

**Public Partnerships, LLC**  
**Third Party Administrator**  
5660 New Northside Drive Suite 750  
Atlanta, GA 30338

Phone: 678-569-0060 x139 or x130  
Fax: 866-420-2903

# **Vendor Packet**

## **Introduction to PPL**

### **Information for Vendors**



## **GEORGIA CHILD & ADOLESCENT CONSUMER SUPPORTS PROGRAM**

Dear Vendor:

Thank you for your interest in the Georgia Child & Adolescent Consumer Supports Program! You have received this packet because you have expressed interest in becoming a vendor in the state-wide C&A Vendor Network. As a qualified vendor in this network, you will be able to provide services to children and adolescents with severe emotional and/or substance abuse disorders.

The Georgia Department of Human Resources (DHR) has contracted with Public Partnerships, LLC (PPL) to act as the Third Party Administrator for any Medicaid eligible (CMO or MRO) or state-funded child being served by an approved Core/IFI Provider Agency who is currently doing business with the State of Georgia. This program will begin in January 2008. As a vendor, PPL will pay you on behalf of the consumer you serve. All payments will be based on approved service referrals from the consumer's Core/IFI Provider. Invoices for your services will be submitted to PPL for payment. It is important to remember that as a vendor in this program, you are serving as a PPL vendor and not as a vendor through the State of Georgia.

### **What is a Third Party Administrator?**

A Third Party Administrator, or TPA, is simply a third party who is responsible for managing approved state funds and administering these funds to qualified vendors who have delivered services to eligible consumers. The TPA will act as an intermediary between Core/IFI Providers who are authorizing and requesting services on behalf of consumers and the vendors who will be submitting invoices for the delivered services. PPL will process service referrals and ensure that funds are available to approve the requested service. PPL also ensures that referrals are only created for consumers who are enrolled in the program and for vendors who have met all credentialing requirements to be enrolled into the Vendor Network. As a TPA, PPL does not hold any decision-making authority in regards to service need or service plan development.

To help ensure that consumers across all areas of the state have access to as many qualified vendors as possible, PPL is in the process of developing a vendor network throughout the state of Georgia. This network will be maintained and displayed in a web-based vendor directory. The directory will allow Core/IFI Providers and families to search for qualified vendors in their area that they can select to meet their individual service needs. There are five main categories of services that will be administered through this program. These include Respite, Support Services, Housing Needs, Basic Goods, and Transportation. Please refer to the complete Service Matrix. This matrix lists the specific services that are included in the program.

**NEED HELP? CALL 678-569-0060 x139 or x130**

Proprietary and Confidential  
11/30/2007

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### **How Do I Become Part of the Vendor Network?**

By receiving this packet, you've already taken the first step to becoming a vendor in the C&A Program. From here, you'll need to complete the following steps:

1. Submit an application. This will provide our Network Development office with your contact information and the services that you are interested in providing. You will receive a call from our Network Development office once the application is reviewed.
2. Refer to the Service Matrix to determine what credentialing documents are required for the specific type of service you are looking to provide and complete all required forms within this Vendor Packet. You will need to submit these documents to our Network Development office before you can begin delivering services.  
**\*\*Important Note:** Documents will be different based on vendor type – agency vs. individual vendors. Please see the lists of required forms below.
3. Criminal Background Check and fingerprinting (See enclosed instructions).

### **What Specific Information Is Needed to Become a Vendor?**

Below you will see three lists of forms: Forms Required for Individual Vendors, Forms Required for Agencies, and Forms to Keep. The required forms need to be completed and submitted to PPL before you can become a fully credentialed vendor and can begin delivering services. Keep the forms in the list "Forms to Keep – You Will Use These for the Program." These forms will help you navigate through the program and submit invoices to PPL for payment.

### **Forms Required For Individuals Must be Completed, Signed, and Returned to PPL**

Vendor Service Agreement – This document is the formal service agreement between PPL and you (your agency).

Background Check – Refer to the insert to determine actions needed to complete the required criminal background checks.

Credentialing Documents – Please refer to the Service Matrix to determine the credentialing documents that you must submit based on the service you wish to deliver.

Critical Incident Attestation – Confirms receipt of the critical incident reporting requirements.

IRS Form W-9 - This form tells the IRS that you are an independent contractor and is used to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

#### **Optional**

EFT Instructions and Application- This form is used to establish direct deposit of your check from PPL to your bank account. We strongly encourage vendors to use direct deposit.

**NEED HELP? CALL 678-569-0060 x139 or x130**

**Forms Required for Agencies**  
**Must be Completed, Signed and Returned to PPL**

Vendor Service Agreement – This document is the formal service agreement between PPL and you (your agency).

Criminal Background Check Attestation Form – This form will confirm that all employees within the agency who will have custody/care/control of a child have completed a Criminal Background Check, including fingerprinting. Please refer to the Criminal Background Check insert.

Employee Certification/Attestation Form - This will need to be submitted to confirm that all employees within the agency who will have custody/care/control of a child have all of the required credentialing documents on file with the agency.

Critical Incident Attestation – Confirms receipt of the critical incident reporting requirements.

IRS Form W-9 - This form tells the IRS that you are an independent contractor and is used to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

**Optional**

EFT Instructions and Application- This form is used to establish direct deposit of your check from PPL to your bank account. We strongly encourage vendors to use direct deposit.

**Forms to Keep – You Will Use These for the Program**

Service Matrix – Services that will be authorized from PPL within the TPA and the limits and requirements

PPL Customer Service - This form provides you with information about our customer service center.

Invoice Instructions – These instructions will provide you with information you will need to submit an invoice via the website.

Vendor Directory Information - This will provide information on what data will be displayed on the Vendor Directory.

Once all steps have been completed and all forms have been submitted to PPL and verified, you will receive a PPL Vendor ID, along with a username and password to access the program website. At this point, you will be considered a fully credentialed vendor and will be added to the C&A Vendor Directory. Core/IFI Providers and families will then be able to search the directory to determine if you will be able to meet their service needs.

**\*\*Note: If for any reason you wish not to have your information included on the Vendor Directory, please contact PPL immediately. Keep in mind, however, that the website will be the primary means by which Providers and families will select you as a vendor.**

**NEED HELP? CALL 678-569-0060 x139 or x130**

**How will I Know If I Have Been Chosen to Deliver Services?**

Once you are selected by a Core/IFI Provider and family to deliver services, you will be contacted by them to determine your availability and to schedule appointments. If you are able to provide the needed service, the Core/IFI Provider will submit a service referral to PPL via the website. If there are available funds for the service, the referral will be approved. You will be able to manage and monitor the status of all referrals that have been submitted with you as a vendor by logging on to the website and viewing your Service Referral List.

**How Will I Receive Payment for Approved Service Referrals?**

Once you have delivered services authorized on an approved referral, you will submit an invoice to PPL requesting payment. Please see insert for instructions on how to submit an invoice on the website. PPL will only pay for invoices that are tied to an approved service referral and will only pay up to the amount that was authorized on the referral. Any amount exceeding the referral, will be denied.

**\*\*Note: All invoices must be submitted within 45 days of the service referral end date.**

**Who Can I Contact if I Have Questions?**

PPL can be contacted in multiple ways to answer any questions that you may have. If you have questions regarding registration, service offering, credentialing documents, training, website navigation, or any other network development issues, please contact or Network Development Office at (678.569.0060 x139 or x130). You may also send an email to [pplga@pcgus.com](mailto:pplga@pcgus.com) at any time.

Thank you for your interest in the Georgia Child & Adolescent Consumer Supports Program. We look forward to working with you!

Sincerely,  
**Anna McLaughlin**  
Senior Program Manager  
Georgia Network Development Office

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**GEORGIA CHILD & ADOLESCENT CONSUMER  
SUPPORTS PROGRAM**  
Vendor Service Agreement

Date: \_\_\_\_\_

Vendor Name : \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Where Services will be provided

\_\_\_\_\_  
\_\_\_\_\_

EIN or SSN \_\_\_\_\_ Website Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

- Respite In Home Hourly @ \_\_\_\_\_(rate) per hour
- Respite In Daily/Overnight @ \_\_\_\_\_(rate) per night
- Respite Out of Home Hourly @ \_\_\_\_\_(rate) per hour
- Respite Out of Home Daily/Overnight @ \_\_\_\_\_(rate) per night
- Tutoring Hourly @ \_\_\_\_\_(rate) per hour
- Child Care @ \_\_\_\_\_(rate) per \_\_\_\_\_
- Behavioral Aide @ \_\_\_\_\_(rate) per \_\_\_\_\_
- Parenting Instruction @ \_\_\_\_\_(rate) per \_\_\_\_\_
- Memberships @ \_\_\_\_\_(rate) per \_\_\_\_\_

**\*\*This information will be used to create your profile in the Vendor Directory.**

**Invoice Integrity**

By submitting an invoice via the program website, the vendor certifies that the services were delivered to the eligible consumer and that documentation of such service is maintained at the vendor site and such documentation is subject to review at any time by Public Partnerships, LLC, the State or its agents. Vendor acknowledges that invoices not submitted within 45 days of the end date of the referral will not be paid. Vendor agrees to maintain sufficient records to show fiscal and program responsibilities and to maintain sufficient books, records and ledgers for the purpose of inspection, monitoring and auditing.

**Confidentiality Standards:**

Public Partnerships, LLC, (PPL) has been assigned the responsibilities as a Third Party Administrator. Upon receipt of information relating to services for the Participant, the Vendor will become a holder of personal and confidential data. In order to carry out the necessary functions under this contract, the Vendor has received access from PPL to personal and confidential data and acknowledges its status as a holder of such data and agrees as follows:

The Vendor shall:

- a) use the data solely for carrying out its responsibilities under the agreement with PPL;
- b) take reasonable steps to protect the physical security of the data and to prevent unauthorized access to the data. Upon request, the Vendor will provide PPL with a written description of the steps taken to maintain physical security;
- c) provide training to its employees to assure compliance with laws and regulations relating to the confidentiality of the data, and
- d) designate an official who will be the custodian of the data and will oversee the use of personal data by the Vendor's employees.

The Vendor agrees to abide by all state and federal laws, rules and regulations, and the Department of Human Resources policy on respecting confidentiality of an individual's records. Contractor further agrees not to divulge any information concerning any individual to any unauthorized person without the written consent of the individual employee, consumer/customer/client, or responsible parent or guardian.

In addition the Vendor is bound by the standards put forth in the Health Insurance Portability and Accountability Act of 1996, PL 104-191 (HIPAA) as it relates to Business Associate Agreements. Information can be accessed at the Federal HHS website <http://www.hhs.gov/ocr/hipaa/contractprov.html>

**Cooperation in Transition of Services**

The Vendors agrees upon termination of this agreement, in whole or in part, for any reason will cooperate as requested by PPL to effectuate the smooth and reasonable transition of the care and services for consumers/customers/clients as directed by the PPL. This will include but not be limited to the transfer of the consumer/customer/client records, personal belongings, and funds of all consumers/customers/clients as directed by the PPL or the Department of Human Resources.

**Indemnification:**

The Vendor hereby acknowledges that PPL's role as TPA is to perform vendor qualification and enrollment and that PPL, PPL's principals, employees, agents/subcontractors, the State of Georgia and the Georgia Department of Human Resources will be held harmless for any losses or damages attributable to acts or omissions by the Vendor in performing services in the child and adolescent consumer supports program

**Lobbying:**

Pursuant to Section 1352 of Public Law 101-121, the Vendor agrees that no federally appropriated funds have been paid or will be paid, by or on behalf of the Vendor, to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

Vendor further agrees that no part of state funds contained in this agreement shall be used for the preparation, distribution or use of any kit, pamphlet, booklet, publication, radio, television, Internet, or video presentation designed to support or defeat legislation pending before the General Assembly or any committee thereof, or the approval or veto of legislation by the Governor or for any other related purposes

**Debarment:**

In accordance with Executive Order 12549, Debarment and Suspension, and implemented at 45 CFR Part 76, 100-510, Vendor certifies by signing this agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this agreement by any federal department or agency.

By signing below vendor acknowledges understanding that sub-contracting is permissible under certain circumstances. Please refer to the Service Matrix for details regarding sub-contracting for each specific service. Within the terms of this agreement, any conflicts of interest could result in revocation of vendor status.

Vendor agrees to monitor PPL website for service referrals.

\_\_\_\_\_  
Signature Title Date

The person above has legal authority to enter into a binding agreement for this organization.



## **Public Partnerships, LLC Fingerprinting and Criminal Background Checks**

- Current contractors to the MHDDAD Division of the DHR will not need to re-submit background checks. However, these agencies will be required to:
  - Sign the attached attestation stating that its current employees have successfully passed the DHR background check and that future employees will be subjected to the same requirements.
- Any agency that is a contractor to another division of DHR will need to:
  - Have a background check completed on any employee who has care, custody, or control of a consumer
  - OR
  - Provide proof that a DHR background check has been completed for all employees within the last 12 months who have care, custody, or control of a consumer. Proof of compliance with these requirements include:
    - Signing the attached attestation statement
    - Submitting a list of current employees (noting those not required to undergo a background check due to lack of care, custody, or control)
    - DHR/OIS documentation on all employees who have care, custody, or control of a satisfactory background check within the last 12 months.
- New contractors will need to provide a list of all employees (and qualifying contractor employees), along with a corresponding letter from OIS stating a satisfactory status, or a printed screen from the Cogent system stating satisfactory status on criminal background checks with their application.
- Any individual applying to be a TPA vendor will have to undergo a full MHDDAD/DHR background check and fingerprinting.

### **MHDDAD/DHR Background Check Processes for Obtaining Background Checks**

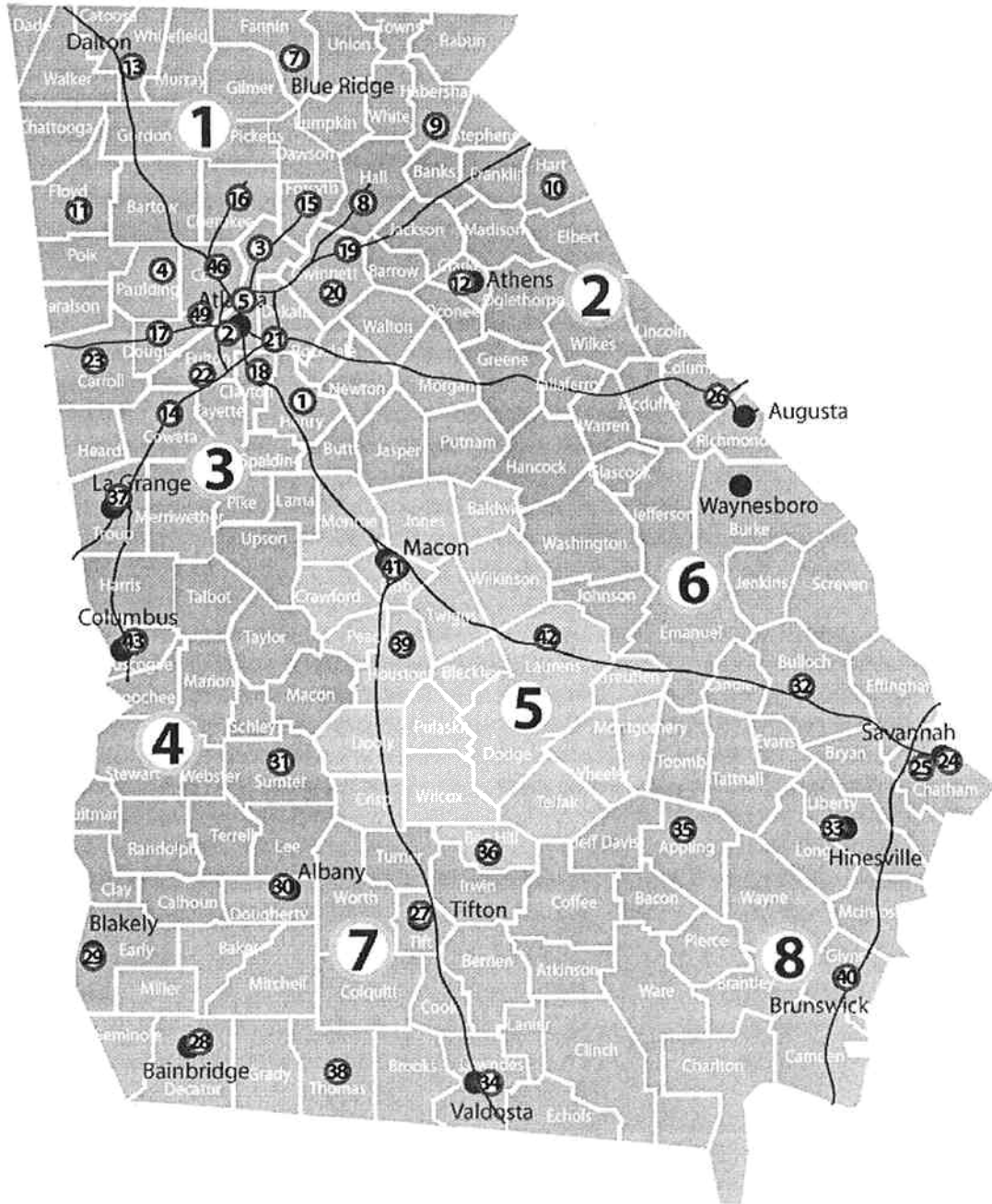
#### **The Cogent System - Agencies**

- Any Georgia agency or business that holds an ORI or Georgia OAC number may participate in the GAPS program. (ORI and OAC can be assigned by the FBI see below)
- Application can be found online at:  
[http://www.ga.cogentid.com/GA\\_DOCS\\_html/GA\\_Enrollment.htm](http://www.ga.cogentid.com/GA_DOCS_html/GA_Enrollment.htm)
- You must enroll in the GAPS system to access the Cogent fingerprinting process.
- There are 43 Cogent live scan locations across Georgia. (See attached Map)
- Cost of fingerprinting is the responsibility of the vendor agency. (PPL does not assume the cost for agency criminal background checks).

## The Cogent System – Individuals

- PPL is a registered GAPS provider. PPL participates in the Cogent system as a **View Results Only agency**. Upon receipt of an individual's application, PPL's AGENCY ID will be given to the individual to proceed to a Cogent location to have the fingerprinting completed.
- The individual applicant will pay the fee for the fingerprinting service and to secure a criminal history record check. Fees are \$19.25 FBI User Fee + \$12.90 Cogent Fee payable by money order/ cashiers check or credit card.
- State or Federal Identification is required.
- Results will be sent back to PPL and the State of Georgia.

**Map of Current Cogent Locations**



**Public Partnerships, LLC  
State of Georgia  
Vendor Application  
Attestation Statement  
Current MHDDAD Contractors**

As required to contract with the State of Georgia (FY 2007 Provider Manual Part IV General Policies and Procedures Pages 31 and 32) the Vendor agrees that, for the filling of positions or classes of positions having direct care/custody/control responsibilities for services rendered under this contract, existing employees and applicants selected for such positions shall undergo a criminal record history investigation which shall include a finger print record check pursuant to the provision of Section 49-2-14 of the Official Code of Georgia Annotated.

The Vendor further agrees that all volunteers having direct care, custody, or control of consumers shall undergo a criminal record history investigation which shall include a fingerprint record check.

By signing below, vendor attests that all required background checks have been performed satisfactorily and that these results will be available for review upon request by the State of Georgia or its designees. Failure to produce proof of compliance can result in revocation on vendor status.

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Company Name and Address

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Signature Title Date

**Public Partnerships LLC  
State of Georgia  
Vendor Application  
Attestation Statement  
Other DHR Contractors**



As required to contract with the state of Georgia (FY 2007 Provider Manual Part IV General Policies and Procedures Pages 31 and 32) the Vendor agrees that, for the filling of positions or classes of positions having direct care/custody or control responsibilities for services rendered under this contract, existing employees and applicants selected for such positions shall undergo a criminal record history investigation which shall include a finger print record check pursuant to the provision of Section 49-2-14 of the Official Code of Georgia Annotated.

The Vendor further agrees that all volunteers having direct care, custody or control of consumers shall undergo a criminal record history investigation which shall include a fingerprint record check.

Vendors who do not have a MHDDAD contract, but have a current contact with another division of the DHR may submit a list of current employees (noted with staff who do not have care custody or control) along with documentation from DHR-OIS that satisfactory status has been obtained on employees who have care, custody or control.

By signing below vendor attests that all required background checks have been performed satisfactorily and those results have been forwarded to PPL in the Vendor application. Any new employees or volunteers will undergo a MHDDAD DHR background check prior to having care custody or control of a consumer. Additionally those results will be available for review upon request by the State of Georgia or its designees. Failure to produce proof of compliance can result in revocation on vendor status.

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Company Name and Address

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Signature Title Date



**Public Partnerships, LLC  
State of Georgia  
Vendor Application  
Consumer Incident Statement**

The Vendor has the responsibility for ensuring the health and safety of consumers served under this contract. Therefore, Vendor shall comply with Division Policy 2.101- Reporting of Consumer Deaths and Critical Incidents and Policy 2.201 - Investigating Consumer Deaths and Critical Incidents and procedures of the Division for the resolution of consumer complaints and grievances made to the Division. Vendor shall cooperate with the Division to comply with any of the Division's consumer rights and obligations imposed by state or federal agencies. This agreement can be terminated immediately, or payments withheld or reimbursements or both as stipulated and authorized in this agreement, upon a finding that Vendor failed to ensure the protection of the health or safety of any consumer or Contactor knowingly provided fraudulent, misleading, or misrepresentative information.

Vendor shall assure that consumers served under this agreement are treated with dignity and respect at all times.

Vendor agrees that each consumer enrolled in services, and if appropriate the parent or guardian of a consumer enrolled in services, will be fully notified in writing and verbally of the consumer's right to file a grievance with the Division.

Vendor is expected to send a representative or representatives to one Critical Incident Reporting training each year - such training will be offered by the Division and PPL will advertise the availability of training to vendors.

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Company Name and Address

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Signature Title Date

# IRS FORM W-9 - Request for Taxpayer Identification Number and Certification

## What is it for?

This form is used by the IRS to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

## Where do I get a TIN?

For individuals who have a Social Security Number (SSN), your SSN is your TIN. Enter this in the SSN field. If you are a resident alien and you do not have, and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). You should enter this number in the SSN field.

## What if I am an independent contractor and I have an FEIN?

If you have a Federal Employer Identification Number (FEIN), you may enter either your SSN or FEIN; however, the IRS prefers that you use your SSN.

## What if I don't have either an SSN or an ITIN?

If you are asked to complete a W-9, but do not have an SSN or an ITIN, write "Applied for" in the space for the TIN. You should then apply for an SSN by completing Form SS-5, Application for a Social Security Card. This is available at your local Social Security Administration office or online at [www.socialsecurity.gov](http://www.socialsecurity.gov). If you are a resident alien and are not eligible to obtain an SSN, you will need to apply for an ITIN on Form W-7, Application for IRS Individual Taxpayer Identification Number. If you have an application pending for an SSN, simply write "Applied for" in the space for the TIN.

## What lines do I complete?

You need to complete the top part of the form that asks for your demographic information. You should then complete Part I and sign and date in Part II.

**Form W-9**  
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Enter on this line your correct TIN (see instructions)

Enter your name, if different from above

Check appropriate box:  Individual  Sole proprietor  Corporation  Partnership  Other  Don't file back withholding

Address (street, apt. or add'l) \_\_\_\_\_ Recipient's name and address (optional)

City, state, and ZIP code \_\_\_\_\_

List mutual order(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name(s) on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN), however, for a resident alien, sole proprietor, or other taxpayer, see the first 3 instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see line 6 for a TIN on page 3.

SSN: \_\_\_\_\_  
EIN: \_\_\_\_\_

**Part II Certification**

Under penalty of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. estate or trust).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Purpose of Form**  
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of exempt property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester), and, when applicable, for:

1. Certify that the TIN you are giving to certify you are waiting for a number to be issued.
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 2 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of actively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate other than a foreign estate or trust. See Regulations sections 301.7701-6(a) and 7701-7(c) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partner is required to presume that a partner is a foreign person and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

OMB No. 1545-0047 Form W-9 (Rev. 11-20-00)

## GA C&A Consumer Supports Program VENDOR PACKET



## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
OR								
Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Public Partnerships, LLC  
Third Party Administrator**

6 Admirals Way  
Chelsea, MA 02150

Phone: 678-569-0060 x139 or x130  
Fax: 866-420-2903



## **PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION GUIDE & EFT APPLICATION FOR PROVIDERS**

Updated: December 2007

Electronic Funds Transfer (EFT) is the fastest, safest way to receive payment from Public Partnerships, LLC (PPL) for delivery of services to consumers in the Georgia Child & Adolescent Consumer Supports Program.

For specific instructions to set-up an EFT account, review the three steps below and complete the attached application. If you have any questions, contact PPL at 678-569-0060 x139 or x130.

### **1. MEET EFT REQUIREMENTS**

You may receive payment for invoices by Electronic Funds Transfer (EFT) if you meet the following requirements:

1. You must expect to receive routine PPL payments.
2. You must fill-out the Provider EFT Authorization form. The person filling out the form must have the authority to authorize processing.
3. You must agree to immediately notify PPL in writing if you change your bank, account number or type, ABA routing number, and contact information. With changes, you may need to submit a new Provider EFT Authorization form.

### **2. SUBMIT EFT APPLICATION TO PPL**

Complete and sign the EFT application and enclose with it a voided check, deposit slip or a letter from your bank that states your account number for the account you wish the payment to be deposited. The application and the voided check must be mailed to:

Mail:

Public Partnerships, LLC  
Georgia C&A Consumer Supports  
6 Admiral's Way  
Chelsea, MA 02150

### **3. AWAIT CONFIRMATION FROM PPL**

Your EFT account will become active after PPL verifies your bank account number with your bank. **The whole process will take 2 to 4 weeks from the time we receive your signed application.**

If there is a change in bank account information, your PPL payment account will be taken off EFT status until the new bank account information is verified. **Verification may take a few weeks. You will receive regular paper checks in the interim period.**

The EFT payment is sent on payday and should be in your bank account the next morning. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact PPL if you don't receive your payment on time.



Program and Policy Documents  
For Vendors to Keep

The following documents are **not** to be returned to PPL but should be kept by vendors and used for reference purposes.

Service Matrix – Services that will be authorized from PPL within the TPA and the limits and requirements

PPL Customer Service - This form provides you with information about our customer service center.

Invoice Instructions – These instructions will provide you with information you will need to submit an invoice via the website.

Vendor Directory Information - This will provide information on what data will be displayed on the website

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# TPA Service Matrix

## GENERAL VENDOR REQUIREMENTS

### Agency Requirements:

- A.1. All employees and contractors of any agency vendors having direct care/custody/control of a child must submit to a DHR Background Screening and Fingerprinting
- A.2. Agency vendors required to complete DHR Background Screenings and Fingerprinting will be able to certify that they have done so.
- A.3. All agency vendors must certify that employees have had CPR and First Aid Training with appropriate certifications.
- A.4. Agency vendors will be allowed to certify that employees and contractors have the required credentials as indicated on the Service Matrix for services being rendered.

### Non-Agency Requirements:

- NA.1. All providers must be at least 21 years of age.
- NA.2. All non-agency vendors having direct care/custody/control of a child will be required to complete a DHR Background Screening and Fingerprinting.
- NA.3. All non-agency vendors must provide certifications that they have completed CPR and First Aid Training.
- NA.4. Non-agency vendors must provide proof of required credentials as indicated on the Service Matrix for service being rendered.

<sup>1</sup>Respite, Support Service vendors (agency and non-agency) and Membership agencies must also meet all general vendor requirements.

## TPA Service Matrix

Svc Code	Service Name	Service Description	Credentialing Requirements <sup>1</sup>
	<b>RESPITE</b>		
	In-Home: Hourly (Agency)	Temporary care for a child in their home to provide a break for the caregiver. Provided by a certified respite worker from an <b>agency</b> . Agency may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements under the CCI or CPA licensure. If more than 10 hrs of respite is provided in one day, the service will be paid at a nightly rate.	1. CCI or CPA license
	In-Home: Daily/Overnight (Agency)	Temporary care for a child in their home to provide a break for the caregiver. Provided by a certified respite worker from an <b>agency</b> . Agency may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements under the CCI or CPA licensure. If more than 10 hrs of respite is provided in one day, the service will be paid at a nightly rate.	1. CCI or CPA license
	Out-of-Home: Hourly (Agency)	Temporary care for children in a certified provider's home or facility to provide a break for the caregiver. Provided by a certified respite worker from an <b>agency</b> . Agency may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements under the CCI or CPA licensure. If more than 10 hrs of respite is provided in one day, the service will be paid at a nightly rate.	1. CCI or CPA license
	Out-of-Home: Daily/Overnight (Agency)	Temporary care for children in a certified provider's home or facility to provide a break for the caregiver. Provided by a certified respite worker from an <b>agency</b> . Agency may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements under the CCI or CPA licensure. If more than 10 hrs of respite is provided in one day, the service will be paid at a nightly rate.	1. CCI or CPA license
		**Subcontractor may not be a biological parent, step-parent, foster parent or other caregiver and may not be another relative living in the home. Aunts, uncles, grandparents, siblings or cousins who live outside of the family's home may be a subcontractor for the vendor agency.	

<sup>1</sup>Respite, Support Service vendors (agency and non-agency) and Membership agencies must also meet all general vendor requirements.

## TPA Service Matrix

Svc Code	Service Name	Service Description	Credentialing Requirements <sup>1</sup>
<b>SUPPORT SERVICES</b>			
	Tutoring	Assistance with homework or other school assignments to help participant reach educational goals. Agencies may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements and holds a Teaching Certification. May only provide a maximum of 5 hours per week.	Teaching Certification through Local Board of Education
	Childcare	Child care services provided in a licensed child care facility or licensed family child care provider's home. Agencies may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements and holds a Child Care License.	Child Care License
		**Subcontractor may not be a biological parent, step-parent, foster parent or other caregiver and may not be another relative living in the home. Aunts, uncles, grandparents, siblings or cousins who live outside of the family's home may be a subcontractor for the vendor agency.	
	Behavioral Aide Services	Face-to-face supervision to participants with high risk issues and /or behaviors that could, if unattended, present a threat to child or others. Provided in the home and community settings. Behavioral Aide Services may <b>NOT</b> be subcontracted. May only provide a maximum of 4 hours per day.  <b>*Behavior Aides may not be used to provide behavioral supports in schools.</b>	Bachelor's degree in Education or Human Services OR Bachelor's degree with 2 yrs field wk with children who have SED or co-occurring disorders <b>(employed by agency vendor)</b>
	Parenting Instruction	Curriculum based services such as Love and Logic, Systematic Training for Effective Parenting (STEP), or Parent Effectiveness Training (PET) that focus on the parent's need for instruction and skill development to maintain or enhance parental functioning. Agencies may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements and holds a Bachelor's degree. Subcontractor may <b>NOT</b> be a family member.	Bachelor's degree <b>(employed by agency vendor)</b>
	Interpreter	Interpreter services to facilitate communication on behalf of the child and family. Agencies may subcontract** with an individual but the agency is responsible for ensuring (and PPL will also verify) that the individual meets all training requirements and works through an approved LEP/SI provider. All vendors must contract through one of the four approved DHR interpreter agencies.	DHR approved provider of interpreting services through the Office of LEP/SI. (Agency Names Forthcoming)
		**Subcontractor may not be a biological parent, step-parent, foster parent or other caregiver and may not be another relative living in the home. Aunts, uncles, grandparents, siblings or cousins who live outside of the family's home may be a subcontractor for the vendor agency.	
<b>GOODS</b>			
	Memberships	Payments made for participation in recreational activities that promote social skills, teamwork, and interpersonal relationships or for membership in community programs (YMCA/YWCA).	none

**Public Partnerships, LLC**  
**Third Party Administrator**  
5660 New Northside Drive Suite 750  
Atlanta, GA 30338



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## PPL Customer Service



**Network Development  
Office**  
Atlanta, GA  
678-569-0060 x139 or x130

- Vendor Recruitment
- Vendor Credentialing
- Vendor Support
- Vendor Updates
- Website Technical Assistance

**Financial Operations  
Center**  
Chelsea, MA

- Funds Management
- Payment Issues
- Invoice Questions

Contact us at: [PPLGA@pcgus.com](mailto:PPLGA@pcgus.com)

## GEORGIA CHILD & ADOLESCENT CONSUMER SUPPORTS PROGRAM

### HOW TO SUBMIT AN INVOICE

As a vendor in the C&A Consumer Supports Program, you will need to submit invoices to PPL for services that you have delivered. Invoices will be submitted online via the program website. The website has been designed to minimize the amount of data entry required and to keep the invoice submission process as simple as possible. To submit an invoice, you will need to complete the following steps:

1. Launch your web browser.
2. Enter the program website URL address. You will be brought to the website homepage.
3. Enter your username and password and click on 'Log-In.'
4. On your personal homepage, you will click on the 'Approved' status to access a list of all of your approved and active service referrals.
5. Next to each service referral, you will see a button labeled 'Submit Invoice.' Click on this button.
6. The required fields on the invoice screen will be pre-populated based on the details of the service referral.
7. You will only need to enter information in the following fields:
  - a. Dates of Service – this should be the specific day that the service was delivered. You should complete one line for each specific day of service. Do not enter a range of dates.
  - b. Number of Units

NOTE: The total dollar amount on the invoice will be calculated for you. Please be sure to verify that this is the amount that is owed to you.
8. Once you have completed these fields, click on SUBMIT.
9. Your invoice will be reviewed by the system. If all information is valid based on your approved service referral, you will receive payment in the next scheduled check run.

**\*\*If you provide services to multiple consumers, you may submit one invoice file in our predefined format. The file can be uploaded and submitted via the website. Please contact Customer Service to receive details about the required format.**

#### **Important Notes about Invoices:**

- Invoices must be submitted within 45 days of the service referral end date. Any invoice not received within this timeframe will be denied.
- Dates of service must fall within the begin and end dates of the service referral. A date of service outside of this approved range will not be paid.
- If an invoice is received for more than an approved service referral or exceeds any of the hourly/weekly limits specified in the Service Matrix, PPL will only pay up to the approved service referral amount and deny any remaining amount.
- The option to submit an invoice is only available for approved service referrals with an approved service referral ID.

## GEORGIA CHILD & ADOLESCENT CONSUMER SUPPORTS PROGRAM

### VENDOR DIRECTORY

#### **What is the Vendor Directory?**

Once you become a vendor in the C&A Consumer Supports Program, you will be added into the Vendor Network. This network will be made available to the public via the C&A Vendor Directory. The directory is an easy way for Core/IFI Providers and families to search for qualified vendors in their area.

#### **What information will be posted and who will see it?**

All information that you provide in your application will be used to develop your vendor profile. This profile will be used to display your information in the Vendor Directory (with the exception of your EIN/SSN). This information includes:

- Name
- Address
- Phone Number
- Email Address
- Website Address (if applicable)
- Fax Number (if applicable)
- Listing of Approved Services
- Additional Notes/Comments

NOTE: This is a free text field and can be used to enter any information that you feel may be important for Core/IFI Providers or families to know about you to help them in their vendor selection process. For example, this is a good place to enter hours of operation, years of experience, or any other key information that you would like to share.

Keep in mind that this will be the main resource that Core/IFI Providers and families will use to select a vendor so it is best to provide as much information as possible.

The directory will be available to the public and is anticipated to be used by Core/IFI Providers and families of consumers.

#### **What if I do not wish to have my information displayed in the Vendor Directory?**

It is not required that your information is posted in the directory; however, PPL strongly encourages it. The directory is a way for Core/IFI Providers and families to find you and to research the services you offer. If at any time, you do not wish for your information to be displayed, please contact our Network Development office. You will still remain a fully credentialed vendor in the network with the ability to provide services, but you will no longer be listed in the directory.