



YOUR LIFE
YOUR CARE
YOUR PEOPLE

PPL Vendor Fiscal/Employer Agent Model Information Session

May 29, 2024



AGENDA:



- SELF-DIRECTED EMPLOYEE REQUIREMENTS
- GOODS & SERVICES PROCESS
- ONLINE ENROLLMENT UPDATE
- SATISFACTION SURVEY RESULTS
- “NEW” COMMUNITY VENDOR LIST
- PPL WEBSITE REVISIONS
- *NEW – SCHEDULED INFORMATIONAL SESSIONS*
- PPL CONTACT INFORMATION
- QUESTIONS ??

SELF-DIRECTED EMPLOYEE REQUIREMENTS



Child Abuse Record Information (CARI) Checks

Background:

- Pursuant to New Jersey Statute Title 9 section 9:6-8.10f, Self-Directed Employees providing community-based services to individuals with developmental disabilities are required to complete a Child Abuse Record Information (CARI) background check.
- The background check is completed by the New Jersey Department of Children and Families (DCF) and includes a check of the DCF child abuse registry. The check will identify if a person has a history of proven child abuse or neglect with DCF.
- Employees or individuals who have a history of proven child abuse or neglect may not work as an employee in the NJ DDD Self-Directed Option.
- Employees refusing to agree to a CARI check are not eligible to work as an employee.

What to Expect:

- PPL will initiate the CARI check process once a self-directed employee packet is received. There is no cost to the employee for these checks.
- Once PPL initiates the CARI check process through the DCF registry site, the self-directed employee will receive an email inviting them to complete the CARI application online. This application process is required before an employee is eligible to work.
- All SDEs must complete and submit the CARI application within 10 days of hire.
- The self-directed employee will begin the application process by clicking the link in the email and completing the **Application Specifics**. The applicant should select the following options:
 - **a.** Indicate Reason for CARI: **Community Provider/Agency** **b.** Check the type that applies: **New Employee**
- Once all of the required information has been filled in on the online application, the employee will be asked for an Acknowledgment/Electronic Signature agreeing to the information submitted.
- Once the application is submitted and complete, PPL will receive notification from the Department of Children and Families of the completed application status.
- The CARI check results take several weeks to process. Self-Directed Employees can be hired but only continue working based on the results of the CARI check. If the CARI check results show a record of child abuse, the conditionally employed Self-Directed Employee cannot serve as a Self-Directed Employee in the NJ DDD Self-Directed Employee Option and employment will be terminated.



Stephen Komninos' Law: Pre-Enrollment Drug Testing

Background:

- The Stephen Komninos' Law requires that a person applying for employment as a Self-Directed Employee in the Division of Developmental Disabilities (DDD) Self-Directed Option consent to drug testing. The testing will be for dangerous controlled substances. Any individual who will not consent to drug testing cannot be considered for hire as a Self-Directed Employee.
- The Department of Human Services (DHS) covers the cost of the drug test. Drug testing will consist of urine screening for the following controlled, dangerous substances: • Cocaine • Opiates - including heroin, codeine/morphine, and prescribed semi-synthetic opioids • Amphetamines/Methamphetamines, and • Phencyclidine (PCP).
- The law states that an applicant who tests positive for the unlawful use of any controlled dangerous substance is not eligible for hire and therefore cannot be hired to work in the DDD Self-Directed Option. However, if the applicant test positive, he/she will be given an opportunity to speak with the Quest Diagnostics' Medical Review Officer (MRO) within 24 hours to discuss any relevant, legitimate medical explanations, such as a current prescription. During this review process, the applicant cannot be hired to work in the DDD Self-Directed Option.

What to Expect:

- Upon confirming the email address after the Enrollment Packet is processed, i3screen, the DHS Drug Testing Vendor, will email a Pre-Enrollment Drug Testing Order to the applicant.
- The Pre-Enrollment Drug Testing Order requests the applicant to schedule an appointment at one of the Quest Diagnostic medical centers nearest to their address, providing this service. Appointments are scheduled through the i3screen portal. The link to the i3screen portal is provided in the email.
- The applicant will have two (2) business days to make and complete the drug test appointment. Failure to keep the scheduled appointment or complete the drug test within the required two (2) business days may be considered a refusal and enrollment may be suspended.
- Updated email addresses should be reported to PPL's customer service as soon as possible at 1-844-842-5891.
- At the scheduled appointment, the applicant will be asked to provide a urine sample. The urine sample will be sent to a regional testing center. Negative results will be provided to the Division of Developmental Disabilities through PPL within 48 hours. Positive results may take longer.
- In the event of a positive test result, a Medical Review Officer will contact the applicant to discuss the results. Failure to respond to the MRO within 24 hours will be considered a non-contact positive and the participant's enrollment may be suspended.
- The Division of Developmental Disabilities through PPL will suspend the enrollment if the applicant's urine sample tests positive. The applicant's employer will be notified within five (5) business days.
- Random Drug Testing - the Office of Program Integrity & Accountability (OPIA) has full responsibility of Drug Testing and random drug testing can occur at least once a year and may occur more often. During random drug testing, the provider will be required to submit a urine sample and the process is followed as noted above.



Mandated Trainings for Self-Direction Employees (SDEs)

SDE Mandated Trainings (Regardless of relationship to the individual):

Within six (6) months of hire:

- DDD Stephen Komninos' Law
- DDD Life Threatening Emergencies (Danielle's Law)
- DDD Shifting Expectations: Changes in Perception, Life Experience, and Services
- Prevention of Abuse, Neglect, and Exploitation: Modules 1, 3, 4, 5, and 7

Within six (6) months of hire and every two years thereafter:

- CPR Certification (recertification every two years)
- Standard First Aid Certification (recertification every two years)

The Training Certification Form or the CPR/First Aid Recertification Form must be completed and submitted to PPL upon completion of the required trainings.

If the EOR is no longer associated with a SDE, the Employee Termination Form must be submitted to PPL immediately.



TRAINING CERTIFICATION

Employee Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Individual Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Employer Name (this must be completed)		
First:	<input type="text"/>	Last: <input type="text"/>

Required Training	
The following six trainings must be completed by all NJ DDD Self-Directed Employees (SDEs). A one-time reimbursement payment will be issued to an SDE after all trainings are completed and certified. Only one payment will be made per SDE, per lifetime.	
Training	Date of Completion
DDD Life Threatening Emergencies (Danielle's Law)	
DDD Stephen Komninos Law Training	
DDD Shifting Expectations: Changes in Perception, Life Experience and Services	
DDD Prevention of Abuse, Neglect and Exploitation – Module 1, 3, 4, 5 and 7	
Cardiopulmonary Resuscitation (CPR)	
First Aid (FA)	

Service Plan Specific Training	
The following four trainings must be completed by NJ DDD SDEs if medication administration applies to the services they will deliver.	
Training	Date of Completion
Medication Basics	
Working with Medications	
Administration of Medications and Treatment	
Follow Up, Communication and Documentation of Medications	

Agree and Sign	
I certify that I have completed these trainings and that (check one):	
<input type="checkbox"/> I have NOT been reimbursed previously from any agency and require payment.	
<input type="checkbox"/> I have been reimbursed previously and do not require payment.	
Employee Signature:	Date:
<input type="text"/>	<input type="text"/>
I certify that this employee has provided me with proof that these trainings have been completed, and that (check one):	
<input type="checkbox"/> This employee has NOT been reimbursed previously from any agency and requires payment.	
<input type="checkbox"/> This employee has been reimbursed previously and does not require payment.	
Employer or Authorized Representative Signature:	Date:
<input type="text"/>	<input type="text"/>

Once completed, submit the form via email to njddd@pplfirst.com or fax to 1-844-561-5978





CPR/FIRST AID RECERTIFICATION FORM

Employee Name		
First: <input type="text"/>	Last: <input type="text"/>	PPL ID: <input type="text"/>
Individual Name		
First: <input type="text"/>	Last: <input type="text"/>	PPL ID: <input type="text"/>
Employer Name (this must be completed)		
First: <input type="text"/>	Last: <input type="text"/>	PPL ID: <input type="text"/>

Required Recertification Training	
The below recertification trainings must be completed by all NJ DDD Self-Directed Employees (SDEs) once every two years. A reimbursement payment will be made to a SDE once both courses have been completed and certified.	
Training	Date of Completion
Cardiopulmonary Resuscitation (CPR)	<input type="text"/>
First Aid (FA)	<input type="text"/>

Agree and Sign	
I certify that I have completed the above recertification trainings and that (check one):	
<input type="checkbox"/> I have not been reimbursed within the past 2 years for the current CPR/First Aid recertification and require payment.	
<input type="checkbox"/> I have been reimbursed for the current CPR/First Aid recertification and do not require payment.	
Employee Signature:	Date:
<input type="text"/>	<input type="text"/>
I certify that this employee has provided me with proof that these trainings have been completed and that (check one):	
<input type="checkbox"/> This employee has NOT been reimbursed within the past 2 years for the current CPR/First Aid recertification and requires payment.	
<input type="checkbox"/> This employee has been reimbursed for the current CPR/First Aid recertification and does not require payment.	
Employer or Authorized Representative Signature:	Date:
<input type="text"/>	<input type="text"/>

Once completed, submit the form via email to njddd@pplfirst.com or fax to 1-844-561-5978.





NJ DDD Self-Directed Option Employee Termination Form

Use this form to notify PCG Public Partnerships when an employee will no longer be working for you. Please submit this form to us within 48 hours of termination. List the date and reason why the employee is no longer employed. The information you provide on this form will help us determine whether the employee is eligible for unemployment benefits.

Individual Information			
Individual Name:		Individual DDD Id:	
Street Address:			Apt./Unit/Suite
City:	State:	Zip Code:	
Phone:		E-mail:	

Employee Information			
Employee Name:		Employee PPL Id: PONJD _____	
Street Address:			Apt./Unit/Suite
City:	State:	Zip Code:	
Phone:		E-mail:	

Termination Information			
Termination Status:	<input type="checkbox"/> Voluntary Termination	<input type="checkbox"/> Involuntary Termination	
Last Day of Employment:	____ / ____ / _____		
Employment Status:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	
Average Work Schedule:	Hours Per Day _____	Hours Per Week _____	
Reason for Separation from Employment (check one):	<input type="checkbox"/> Work abandonment: Employee failed to report for work for ____ consecutive days. <input type="checkbox"/> Employee quit w/ verbal notice <input type="checkbox"/> Employee quit w/ written notice <input type="checkbox"/> Employer no longer had work available for employee at time of separation (lay-off) <input type="checkbox"/> Employee dismissed (fired)		

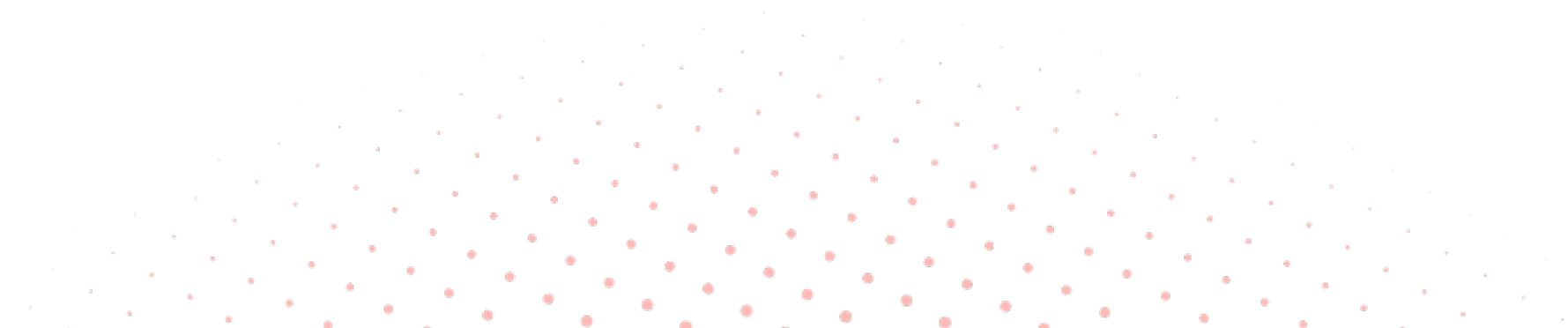
X

 Employer of Record (EOR) Signature Printed Name Date (mm/dd/yyyy)

This form and its attachments can be e-mailed to njddd@pplfirst.com; faxed to 1-844-561-5978; or, mailed to Public Partnerships, LLC, Attention: NJ DDD, 8000 Avalon Blvd, Suite 300 Alpharetta, GA 30009



GOODS & SERVICES PROCESS



GOODS & SERVICES PROCESS

- Goods & Services (G&S) are accessed through community vendors who typically offer their services/items to the general public. These vendors do not need to become DDD/Medicaid approved providers but they must complete vendor enrollment through the Fiscal Intermediary present in the individual's service plan, in this case, PPL. The Support Coordinator will assist the individual in identifying a vendor who is willing to provide a service/item and enroll with the Fiscal Intermediary. An updated resource, the [NJ DDD Community Vendor List](#), available on PPL's website [NJ DDD Self-Directed Option | PPL First](#), includes a list of vendors who have previously enrolled with PPL, which can assist you in identifying potential vendors.
- The Support Coordinator will assist the individual in identifying vendors that are registered with PPL from which he/she can access the needed Goods & Services.
- The Support Coordinator will add Goods & Services to the Individual Service Plan (ISP) which will be submitted and reviewed by the Division.
- Once the ISP is approved, the prior authorization will be automatically transmitted to the Fiscal Intermediary (PPL).
- The Support Coordinator must send the Service Detail Report to the vendor that will be providing the approved Goods & Services to confirm the accuracy (units, rate, etc.).
- The Goods & Services provider will render services as prior authorized by the approved ISP and submit an invoice to the Fiscal Intermediary (PPL) for payment.



ONLINE ENROLLMENT UPDATE:

- The PPL online enrollment platform has been decommissioned.
- Current Employers of Record (EOR) who are adding a new Self-Directed Employee (SDE) should contact PPL's Over the Phone Enrollment line at 1-877-908-1752.
- If you are new to Self Direction and would like to hire a SDE, please contact the Support Coordinator who will send in the initial referral through iRecord. Once the referral is received, the Enrollment Specialist will reach out with a Welcome Call and help guide you through next steps.



2023 SATISFACTION SURVEY RESULTS



- The survey was open from December 13, 2023 through February 29, 2024 for the 2023 year.
- 376 responses were received
- There were 21 questions included in the survey regarding Customer Service, Enrollment and Timesheets.
- The results have been shared with DDD and any areas of concerns are being addressed.
- Highlights of efforts underway:
 - PPL meets weekly with DDD, several families and Support Coordinator Agencies to review the current enrollment process with the goal to streamline the process, identify any areas that can be improved and create a better experience for participants and providers.
 - PPL will begin a process of communication to participants, vendors and employees, to advise when timesheets/invoices pend. This is scheduled to be implemented by mid July, 2024. **More to come!**

“NEW” COMMUNITY VENDOR LIST

PPL and DDD have designed a new look for the Community Vendor List!

The purpose of this list is to offer individuals self-directing some or all of their services, their families, or interested stakeholders the opportunity to identify Community Vendors who are enrolled with and have been previously reimbursed by PPL for providing approved services in an individual’s plan.

The new format is now available on the PPL website at [NJ DDD Self-Directed Option | PPL First](#) and includes the Vendor Name, Address, Phone number, Email Address and the **specific Services** they each offer.



REVISING THE PPL WEBSITE

PPL and DDD are working together to reformat the PPL webpage under the Division of Developmental Disabilities (DDD) to make it easier to find documents, forms and other important information.

The revised website will be completed soon and will offer a smoother experience when navigating through different topics.



We Want to Hear From You!

Have Concerns??

- *PPL is providing additional support*
 - SCAs, family groups, advocates, and Supports Brokerage providers are now able to request a scheduled information session with PPL staff. These sessions will be held to hear your concerns and to provide feedback.
 - The link to request an informational session will be available by June 7 and can be found on the PPL website at [NJ DDD Self-Directed Option | PPL First](#).
 - All scheduled meetings will be held within 7 to 10 business days from the date the form is received and will be held virtually.



PPL CONTACT INFORMATION

1-844-842-5891 (English)
1-844-842-5892 (Spanish)
NJDDD-CS@pplfirst.com

Customer Service Hours:
Monday through Friday
8:00 am to 6:00 pm EST

1) General inquires related to PPL services

- a. BetterOnline Portal registration
- b. Login assistance or training
- c. Understanding timesheets, payments or Earning Statements
- d. Payment status
- e. Enrollment support and status
- f. Authorization details received by PPL

NJDDD-ADMIN@pplfirst.com

- 1) Receives Complaint and Appeal forms
- 2) After allowing at least one business day, receives escalated unresolved issues

1-844-561-5978 (fax)
NJDDD@pplfirst.com

1) Receives program related documents only

- a. Enrollment forms
- b. Rate change forms
- c. Verification of employment
- d. Vender invoices
- e. Training Certification form
- f. CPR/First Aid Recertification form

NJDDD-training@pplfirst.com

1) Inquiries related to training requirements

1-844-231-4793 (fax)

1) Receives paper timesheets





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Questions and Answers