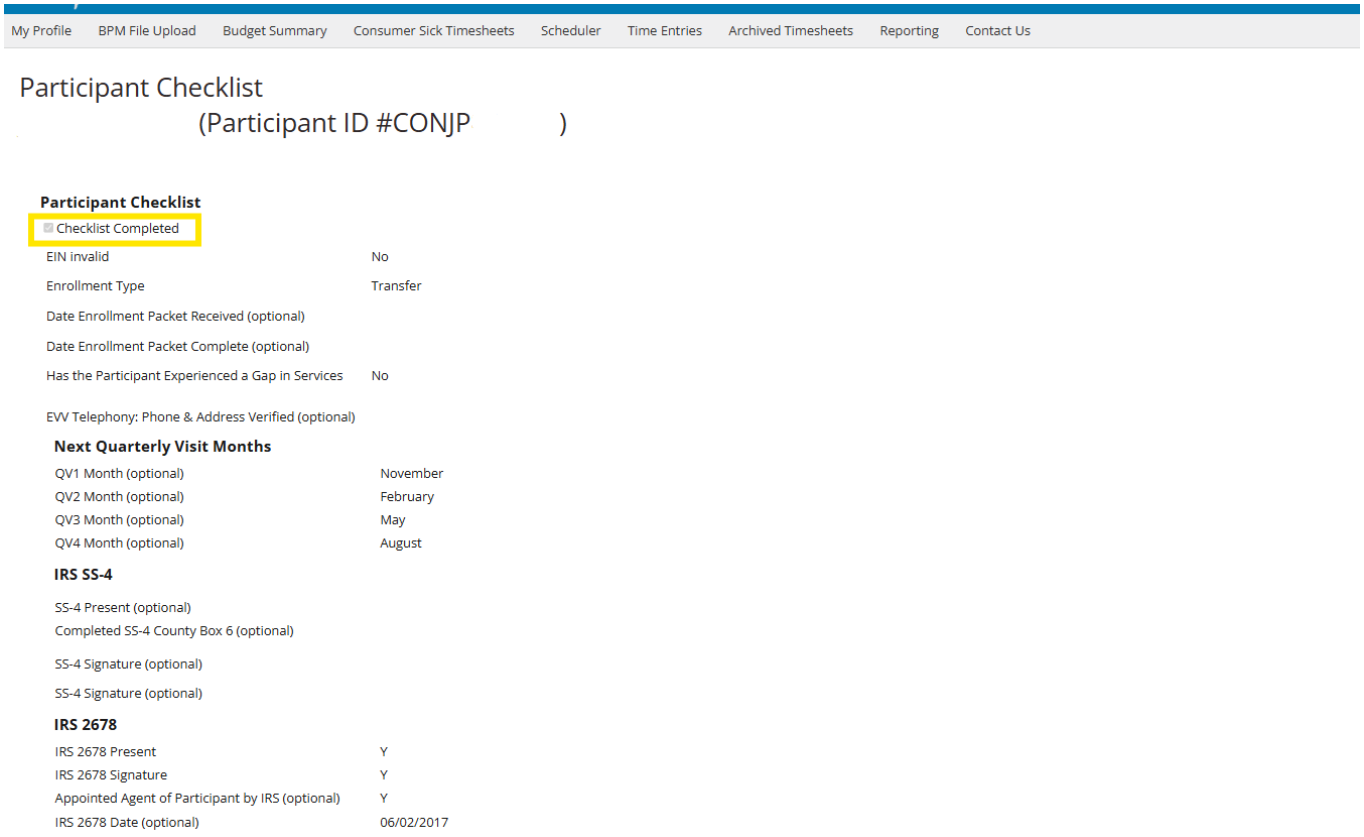
Employee ID	Employee Name	Phone Number	Employee Type	Participant - Employee Checklist*		Good to Go*	Services
PONJP			SELF	Checklist	Complete: Yes	Yes	Services
PONJP			IP	Checklist	Complete: Yes	Yes	Services
PONJP			IP	Checklist	Complete: Yes	Yes	Services

*Checklist Complete and Good to Go assume a work date of 05/12/2025. A different work date may yield a different result.

Show Disassociated Employees

Back to Participant Profile

3. **Check List:** To view your document checklist
    a. This will show if any documents are missing in red
    b. If no documents are missing, check list will be marked as completed



Electronic Visit Verification

What is Electronic Visit Verification (EVV)?

EVV is a data system that you and your employee(s) can access and use through a mobile smart phone or landline. Employees who use the mobile option will download the Time4Care application to their smartphone in order to record and verify when your services begin and end. By using the EVV system, eventually you won't have to send, fax or scan the paper timesheets to PPL.
Self-direction allows you to train your employee(s) on the following EVV key points, enabling you to take control of the training process. It is crucial that both you and your employee(s) are aware of the following:

- This requirement is not optional. Every employee submitting time through a NJ FamilyCare/Medicaid funded organization will need to submit their time live unless your employee has a live-in exemption on file. For more information on the live-in exemption, review the section 'EVV Live-In Exception (LE)' below.
- Your employee(s) will use PPL's Time4Care mobile application.

- You may have already seen the application in action, as PPL's staff use it to document their time in your home and it is now available for your employee(s) to use as well!
- The app is fully integrated with our financial management services platform (Portal) and can be downloaded onto any mobile device, such as a smartphone or tablet.
- It has the ability to verify where, when, and who is delivering care to you through the program.
- EVV is intended to provide greater visibility into service delivery with a goal of reducing potential fraud in NJ FamilyCare/Medicaid care.

General Information on EVV Implementation

In December 2016, Congress passed the 21st Century Cures Act. The Cures Act set new regulations requiring NJ FamilyCare/Medicaid programs to implement an EVV system to capture employee time for Home and Community Based Services, including Self- Directed Programs such as PPP.

The Cures Act requires the following elements to be electronically verified:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends

Our response to the 21st Century Cures Act mandate was to expand the functionality of our tried-and-tested Time4Care mobile time entry and approval app -an app already used by hundreds of thousands of individuals across the nation.

The Time4Care EVV Mobile App is tailored to self-directed home care programs. Time4Care allows your employee(s) to clock in and clock out to record their time and location. The app logs their location only at the time of clock in and out. It does not record their location at any other time.

This mobile app is a FREE software application that works on mobile devices such as smartphones & tablets. It is fully integrated with our financial management services (FMS) payment platform known as the BetterOnlineTM web portal.

Participant Time4Care EVV Training

How does it affect you as a member?

- Effective January 1, 2021, employees will be required to use the Time4Care App to clock in and out in real-time for each shift/visit. *Live-in employees are not required to use EVV; see below for further information.
- Time will be submitted for each shift separately and employees will not need to submit a timesheet to you prior to the end of the pay period.
- Time4Care will capture the location of your employee at the time of clock in and clock out.
- EVV replaces paper timesheets and traditional eTimesheets from Portal as these methods do not meet EVV requirements.
- You will be able to approve/reject time entries using either Time4Care or BetterOnline, as you do today.
- You will now be able to approve/reject individual shifts as they occur rather than in two-week increments, offering greater control of your budget.

The primary elements of EVV include:

- Clock in and clock out function which will allow your employee(s) to clock in at the beginning of their shift and clock out at the end of the shift.
- Global Positioning System (GPS) functionality to enable location capture. This will not prevent your employee(s) from being able to submit their time.
- Alternative method of EVV submission, if electronic devices are not available, through our Interactive Voice Response (IVR) system.

Common Concerns

1. Does EVV require microphone, photographic, or video monitoring?
   No, EVV will not require a microphone, photographic, or video monitoring. However, if needed, a landline option known as telephony (an alternate method) can be used to comply with EVV. See additional information below on our telephony system.
2. Are members required to carry a monitoring device on their person?
   No, employees are required to clock in at the start of their shift and clock out at the end. The device used to clock in and clock out does not need to be on the person the entire time. The app used for EVV in PPP will not track movements. In fact, location services for the app can be modified on your electronic device to only use location tracking when the app is in use. The employee's location is only captured at the point of clock in and clock out; it is NOT tracked during their entire shift.
3. Will EVV restrict the locations where a participant may receive services?
   No, the implementation of EVV will not reduce or change the locations where the participant may receive services. EVV does not change the program rules which will allow services to be provided both in the home and community.
4. How will service details collected through EVV be stored and kept safe?

All data will be stored on secure servers that are routinely managed and maintained and are incompliance with cyber security regulations and HIPAA laws and regulations.

Time4Care EVV Highlights

1. Once a program transitions to EVV, employees will be required to submit their time using the Time4Care App to clock in and out in real-time for each shift/visit. (Alternate Method exists)
2. Employees will be required to submit their shifts separately and will not need to submit a two-week timesheet prior to the end of the pay period.
3. Time4Care application will capture the employee's location at the time of clock in and out.
4. EVV replaces the need for paper timesheets, as well as traditional e-timesheets submitted through Portal.
5. Participants can approve/reject shifts using Time4Care or BetterOnline Portal just as they do today. Shifts can be approved daily or every two weeks.
6. Employees can still use BetterOnline Portal to review other functions besides time capture, such as viewing profiles, viewing payment details, etc.
7. Both the participant and employees can view and access submitted time-shift data in BetterOnline portal.
8. All existing program rules/configuration remain the same (i.e. pend rules, pay period schedule).
9. Employees will be able to submit manual, retroactive time entries via BetterOnline; however, this should be done on an exception basis

Time4Care App

This is the same app as our current mobile app used for timesheet submission across current programs today. You can log in by using the same credentials as BetterOnline Portal.

Methods of Approval

There are three types of Approval

BetterOnline Web Portal Approval - When you login, you will first see the 'Time Entries' page. This is the page where you can see any shifts created and submitted from December 7, 2020 onward. The 'Archived Timesheets' page will allow you to see any timesheets previously submitted before December 7, 2020.Helpful Tip: If you would like to move to a new page, you can select the options in the menu header bar.

What can I do on the Time Entries page?

In the Time Entries page, you can:

- Review shifts submitted for your approval
- Approve or Reject submitted shifts
- Check to see if shifts were paid

How do I use the Time Entries page?

- Select the Provider (for whom you wish to approve or review a shift)
- Select the Pay Period for Providers that "Need Approval"

How to Approve and Reject Time Entries

- Select individual boxes for specific shift dates OR select 'ALL' to approve all shifts submitted in a pay period.
- To approve the dates selected, hit "Approve Selected".
- To reject the dates selected, hit "Reject Selected".
    a. Don't forget to provide a note back to your provider so they know why a shift was rejected.

Time4Care Time Entry Approval - Any time entries that are not approved at the end of a shift will display a status of "Needs Approval."

- To approve click on the time entry to view additional details.
- To approve individual entries, click on the checkbox to the left of each entry and then click the orange "Approve Selected" button OR you can click "Select All" and then "Approve Selected" to approve all time entries within the pay period at the same time.
- Once selected, you must click "Yes, approve" and then OK.

Time Entry Rejection

If you would like to reject any or all-time entries, you can select the shifts by clicking on the checkbox to the left of each entry and then click the “Reject Time Selected” button OR you can click “Select All” and then “Reject Selected”. Once selected, you must click "Yes, reject" and then OK.

- **Approve Now** - allows approval of time at the end of a shift. The Employee will give you their device to approve time. A summary of the visit will be displayed on the screen, and you must enter your verifying information and sign on the screen.

A summary of the visit is displayed on the screen, and you must enter your:

- Last Name
- Last 4 digits of SSN
- Date of Birth
- You then physically sign on the screen and tap Approve.

Note: if you discover that your provider has made an error, the provider can tap Back to edit the entry and resubmit for your review.
Time can also be reviewed later. If so, the entry will remain in a Submitted status, and you will be able to approve or reject at a later time via your own login to Time4Care or BetterOnline.

Landline Option: Telephony Approval – The telephony option is for employees who do not have access to a smart device, such as a smart phone or tablet, to clock in and clock out via the PPL mobile application. In order to use the telephony option, the Participant’s landline must be stored in the Participant’s PPL Profile in Portal, and the Participant must call Customer Service to advise PPL that they want their employee to use the telephony option for EVV. The Participant’s phone number and address must be updated and accurate in PPL’s portal. Telephony will not work until after Customer Service has been contacted to register the landline. If you call the telephony number from any phone that is not registered or stored in the Participant’s profile, you will not be able to submit or approve shifts through the system

1. Step 1: Phone Line Registration

   Participants should first call PPL customer service to register their landline phone. Customer Service can be reached at: 844-880-8702

2. Step 2: Submitting and Approving Shifts

   To submit a shift as an employee or approve/reject a shift as a Participant you will call this dedicated telephony number: 833-598-6638

3. Step 3: Employees will
    - Dial 833-598-6638
        - Employees will need to “Select option 1 to indicate that you are the individual delivering care”

- Enter last 4 digits of your Social Security Number (SSN) and Date of Birth (DOB)
    - Select Program Participant from list
    - Follow prompts to either:
        - Being a new shift
        - Modify an existing shift
        - End a shift
    - If needed, follow prompts to correct and resubmit entries

4. Step 4: Participant/Authorized Representative will
    - Dial 833-598-6638
        - Participants/Authorized Representatives will need to “Select option 2 to indicate that you are the individual receiving care”
    - Verify identity by entering Last 4 digits of SSN and DOB
    - Select employee from list
    - Follow prompts to review and approve or reject any submitted shifts

When using the landline option, participants may come across an issue with connecting to the IVR system. This issue depends on the type of phone service connection. When a home phone is connected through Digital Subscriber Line (DSL), the number displayed on an outbound call may change. Since the number changes, the IVR system will not recognize the phone number and allow the participant to continue.

If the participant comes across this issue, please have them call their landline provider and have them change the configuration to have outbound calls display their actual home number.

Employee Time4Care EVV Training

Compliance with EVV is required under federal and state law.
- Employees must clock in/out using designated EVV tools (Time4Care/Telephonic).
- Employees must not submit excessive manual or retroactive entries.
- Employes must not use unauthorized methods to log time (Paper Timesheets/BetterOnline Web Portal).
- Participants must not approve a blank timesheet.
- Submitting and/or approving false or inaccurate entries is not acceptable (i.e. approving timesheet while at the hospital).

Failure to comply with EVV federal law may jeopardize PPP participation.

How does it work?
The Time4Care mobile app captures the time you start and end your shift and uses your phone or tablet's Global Positioning System (GPS) to record your location.
Location capture happens only when you "clock-in" using the app and when you "clock-out." In many cases, the app will work if cell service is not available because your phone or tablet's GPS still captures your location and the Time4Care app continues to capture time, services, and notes in off-line mode. In this instance, data including the time and location of service uploads once the cell phone is in an area with service.

IMPORTANT: *You will need to log in to submit your shift(s) once service is available.*

What are the benefits for the employee?

1. **Saves Time** – reduces the extra time that would be needed to enter notes, services and time on paper timesheets.
2. **Reduces Errors** – Time4Care corrects your entries as you enter them. This feature helps reduce typing errors so that timesheets are correct the first time.
3. **Increases Efficiency** – Time4Care captures "real-time" data, while you are entering notes and services daily. Regular data capture helps to reduce late timesheet entries leading to delays in payments.

Additional EVV Resources

Federal Telephone Assistance Program (TAP)
Click Here

How to Download Time4Care
Click Here

Time4Care App
Click Here

Web Portal
Click Here

The Web Portal will continue to be available – the same portal that is used today, however, there are changes:

1. eTimesheets will no longer be submitted via BetterOnline.
2. You can only use the Web Portal to submit manual, retroactive time entries based on defined EVV exceptions. However, as a reminder, the *BetterOnline* method is not EVV compliant and should be used as a last resort method under an emergent need. Examples of EVV exceptions are as follows and require justification in the "notes" section of the entry:
    - Technical issues preventing clock in/out
    - App outages
    - Device malfunction
    - Emergency care situations
3. Entries are added and submitted on a shift-by-shift basis – there is no longer a Saved Timesheet. Therefore, past shifts should not be edited. Any EVV compliant shift will no longer be EVV compliant once it is edited.
4. Any time submitted for dates of service after January 1, 2021 must be submitted via Time4Care OR using the manual time entry function for retroactive entry via BetterOnline.
5. You can use *BetterOnline* to VIEW all time entries submitted (via Time4Care or BetterOnline).