



New Jersey Self-Directed Employee Option

NJ DDD Request for Payment Instructions

Request for Payment

For use in NJ Division of Developmental Disabilities Fiscal/Employer Agent Model of Self-Direction, administered by Public Partnerships LLC

Invoice Date: A	PO Number (if applicable): B C Payee type: <input type="checkbox"/> Vendor <input type="checkbox"/> SDE
Individual Name: D	Individual DDD ID: E
Vendor/SDE Name: F	Vendor FEIN/SDE PPL ID: G
Vendor/SDE Phone: H	Vendor/SDE Email: I

Payments are issued to the vendor/self-directed employee (SDE) only. Payment checks are mailed to the vendor/SDE's address on file unless a different address is requested. To request to have the payment check for this invoice only mailed to a different address, check the box below and identify the name and address where the check will be mailed:

Mail vendor/SDE payment check to (name): **J**

Mailing Address: **K** City: State: Zip Code:

Date of Service (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Procedure Code	Plan Number	Outcome Number	Service Number	Number of Units Rendered (whole #s Only)	x Unit Rate	= Total Per Line
L	M	N	O	P	Q	R	S	T	U
									\$
									\$
									\$
									\$
									\$
FOR PAYMENT TO BE ISSUED:								Total Payment Requested: \$	

- Copy of vendor quote/invoice or vendor/SDE receipt **MUST** be included with this form, and billed amount(s) must match invoice/receipt amount(s).
- Copy of the vendor's IRS Form W-9 must be on file with Public Partnerships LLC (PPL). This does not apply to SDEs.

I certify that the representations made on this Request for Payment are true, accurate and correct, and that if any statements are willfully false, I may be subject to punishment, including suspension, debarment, or disqualification from participating as a vendor in state or federal programs, as well as criminal sanctions, as may be applicable. I understand that payment will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Vendor Representative or Self-Directed Employee	Individual, Employer of Record, or Authorized Representative for the Individual Receiving Services
Name: V	Name: Y
Signature: W	Signature: Z
Date: X	Date: AA

Submit Request for Payment to Public Partnerships by email: njddd@pcgus.com or by fax: 1-844-561-5978
For faster processing, please fax/email only one invoice and receipt combo per fax/file attachment.

Questions? Call Public Partnerships Customer Service at 1-844-842-5891

INTRODUCTION

The Request for Payment form is used to request payment by a vendor, for services provided and as authorized in an Individual's Service Plan (ISP).

Please clearly print the following fields in dark ink so they are easy to read and understand.

- A. Invoice Date:** The date that the invoice is prepared in an MM/DD/YYYY format where MM = Month, DD = Day and YYYY = the four (4) digit year. For example: 05/10/2018.
- B. PO Number (if applicable):** If applicable, a vendor can complete this field with an associated Purchase Order Number.
- C. Payee Type:** Select if payment should be sent to the identified vendor or a Self-Directed Employee (SDE).
- D. Individual Name:** The first and last name of the individual enrolled in the NJ DDD SDO program and to whom goods and services have been provided (i.e. Jane Doe).
- E. Individual DDD ID:** Each numerical digit of the six-digit DDD ID Number. (DDD assigns the DDD ID at the time an individual applies for DDD services.). Example: 123456.
- F. Vendor/SDE Name:** The legal business name of the vendor/SDE. Example: Sam's Power Yoga.
- G. Vendor/SDE FEIN:** The Federal Employer Identification Number, a unique nine-digit number assigned by the Internal Revenue Service (IRS), associated with the vendor's legal business name. For example: 22-1234567.
- H. Vendor/SDE Phone:** The business phone number of the vendor to include the area code. For example (609) 555-1212.
- I. Vendor/SDE Email:** The business email address of the vendor. For example: janesmith@poweryoga.com.
- J. Mail vendor/SDE payment check to (name):** This is the name of the vendor or SDE that payment will be made.
- K. Mailing Address:** This is the name of the individual, employer of record or authorized representative to which actual payment will be mailed, when different from the address that PPL has on file for a vendor or SDE. If these fields are not completed, the check will be mailed to the vendor or SDE's address on file with PPL.
- L. Date of Service (mm/dd/yy):** The date that the service was performed in an mm/dd/yy format where mm = Month, dd = Day and yy = the two (2) digit year. For example: 05/10/18.
- M. Start Time (am/pm):** The start time of the service provided. Please also indicate if the start time is am or pm.
- N. End Time (am/pm):** The end time of the service provided. Please also indicate if the end time is am or pm.
- O. Procedure Code:** The individual's most current approved Waiver/Procedure Code associated with the authorized service. (Each authorized service is assigned a Procedure/Waiver Code in the service plan. If you do not know the Procedure/Waiver code, contact the individual's Support Coordinator.) For example: H2016ISE.
- P. Plan Number:** Enter the individual's most current approved Plan ID in the right-hand box. (The Plan ID is in the individual's service plan. If you do not know the individual's Plan ID, contact the individual's Support Coordinator.) Do not print a zero before the Plan ID number, and only print the Plan ID number that appears BEFORE the decimal point in the service plan. Example: Plan ID is 3.15 in the service plan, print 3 in this field.
- Q. Outcome Number:** The Outcome Number is the number associated with the authorized service. (Each authorized service has at least one associated Outcome Number. If you do not know the

Outcome Number, contact the individual's Support Coordinator.) Do not print any zeros before the Outcome Number. Example: 5.

- R. Service Number:** The Service Number associated with the authorized service. (Each authorized service is assigned a Service Number in the service plan. If you do not know the Service Number, contact the individual's Support Coordinator.) Do not print any zeros before the number.
- S. Number of Units Rendered:** The number of units provided for a specific service on a specific date. For example: if 1 hour of service is provided, then the units will be 1 – which presumes the service unit rate provided is hourly. If a 15-minute increment service unit rate is provided, then the units to total 1 hour would be 4 – four 15-minute unit increments equals one hour.
- T. Unit Rate:** A rate that is associated with the authorized service. (Each authorized service has a specific service unit rate. If you do not know the Service Unit Rate, contact the individual's Support Coordinator.) For example: \$16.74.
- U. Total Per Line:** Calculate the total cost for the authorized service on that date by using this formula
Service Unit(s) x Service Unit Rate.
- V. Vendor Representative or Self-Directed Employee Name:** The name of the vendor representative or SDE completing the payment request.
- W. Vendor Representative or Self-Directed Employee Signature:** The vendor representative or SDE, should provide their signature.
- X. Date:** The date that the payment request is signed in a mm/dd/yyyy format where mm = Month, dd = Day and YYYY = the four (4) digit year. For example: 05/10/2018.
- Y. Individual, Employer of Record, or Authorized Rep Name:** The name of the Individual receiving services or that individual's employer of record or authorized representative.
- Z. Individual, Employer of Record, or Authorized Rep Signature:** The Individual receiving services or that individual's employer of record or authorized representative should provide their signature.
- AA. Date (mm/dd/yyyy):** The date that the payment request is signed in a mm/dd/yyyy format where mm = Month, dd = Day and YYYY = the four (4) digit year. For example: 05/10/2018.

IMPORTANT RULES TO REMEMBER

- Print clearly! If Public Partnerships cannot read the payment request, payment may be delayed. Fill in all the required fields. Vendors cannot be paid unless all fields are filled in.
- Use dark ink.
- The exact Start Time and End Time must be recorded – times should not be rounded up or down. PPL's system automatically rounds times as appropriate.
- When a service code is entered on an invoice, PPL will convert the unit type, based on the transmitted authorization in order to capture the appropriate time increments: 15 min, 30 min, 1 hour, etc. and control the rate paid out in payroll.
 - For example: if you enter 2 units for a unit type of 30 mins (T2015- Z2) that has rate of \$40, it would pay one hour of work: 2 units * rate of \$40 = \$80 OR if you enter .5 for that same unit type, it would pay 15 minutes for that 30 minute unit: .5 units * rate of \$40 = \$20.
- Modifiers ONLY appear in the PPL system. The PPL system adds the modifier based on the unit type that is transmitted to PPL in the authorization. This is a list of PPL modifiers being applied:
 - Z1= 15 min (Note: if 1 unit is entered, you will be paid for 15 mins; if you bill 4 units, you will be paid 4 times this specific unit rate).
 - Z2=30 mins
 - Z3=hour

- Z4= day (NOTE: if two units are billed on a specific service date, it may pend because there are not two 24-hour units available in one day)
- Z5= Month
- Z6= service
- Z7= trip
- Z8= mile
- PPL electronically receives approved authorizations as allotted by the Support Coordinator in the Service Plan. For example: if 1 unit per week is allotted for the week of March 1–8, then as a vendor you are not authorized to invoice for 5 units in the 1st week or to invoice for any period before that date. The service must have occurred in the time period associated with that specific service line.
- If a mistake is made on a payment request, it should be discarded, and a new payment request started. Using correction fluid/tape on a payment request to attempt to correct mistakes may delay payment.
- Only submit a payment request ONCE – either by fax or by mail. If a payment request is submitted more than once, PPL’s system will recognize a duplicate and payment will be delayed.
- It is highly recommended that as a vendor, you obtain a copy of the individual’s Service Plan, from the individual’s Support Coordinator, to ensure you are informed of the details of the services you are authorized to provide.

COMMON MISTAKES

- Payment request fields are entered incorrectly including Plan ID, Service Number, or Outcome Number. To avoid entering incorrect information, be sure to have a current copy of the individual’s service plan. Please note that when the Plan Year changes, there may also be changes to this information.
- Forgetting to fill in the Procedure Code circle or filling in the wrong one.
- Forgetting to have both the vendor and the individual/employer of record/authorized representative sign the payment request.

SUBMITTING PAPER PAYMENT REQUESTS

- The preferred method for submitting requests for payment to Public Partnerships is electronically, by submitting to njddd@pcgus.com.

Payment requests can be emailed to njddd@pcgus.com or faxed to 1-844-561-5978.