



Fiscal Employer Agent

Employer Handbook

Revised March, 2018

EVERY LIFE. EVERY MOMENT. EVERY DAY.



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Contact Information

Consumer Direct Care Network (CDCN) Customer Service Representatives can be reached Monday-Friday 8 am to 5 pm, excluding holidays. Office hours may vary depending on staffing; we recommend making an appointment if you would like to visit. Messages can be left outside of business hours and will be returned the next business day. Contact information is presented below:

Office Location

CDCN Idaho
280 E Corporate Dr., Suite 150
Meridian, ID 83642-2953

Important Phone Numbers

CDCN Main Line	888-898-0470
CDCN Fraud Hotline	877-532-8530
CDCN Fax Line	877-898-0417
Adult Protective Services	
Area I (Coeur D'Alene)	208-667-3179
Area II (Lewiston)	208-743-5580
Area III (Boise)	208-332-1745
Area IV (Twin Falls)	208-736-2122
Area V (Pocatello)	208-233-4032
Area VI (Idaho Falls)	208-522-5391
Area I = Benewah, Bonner, Boundary, Kootenai, & Shoshone	
Area II = Clearwater, Idaho, Latah, Lewis, & Nez Perce	
Area III = Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley & Washington	
Area IV = Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, & Twin Falls	
Area V = Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, & Power	
Area VI = Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, & Teton	
State Fraud Hotline	208-334-5754
Office of Inspector General Line	208-334-4100

Email

InfoCDID@ConsumerDirectCare.com

Website (forms and information)

<http://www.ConsumerDirectID.com>

Web (online time entry)

<https://MyDirectCare.com>

Welcome!

Welcome to self-directed services! We are the Consumer Direct Care Network. CDCN encourages people to have more control and choice over the services they receive. We want you to live the life that you want. People who self-direct their services report being happier with the services they receive. They also like the freedom they have as a result.

CDCN provides services and supports that help older adults and people with disabilities remain safe, healthy, and independent in their own homes. We specialize in self-directed care. We provide a variety of options for those who self-direct their care and services. We have extensive experience with Medicaid, Medicare, private insurance, and supporting people who manage their own care. We believe deeply in the philosophy of self-determination, a process that enables a person to remain in control of their own life. We value the strength and ability of each person. We believe that by helping you stay involved in the direction of your own care, we contribute to your health and help build healthier, happier communities.

Mission

To provide care and support for people in their homes and communities.

Vision

To help people live the life they want.

Values

- Respect
- Integrity
- Service
- Excellence

Handbook

The purpose of this Handbook is to help Service Recipients and Employers understand their responsibilities in a self-directed program. Please read this Handbook carefully. We suggest you keep it as a reference for the future.

Definitions

- Service Recipient – The individual receiving services. Also known as the Participant. They are the Employer Identification (EIN) holder.
- Employer – The Employer may be the Service Recipient or their Representative, Legal Guardian, etc. The Employer is tasked with hiring, firing, and scheduling Employees.
- Employee – An individual hired by the Employer to provide authorized services for the Service Recipient. Also known as the Community Support Worker.
- Case Manager – A healthcare professional that assesses, plans, facilitates, coordinates care, and evaluates the Service Recipient to ensure that the Service Recipient receives the appropriate level of care.

If you have questions, you can get more information by:

- Looking up the information in this Handbook
- Calling CDCN

Welcome to CDCN! We hope your experience with CDCN is enjoyable and rewarding.

CDCN's Role and Responsibilities

What does CDCN do as the Fiscal Employer Agent?

CDCN follows all applicable Federal, State, and local laws. We also follow Federal and State Medicaid regulations, policies, and procedures.

Service Agreement

As the Employer, you must sign a service agreement. In the Agreement, you accept responsibility for all aspects of the Service Recipient's care. This includes hiring, training, scheduling and managing Employee(s). The Agreement is used to identify the Employer and CDCN's responsibilities. Please reference the most recent agreement for more information on duties unique to the Service Recipient's program.

Notice of Privacy Practices (HIPAA) Statement

We are required by law to maintain the privacy of the Service Recipient's health information. CDCN's Notice of Privacy Practices explains our legal duties and privacy practices with respect to your health information. This can be found in the Appendix.

Reporting of Abuse, Neglect and Exploitation

CDCN staff are mandatory reporters of suspected abuse, neglect and exploitation. This means if you tell us of an incident of abuse, we must report it. More information is included in the Abuse, Neglect, and Exploitation training module located in the Appendix. As an Employer, you must report any suspected abuse, neglect, or exploitation to Adult Protective Services (APS); please see the Contact Information page for the APS phone number.

Corporate Compliance Policy Statement

A policy is in place to assure compliance with all governmental laws, rules, and regulations. CDCN maintains and promotes integrity and ethical behavior. CDCN supports:

- Ethical standards.
- Standards of conduct.
- Has zero tolerance for fraud and abuse.

CDCN's Corporate Compliance Policy is available upon request.

Complaints and Grievances

Your feedback is very important to us. If you have a complaint or grievance regarding the services you receive from CDCN, please let us know. CDCN will respond to all complaints and grievances in a reasonable and prompt manner. We will work with you to attempt to reach a resolution.

Filing a Complaint or Grievance

A complaint should be filed if you have an issue with something within CDCN's reasonable control. For example, issues with our enrollment procedures, handling of payment issues, or web portal concerns. Complaints may be made verbally or in writing. Written complaints may be submitted using our

Feedback Form and sent via email, USPS mail, or fax. The Feedback Form may be found in the Appendix or on the CDCN website.

If you feel your rights have been violated or you disagree with a CDCN Policy, you may file a grievance. Grievances must be submitted in writing for our review.

Once you file a complaint or grievance, CDCN staff will work with you to address your concerns. If you are not satisfied with the initial recommendations, then the issue will be escalated to the next supervisory level until your issue is resolved. All complaints and grievances will be responded to within CDCN policy timelines. Our Complaint and Grievance Policy is available upon request.

Service Recipient/Employer Responsibilities

Recruiting and Interviewing

Are you ready to hire your first Employee? Let's get started! Here are some helpful tips! Consider the community where the Service Recipient lives. The Employer may be able to create an advertisement on a flyer and post it in the community. Possible locations to post the advertisement:

- Grocery Store
- Church
- Laundromat
- Social service agency
- Community college or university
- Free weekly advertising guide
- Community newspaper
- Rehabilitation agency
- Center for Independent Living
- Social media websites
- Grocery store
- State and local professional website

Call these places first. Find out whom to talk to and about their rules for posting flyers or submitting an advertisement.

Get the Word Out

The Employer may tell family, friends, other Service Recipients and even people they meet that they are looking for an Employee. Many times other Service Recipients have Employees who want to work more hours or who are willing to fill in. Be sure to tell the Service Recipient's Case Manager. The Case Manager may know someone to recommend. Getting the word out can increase the chance of finding a reliable candidate for the job.

Things to Remember While Screening Job Applicants

There are some questions that cross a legal boundary and the respect of a potential Employee. These types of questions cannot be asked while screening job applicants. **Here are some examples of questions that can and cannot be asked in an interview:**

Can Ask

- Tell me about yourself
- Why do you want this job?
- A normal day would like... Are you still interested in this position?
- What experience do you have in providing care to someone?
- What types of training have you had that would aid you in this position?
- What are your goals in the next year?
- There are a lot of tasks that need to be completed within the shift. If one took longer than it normally does, what would you do to ensure that the rest of the tasks were completed within the allotted time?

Cannot Ask

- How old are you?
- What is your native language?
- Are you married?
- Do you have any children?
- Have you ever been arrested?
- What church do you attend?
- What is your religion?
- Do you belong to any clubs/organizations?
- What is your credit rating?
- Do you own or rent your home?
- What country were you born in?
- Do you have a disability or medical condition?

- What do you look for in an Employer?
- Do you have any questions for me?
- Are you a Republican or Democrat?
- What are your family members' names?

Criminal Background Checks

A background check, or waiver to the background check, must be performed on all applicants prior to hire. Prospective workers must meet one of the three requirements below to be approved for hire:

- Pass a background check;
- Have a background check waiver filled out by the Employer and signed by the Support Broker; or
- If the prospective worker fails a background check, the Employer may fill out a waiver. By filling out this waiver, the Employer acknowledges that they understand the worker has failed the background check and would still like to hire them. The Support Broker must sign the waiver.

If a prospective worker fails a background check and the Employer does not fill out a waiver, the prospective worker cannot be hired.

Hiring Employees

As an Employer, it is your responsibility to hire your Employee(s). It is our role at CDCN to support you through this process. The following is an outline of the paperwork that will be required of each Employee that you hire.

Employee Packet

Once an Employer finds the person they would like to hire, the prospective Employee needs to complete an Employee Enrollment Packet. This packet can be obtained by visiting the CDCN website, emailing, or calling us.

The Employer is required to ensure that the Employee Enrollment Packet is completed. Please double check that the packet is filled out completely. Incomplete packets will be returned for corrections and may cause a delay in pay for the Employee. Employees should not begin working until the Employer receives an okay to work confirmation from CDCN. No time will be paid to an Employee until the Employee Enrollment Packet is processed. All time worked must fall within the Service Recipient's Support and Spending Plan dates.

Remember: Contact CDCN if there is a problem with an Employee and you don't know how to respond.

Managing Employees

As the Employer, you will have to manage and supervise Employee(s). Managing and supervising Employees requires that the Employer:

- Give new Employees an orientation to the job.
- Train all Employees
- Set a work schedule.
- Be direct and assertive with communication.
- Give positive and constructive feedback.

- Create a good working relationship.
- Treat all Employees consistently and fairly.
- Deal with conflict.
- If necessary:
 - Implement corrective action.
 - Terminate Employees.

How you manage and supervise your Employees may affect how happy they are working. Employee happiness may affect the quality of the services that your Employee provides and how long an Employee will work for you.

Orientation

An Employee's first day of work is the perfect time to orient them to the job and discuss expectations. Try to schedule the first day at a time when the Employer and the Employee do not have to rush. The Employer may consider:

- Being very clear about job duties.
- Organizing paperwork, training materials, etc.
- Thinking ahead: If the Employee will be cleaning the house, think about how to get supplies, their role in buying supplies, the need to keep receipts, where to store the supplies, etc.
- Setting the work schedule.
- Identifying house rules that the Employee may need to know about.

At the end of the first day, tell the new Employee the things they did well. That will help them know to keep doing those things.

Orientation may include:

1. A tour of the living space.
 - a. Show the new Employee where supplies and equipment are kept.
 - b. Tell the Employee of any living space that is off limits.
 - c. Show the Employee where emergency exits are.
 - d. Show the Employee where the fire extinguisher is and how to use it. Tell them how to get out of the house if there is a fire.
2. Give information about the Service Recipient's disability – is there anything specific the Employee should know (i.e., trouble falling asleep? sensitive to certain smells? blood sugar issues? seizures? any allergies?)
3. Give information about the house rules.
 - a. Style of communication.
 - b. Dress code.
 - c. No smoking on premises.
 - d. Limiting cell phone usage to emergency calls.

- e. No loud music.
4. Explain and show what the Employee needs to do.
- a. Give an overview of the job duties.
 - b. Use a checklist, job description, or other method to explain specific duties in the order the Service Recipient wants them done.
 - c. Have him or her observe an experienced natural support completing all the tasks.
 - d. Instruct one step at a time. Make sure the Employee can do the step before going on to the next step.
 - e. Consider using a training video.
5. Safety and Security
- a. Lifts and Transfers - Review safe procedures for completing lifts and transfers. A pamphlet on this is available upon request.
 - b. Discuss safety guidelines for any disability-related equipment the Employee will be expected to use.
 - c. Reinforce safety guidelines for any household appliances or equipment the Employee will be expected to use.
 - d. Discuss the emergency and backup plan with the Employee.
 - e. How will the Employee get in and out of the Service Recipient's home? If the Service Recipient is not able to open the door, set up a procedure so that the Employee can get in and out.
 - f. Infection Control - Reinforce the importance of washing hands thoroughly before preparing food, and before and after personal care duties. Discuss the use of gloves and where they are stored if preferred. Let him or her know if there is a sharps container.). An Infection Control Plan training pamphlet is available upon request.
 - g. A Safety Orientation pamphlet is available upon request.
6. Expectations – The Employer needs to be clear with expectations of the Employee's performance. It is better to start firm and then relax. The Employer needs to stress the topics that are important to him or her. Here are some examples:
- a. Confidentiality - What you (the Service Recipient/Employer) say and do while the Employee works should remain confidential. The kind of help being provided by the Employee is personal. Your Employee(s) should not discuss your confidential information with others, including friends, family members, or other individuals. Some people think that as long as they are not saying something bad about the Service Recipient, then what they say is not a violation of confidentiality. The Employee should be reminded that it is not only disrespectful, but that violating confidentiality can be grounds for termination. A HIPAA Employee Training Guide is included in the Appendix. As the Employer, you may have your Employee review this guide.
 - b. Use of household items – The Employer needs to give some thought to the rules regarding use of the phone, car, washing machine, computer/printer, and eating the

- Service Recipient's food. State these rules clearly at orientation. It is easier to state the rules clearly during the first meeting, than to wait until after an offense has happened.
- c. Tell the Employee the rate of pay. Explain the pay schedule and other time sheet reporting requirements.

Training Employees

As the Employer, you will need to train all new Employees. Below are some training tips to consider.

1. Here are three steps that may be used when training the Employee:
 - Tell the Employee what he or she will be taught.
 - Tell the Employee what they are expected to learn.
 - Repeat what the Employee was told.

If more training is needed, have a second session. Briefly review what was taught in the first session and then begin new material.

2. When giving instructions for a task, such as transferring out of the wheelchair, describe each step of the task. Do not move to the next step until the Employee has the first step down.
3. Do not assume that the Employee will understand what is being taught right away. Ask for feedback and encourage questions.
4. When explaining any task or routine to the Employee, describe why it is important for something to be done in a certain way or at a specific time.
5. Be consistent in explaining things. If something is changed, explain why it was changed.
6. Be patient. The Employee probably will not get all your directions right the first time.
7. Try to be aware of how much the Employee can learn at one time. Some individuals may be able to learn a whole task or routine at once; others may require more gradual training sessions.
8. Give the Employee both constructive feedback (how to improve) and positive feedback.

Make sure to treat all Employees equally. What is done for one Employee must be done for another. Being consistent with training and orientation for each Employee is important; doing so will help prevent discrimination charges and unemployment claims.

Work Schedule

The work schedule helps the Employee know what days of the week and times he or she needs to work. The Employer sets the schedule and outlines the tasks the Employee needs to complete at work. This may be found on the agreement between the Employer and Employee and the Employee's job description.

Sometimes issues come up where the Employee may not be able to work a scheduled shift. The Employer may choose to be flexible with the work schedule during these times or choose to use a backup Employee. Just remember that the work schedule should be based off of the Service Recipient's needs and authorized level of care; **the Employee should never dictate the work schedule.**

Direct Communication and Being Assertive

Working with an Employee that provides in-home services is different from other working relationships. Most other Employer-Employee relationships do not involve such personal contact. In order to be a good supervisor and be sure needs are being met, the Employer will have to be assertive and direct with communication. Employer

How the Employer communicates with the Employee is a big part of the success of the Employer-Employee relationship. Sometimes a friendship already exists. If this is the case, it is important for both the Employer and Employee to remember the roles in the working relationship.

Being assertive and direct with communication means:

- Speaking up for oneself.
- Explaining care needs.
- Being clear with likes and dislikes.
- Being respectful.
- Using “I statements.” For example, “when you do _____, I feel _____.”

This communicates the effect of the Employee’s behavior and does not personalize the feedback.

Positive and Constructive Feedback

Being a supervisor means that it is the Employer’s responsibility to help the Employee do his or her job to the Service Recipient’s satisfaction. The Employer should give specific feedback about how the Employee is doing.

There are two forms of feedback – constructive feedback and positive feedback. Constructive feedback should be used to inform the Employee on how to improve their job performance. Positive feedback lets the Employee know that they are doing a task to the Service Recipient’s satisfaction.

Constructive Feedback:

If the Service Recipient is unhappy with how the Employee is doing something, use constructive feedback to tell or show the Employee how to do the task differently. For example: “I need you to cut up my food into smaller pieces, please.”

- When the Employee does a procedure incorrectly, bring it to their attention. Patiently remind him or her of the correct way to do it.

Positive feedback:

If the Service Recipient is happy with how the Employee is doing a task, use positive feedback by complementing, thanking, and showing appreciation to the Employee. Positive feedback lets the Employee know that they are doing the task correctly and to keep doing it that way. For example: “Thanks for cutting up my meat this size. It is easier for me to chew and swallow.”

- When the Employee does a procedure correctly, praise their performance by telling the Employee exactly what was performed correctly.

Open communication and feedback with the Employee is important. The more transparent the

Employer is the better. This will ensure that everyone is on the same page.

The Employer should try to:

- Create a positive relationship with the Employee.
- Create a pleasant work atmosphere.
- Give clear feedback – both positive and negative as necessary. Employee
- Explain the rules clearly and expect them to be followed.
- Explain the consequences of breaking the rules.
- Be consistent in how they respond to each Employee.
- Be a coach. Teach and encourage.

Creating a Good Working Environment

It is hard to find good Employees so it is important to create a relationship that is long lasting. Most Employees stay with a job because it is personally rewarding. You want the Employee to be satisfied with his or her work and continue to work for you. Below are some ideas for creating a good working environment:

- Treat Employees with kindness, fairness, and respect.
- Be constructive with feedback. Focus on the behavior, not the person.
- Keep communication open.
- Discuss problems as they arise. Avoid taking out frustrations on the Employee.
- Be flexible when possible. For example, if the Employee asks to come in a few minutes late because they have an event at school for their child.
- Get feedback from the Employee to help you evaluate how the job is going.

To summarize, you have the opportunity to provide a positive work environment for the Employee. This, in turn, helps the Employee be happy, productive, and motivated to work. An Employee who is happy in his or her work will stay longer and do a better job.

Treating Employees Consistently and Fairly

It is important to treat all Employees consistently. If not, an Employee may feel like the Employer is discriminating against him or her. For example, if the Employer lets one Employee be flexible with the time she starts her shift, allowing another Employee the same courtesy is something to consider. When Employees have special requests, like leaving early to go to a child's baseball game, it is nice to grant the request; just remember the same consideration for each Employee.

It is equally important to treat Employees fairly. Use both constructive and positive feedback to teach Employees how to do their job. It is important to keep track of the feedback given in a notebook, in case the Employee does not improve and the Employer needs to dismiss them. That way, if the Employee claims unemployment, he or she cannot say that they were wrongfully discharged. A wrongful discharge can result in unemployment rates increasing.

Be respectful of all Employees. Raising one's voice, calling the Employee names or yelling at them affects how Employees feel about their job. This behavior can be viewed as abusive even if the Employee is a family member. The Employer should treat Employees as he or she wants to be treated. This is called mutual respect.

Employer Responses

After working for a while, the Employee may start doing some things that the Employer does not approve of. For example, an Employee is frequently late for work. A policy may need to be set that applies to being late. The policy could be that being late three times automatically means that the Employer will decide whether to keep using the Employee.

The Employer may set a policy that if an Employee takes something without asking, he or she will be dismissed immediately. If you dismiss an Employee, please notify CDCN immediately.

It is good to inform the Employee of consequences to negative behavior. **Remember, a policy set for one Employee must be applied to all Employees.**

Resolving Conflict

Conflicts are a natural part of establishing and building a relationship. Conflict is not the problem. It is usually how people deal with the conflict that is the problem. It is important to deal with conflicts as they come up. It is best to keep emotions in check so things do not get worse than they should be. Employees will usually respond in a non-threatening and positive way if the Employer is fair and consistent.

If there is a conflict over job duties, pay, time off, social conduct or use of property, remind the Employee of the original agreement. If the Employee refuses to follow the rules, be prepared to replace them.

If a problem comes up, it may help to use a step-by-step process to resolve the problem. Here is a helpful guide in the event of a conflict:

1. Identify the Problem

This seems simple enough, but sometimes not everyone will agree that there is a problem. As an example, it may be a problem for the Employer that the Employee wears headphones and listens to music when cleaning the house, but it is not a problem for the Employee.

2. Define the Problem

Try not to attach motives, blame and make value judgments. Ask open-ended questions and use active listening to get a better understanding and definition of the problem. Whose responsibility is it to solve the problem? Examples include:

- A broken wheelchair is the Employer's problem, but the Employee could help solve the problem.
- An Employee who listens to music when cleaning is the Employer's problem because the Employee cannot hear when the Service Recipient might need him or her.
- The Employee lost her childcare and cannot make other arrangements for a week. This

problem belongs to both the Employer and Employee.

When solving problems, each person involved should have input. Whoever has ownership of the problem should make the final decision.

3. Brainstorm Ideas for Solutions

Everyone involved should suggest solutions. Do not criticize any suggestions at this step. Brainstorm as many ideas as possible. Write down every solution, no matter what it is.

4. Discussion and Evaluation

Everyone involved should discuss the positives and negatives of each solution suggested. Writing out a list of the good and bad can help in the evaluation process.

5. Recognize if Compromise is Necessary

Decide on the solution that will best solve the problem.

6. Make a Plan

Everyone involved should agree on who will do what, where, when, and how to solve the problem.

7. Evaluate the Solution

Set a date and time to discuss whether the solution is working and revise the plan as needed. By facing problems right away, working relationships can be strengthened and improved. Working relationships that use problem solving can keep everyone working as a team and with less stress.

Corrective Action

When an Employee is not following rules or meeting the Employer's expectations, it is the responsibility of the Employer to let the Employee know so he or she can correct his or her behavior. Many Employers use a 3-step process called "progressive discipline." This process helps Employees understand that their work must be improved or corrected. The steps are:

1. Verbal warning
2. Written warning
3. Job termination

Progressive discipline gives the Employee opportunity to improve. If they do not, the Employer will need to think about whether he or she wants them to continue working. By putting it in writing (even if a verbal warning), the Employee cannot deny being talked to before he or she was dismissed. It is also a good idea to decide a plan of action. What will the Employee do to improve? Is there something the Employer can do to help?

Remember to write down issues as they occur. This way you have specific examples when discussing the issue(s).

If there is a problem, it helps to:

1. Schedule an extra appointment with the Employee. In order for it to be paid time, the discussion must occur within the authorized hours.

2. Before the meeting, write down any concerns. This way thoughts are organized and key points are remembered. Discuss concerns. Be aware of emotions and how they affect what is being said. Anger, being critical or defensive will not help explain concerns.
3. Use "I" statements. This shows ownership of the experience. For example: "I feel frustrated about your late arrival every day. It makes me anxious because I worry about getting to the bathroom." Avoid blaming. For example, saying "you do not care about me or you would be on time" will put the Employee immediately on the defensive. They will not hear the whole problem.
4. Let the Employee have a chance to voice his or her concerns.
5. The Employer needs to be willing to examine him or herself and own their part in the conflict.
6. Come to a final agreement about the problem. Put it in writing so that each person leaves with the same understanding of what will happen.

If it is not possible to solve the problem, remember that there is support available. Sometimes involving someone else is helpful. Call CDCN or the Case Manager.

Terminating Employees

Employees may choose to end their employment with the Employer, or vice versa. Upon termination of employment, a final time sheet must be submitted. CDCN must receive the final timesheet within two (2) business days of the last date of employment so that the Employee receives final payment timely. The Employee's final check will be paid either by the next payday or within 10 days, whichever comes sooner. If the Employee submits a written request for immediate pay, then they will receive their final paycheck within 48 hours of the request.

Paying Employees

Employers are required to submit documentation of time worked for each Employee that is providing services. Online time cards and paper timesheets are legal documents that track actual hours worked. Paper timesheets should be filled out bi-weekly and submitted to CDCN by no later than midnight on Monday following the payroll week. Online time cards should be entered into the system and approved no later than midnight on the Wednesday following the payroll week. Submitting time online via the web portal is the best method of time entry. It is a more accurate and efficient process:

- There are no paper forms to deal with when using the web portal. Employees enter time in the secure and confidential site. When the pay period is complete they can then submit the time for Employer approval. There is no paper involved. This means that there is no paper to lose, misplace, or forget to send.
- There's no worry about mis-typing Employee ID numbers, or service codes; the system already knows those settings.

For web portal, the Employee must enter the time they worked, not the Employer. The Employer must approve the time after the Employee has submitted it. Instructions for submitting time via the web portal are available on the CDCN website.

In addition to the web portal, paper timesheets may be used. If using paper timesheets, it is important to remember that they cannot be photocopies of previously submitted timesheets. **Signatures must be originals every time.** For timesheet requirements, please refer to the timesheet instructions on the CDCN website.

CDCN will issue payment to the Employee on behalf of the Employer. Payment will occur on a biweekly basis following submission of accurate time. **Please approve all time worked upon completion of the Employee's last shift of the work week.** Time must be submitted no later than the following Monday at midnight in order to be paid according to the pay schedule. Late time may result in late pay.

Making Corrections

For online time, corrections must be made prior to the Employer approving the entry. For paper timesheets, corrections may be made before or after submitting a paper timesheet.

If you need to make a correction and have not submitted the timesheet yet, simply:

- Draw a single line through the error; and
- Enter the correct information on a new line.

Please do not use whiteout when making corrections.

If a correction must be made after submitting the paper timesheet, **do not** correct and resubmit the original. Instead, please:

- Use a blank timesheet; and
- Fill out only the lines of time that require correcting.

Incorrect or incomplete submission of time will need to be resubmitted with corrections. This may result in a delay of pay.

Working Hours

Employees must fulfill their commitments to all hours and schedules they accept from the Employer. Definite hours are not guaranteed. Positions are classified as “temporary” because the work is not guaranteed. The Employer will determine job duties and work schedules based on the Service Recipient’s current and approved plan of care.

An Employee will not be paid for hours worked or tasks performed that are not authorized on the plan of care. The Employer may be responsible for payment if the Employer has the Employee:

- Work hours that are not authorized on the plan of care.
- Do tasks that are not approved.
- Work is performed prior to receiving approval to work from CDCN.

Payroll

Payment may be issued through direct deposit to the Employee's bank account or by pay card. Pay days are every other Friday. For more information, please see the Payroll Calendar located on the CDCN website. Paper checks may be used from time to time. The Employee’s first and second

paycheck will likely be sent via paper check. Paper checks are sent via United States Postal Service (USPS). Delivery time depends on the local USPS. Paystubs (a summary of pay) are sent to the Employee's current address on file; they are mailed from CDCN's processing center on Thursday of each payroll week. In order for the Employee to be paid correctly, time **must** be received by midnight on the Monday following the week worked.

W2's are issued to all Employees for the previous year. These will be sent out in accordance with IRS requirements. If an Employee has not received a W2 by February 10th, please contact CDCN.

If an Employee's address changes, they must update their address with CDCN. Otherwise, their W2 and paystubs will continue to go to their old address.

Workplace Harassment

The Employer has a responsibility to keep the workplace harassment free. All forms of harassment, including sexual harassment, are prohibited. Harassment includes the use of degrading words, or behaviors toward an individual or individual's characteristics. Characteristics include:

- Race
- Color
- Religion
- Gender
- Sexual Orientation
- Gender Identity
- National Origin
- Age
- Disability
- Genetic Information
- Marital Status
- Any other characteristic protected by the law

Harassment is prohibited by Title VII of the Civil Rights of 1964, the Equal Opportunity Commission, and State regulations.

Sexual Harassment

Sexual harassment, as defined by the U.S. Equal Employment Opportunity Commission (EEOC), is any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when any of the following occur:

- The conduct implicitly or explicitly affects an individual's employment.
- The conduct unreasonably interferes with an individual's work performance.
- The conduct creates an intimidating, hostile, or offensive work environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors. It may involve individuals of the same or different gender. Examples of prohibited sexual harassment include, but are not limited to:

- Sexual flirtations, touching, advances, or propositions.
- Verbal abuse of a sexual nature.
- Graphic or suggestive comments about an individual's dress or body.
- Sexually degrading words to describe an individual.
- The display of sexually suggestive objects or pictures, including nude photographs.

Reporting Harassment

Everyone in the workplace must always conduct themselves in a manner consistent with the spirit and intent of this policy. If an individual believes he or she is a victim of harassment, he or she may choose to take action before filing a formal complaint. When talking to another individual regarding harassment, the individual must:

- State the facts as they see them.
- Describe their feelings or reactions to the incident (s).
- State what he or she would like to happen next.

An individual may, at any time, file a complaint. It is recommended that the individual initially file a complaint with CDCN. This provides the Company the opportunity to intervene in and potentially resolve the situation. Retaliation or intimidation directed towards anyone who makes a complaint will not be tolerated. Complaints concerning a perceived violation of this policy may also be filed with either your state's Equal Rights Division or the United States' Equal Employment Opportunity Commission.

Alcohol and Drug Free Workplace

The Employer has the right to an alcohol and drug free workplace. Being under the influence of /or having alcohol or any illegal drug, in any amount while working, is not allowed. Violating this practice may result in an Employee losing his or her job.

Confidentiality and Disclosure

The Service Recipient's information is private. Your Employees should **not** share any of the Service Recipient's information. This includes the Service Recipient's medical care.

There are special circumstances when an Employee may disclosure the Service Recipient's information. **Your Employees should report to CDCN any situations of potential harm.** They should also report the issue to the Service Recipient's Case Manager and, if necessary, the authorities. CDCN may forward these reports on to the appropriate authorities. Below are examples of concerns that CDCN may report to the appropriate authorities.

Any reasonable cause to suspect:

- That the Service Recipient has threatened, or poses a threat to, the physical safety of another person, and it appears possible that the threat may be carried out.
- That the Service Recipient is at risk of imminent bodily harm.
- Death or other reportable incidents.

Termination of Services

Services may be terminated by CDCN or the Service Recipient. The process is as follows:

By CDCN

CDCN may terminate the working relationship with a Service Recipient. In accordance with our policy, we must provide advance written notice to the Service Recipient. We will not terminate services without offering additional training to the Service Recipient or encouraging the use of a personal

representative. However, for violations of CDCN policies or state regulations, services may be terminated immediately. Please refer to the most recent service agreement for more information; a blank copy may be found on the CDCN website.

By the Service Recipient

The Service Recipient may choose to terminate services at any time; however, 30-days prior notice is preferred. The termination may involve dropping out of the self-directed program or transferring services to another program. If the Service Recipient would like to transfer services to another provider, please give CDCN a 60 day notice prior to transferring.

Reporting Status Changes/Notifications to CDCN

The Service Recipient/Employer and Employee must inform CDCN within one (1) business day of any change in the following:

- Name (Please submit an updated Social Security Card)
- Mailing address
- Phone number
- Employee bank account (if Employee is using Direct Deposit)
- Dismissal or resignation of an Employee
- Service Recipient hospitalization or rehabilitation intake and discharge dates
- Guardianship status

Delayed reporting of this information could result in delayed or incorrect pay.

Safe Work Environment

The Employer and their Employee are responsible for:

- ✓ Maintaining a safe and healthy work environment
- ✓ Following all federal, state, and local health and safety laws and requirements
- ✓ Always following correct practices and procedures to avoid injuries and illnesses

Please report any unsafe conditions immediately to the Service Recipient's Case Manager, Adult Protective Services, or the authorities, as appropriate. The number to Adult Protective Services is included on the Contact Information sheet for your convenience.

A Home Safety Check Resource Form is included in the Appendix. This form may be used to assist in identifying safety issues within the Service Recipient's home. Usage of this form is not required and is given as a resource.

Employee Safety and Accident Prevention

Employees must follow usual procedures for working safely and preventing accidents. Employees are expected to follow all safety rules and procedures. If personal protective equipment is required, Employees must wear it. The Employer provides personal protective equipment, if it is necessary. Employees should report any unsafe conditions, equipment, or practices immediately to the Employer or CDCN.

Medicaid Fraud

The money for services in the program comes from state and federal governments. Fraud or abuse of this Medicaid program is against the law. Suspected cases of Medicaid fraud or abuse must be reported to the State by the Company.

Examples of Service Recipient/Employer or Employee fraud and abuse of Medicaid funds are:

- Writing down more time than was actually worked on a time sheet.
- Accepting pay for time that was not worked.
- “Padding” time sheets. Examples are:
 - Showing up late or leaving early and writing down more time than actually worked.
 - Taking a break and not subtracting break time when the time is recorded.
- Changing another person’s time sheet or paperwork.
- Forging an Employee’s or Service Recipient/Employer’s signature.
- Turning in a false claim for time worked or tasks completed when these were not done and there was knowledge of it.
- Suggesting or helping a Service Recipient get services or supplies that are not required for the person’s disability.
- Not providing the quality of services for a Service Recipient that is expected.
- Falsifying employment documentation.

All cases of possible Medicaid fraud and abuse must be reported immediately. Please report cases to CDCN by calling the Fraud Hotline at 1-877-532-8530. You may also report to your state’s fraud hotline or the Office of Inspector General. Their respective phone numbers can be found on the Contact Information page at the beginning of this Handbook.

For additional training, please see our fraud prevention video on the CDCN website.

Appendix

Notice of Privacy Practices
Home Safety Check Resource Form
HIPAA Guide
Fraud Prevention Program
Abuse, Neglect & Exploitation
Web Portal
Mileage Reimbursement
Paying Vendors
Zsecure
Feedback Form

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this Company properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed below.

Privacy Officer:

Daryl Holzer
(877) 532-8530

Effective Date:

April 1, 2003; Revised March 26, 2013; Updated February 25, 2015

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that this Company is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers, including, for example, to patients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by this Company. Disclosures to conduct the operations of this Company, including, for example, sharing information to supervisors of those who provide care to patients.

2. Below is a description of each of the other purposes for which this Company is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

To patients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert

a serious threat to health or safety, for specific government functions, to business associates of this Company, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
4. The Company may contact the individual to schedule visits and for other coordination of care activities.
5. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but this Company is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan, on behalf of the individual, has paid this Company in full.
6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the Company upon request.
7. This Company is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
8. This Company is required to abide by the terms of this Notice currently in effect.
9. This Company reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
10. Individuals may complain to this Company and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Daryl Holzer, Privacy Officer, at this Company at the following telephone number (877) 532-8530. Individuals will not be retaliated against for filing a complaint.

Participant

Location

Date

FIRE:

Is an Evacuation Plan in place in the event of a fire? Yes No N/A

Are there Special Needs to be considered during an evacuation? Yes No N/A

If yes, what are the Special Needs? *Example: Oxygen in use.*

Has the local Fire Department been notified that this is a Special Needs Residence? Yes No N/A

Phone number of local emergency agency: _____

ELECTRICAL:

Ground fault interrupters on outlets near bathroom and kitchen sinks? Yes No N/A

Are electrical cords in safe condition? Yes No N/A

Electrical switches and outlet boxes have covers? Yes No N/A

BUILDING SERVICES AND SAFETY EQUIPMENT:

Any concerns with the following?

Building Services - Heat Sewer Phone Water Electricity

Safety Equipment - Smoke Detector Fire Extinguisher Flashlight Other: _____

WALKWAYS:

Clear, adequately lit, free of trip hazards? Yes No N/A

Handrails along stairways and balcony edges? Yes No N/A

Safe, unobstructed emergency escape route? Yes No N/A

Provisions made for maintaining outdoor walkways? Yes No N/A

Who will you contact if walkways need clearing?

Name: _____ Phone: _____

PERSONAL SAFETY:

Does parking allow safe access to home? Yes No N/A

Parking location: _____

Describe any apparent safety risks associated with this residence: _____

Describe procedures to minimize risks: _____

Any pet issues?: _____

HAZARDOUS MATERIALS:

Are sharps (needles, etc.) properly disposed of?

Yes No N/A

Are there any hazardous materials in the home?

Yes No N/A

If yes, please describe:

ADDITIONAL COMMENTS/OBSERVATIONS:

DO NOT RETURN TO CONSUMER DIRECT CARE NETWORK

This form is for use by you, the Participant. It is intended to assist you in identifying safety issues in your home. All actions taken in response to any issues that may arise from completing the Home Safety Check are the sole responsibility of the Participant.



HIPAA Employee Training Guide

Revised January, 2018

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (also known as “Kennedy-Kassebaum Act”).

HIPAA regulations address the use and disclosure of Protected Health Information (PHI).

Key HIPAA Elements:

- Health Insurance Portability
- Standards for Electronic Claims Submission
- Security and Privacy Protection

Security and Privacy are addressed in this Training Guide.

Who is covered by HIPAA?

Covered Entities (CEs) are organizations that are required to comply with HIPAA standards. There are three types of covered entities:

1. Health plans
2. Health care clearinghouses
3. **Health care providers*** who transmit any health information in electronic form in connection with one of the standard transactions.

* Consumer Direct Care Network (CDCN) is a health care provider and therefore considered a CE.

When did the “HIPAA Privacy Rule” go into effect?

Effective as of April 14, 2003; Revised January 25, 2013

What is PHI (Protected Health Information)?

PHI is any health information that contains a unique identifier (to a patient) such as full name, social security number, phone number, etc. PHI is to be protected and kept confidential, whether in **handwritten, printed, electronic, or verbal form.**

Patients Will Be Notified of Their HIPAA Rights

Each patient will receive the CDCN Notice of Privacy Practices which explains how medical information may be used and disclosed, and how the patient can access their information. **Ask a Program Manager or the Privacy Officer if you have or receive questions.**

Patients Can Request Confidential Communication

CDCN will accommodate reasonable requests from patients to use alternate channels of communication (e.g. work telephone instead of home telephone, alternate mailing address, etc.). **Ask a Program Manager if you have questions.**

When is “Authorization to Release Information” NOT required by the Patient?

For treatment, payment, or healthcare operations.

What are HIPAA “Uses and Disclosures” of PHI?

Use: The sharing, employment, application, utilization, examination, or analysis of such information by an entity that maintains such information.

Disclosure: The release, transfer, provision or access to, or divulging in any other manner of information outside the entity holding the information.

Patients Access to Medical Records

Patients may wish to view information in their medical records and may express disagreement with its content. CDCN has procedures in place for patients to request access and make corrections to their CDCN records. In the event of any such request by a patient, **ask a Program Manager or the Privacy Officer for assistance.**

“TOP TEN” HIPAA Tasks

1. Assign overall responsibility for privacy and security.
The CDCN Privacy Officer is Daryl Holzer, who has overall responsibility for privacy issues. Program Managers are available to address any HIPAA-related questions. Jeff Harriott is the Security Official responsible for security measures.
2. Establish procedures for handling PHI.
CDCN has a Privacy Policy (a copy of which is enclosed in this Training Guide) and a Privacy Manual with which to manage privacy issues. A Program Manager or the Privacy Officer can address your questions.
3. Provide physical security.
Includes physical security of office facilities, medical records, billing information, and other PHI. Physical security measures may include using locking file cabinets where PHI is stored.
4. Provide technical security.
Includes securing information stored and transmitted via computers.
5. Establish rules for protecting patient privacy.
This is an essential part of maintaining patient confidentiality. CDCN has Patient Confidentiality requirements outlined in the Employee Handbook that require each employee to maintain the confidentiality of patient information.
6. Allow patient access to medical records.
Patients have the ability to access their medical information and have control over who may review their information. Ask a Program Manager for more information.

7. Respond to complaints

*CDCN has HIPAA compliant forms available for handling any complaint that may occur as a result of privacy protection. **Ask a Program Manager for more information.***

8. Publish a Notice of Privacy Practices.

*CDCN has posted a **Notice of Privacy Practices (NPP)** and also provided written notice to each of our patients regarding their rights.*

9. Ensure that Business Associates protect patient privacy.

Business Associates are not Covered Entities (health care providers), like outside consultants, who may come in contact with our Protected Health Information. CDCN will ensure that any business associate protects PHI via contractual agreement.

10. Train the workforce

CDCN will ensure employees are educated on HIPAA, maintaining confidentiality, protecting PHI, and are familiar with the CDCN HIPAA policy.

HIPAA PENALTIES

- \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated
- Criminal penalties for knowingly disclosing PHI up to a maximum of \$250,000

PRIVACY POLICY STATEMENT

Purpose: *The following privacy policy is adopted to ensure that CDCN complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to CDCN. Violations of any of these provisions will result in severe disciplinary action including up to termination of employment and possible referral for criminal prosecution.*

Effective Date: *This policy is in effect as of April 1, 2003; revised March 26, 2013*

Expiration Date: *This policy remains in effect until superseded or cancelled.*

Privacy Officer: *Daryl Holzer (877) 532-8530*

**Uses and Disclosures of Protected Health Information**

It is the policy of CDCN that protected health information may not be used or disclosed except when at least one of the following conditions is true:

1. The individual who is the subject of the information has authorized the use or disclosure.

2. The individual who is the subject of the information has received our Notice of Privacy Practices and acknowledged receipt of the Notice, thus allowing the use or disclosure, and the use or disclosure is for treatment, payment or health care operations.
3. The individual who is the subject of the information agrees or does not object to the disclosure, and the disclosure is to persons involved in the health care of the individual.
4. The disclosure is to the individual who is the subject of the information or to the U.S. Department of Health and Human Services for compliance-related purposes.
5. The use or disclosure is for one of the HIPAA “public purposes” (i.e. required by law, etc.).

Deceased Individuals

It is the policy of CDCN that privacy protections extend to information concerning deceased individuals.

Notice of Privacy Practices

It is the policy of CDCN that a Notice of Privacy Practices must be published, that this Notice and any revisions to it be provided to all individuals at the earliest practicable time, and that all uses and disclosures of protected health information are in accordance with CDCN’s Notice of Privacy Practices.

Restriction Requests

It is the policy of CDCN that serious consideration must be given to all requests for restrictions on uses and disclosures of protected health information as published in CDCN’s Notice of Privacy Practices. It is furthermore the policy of CDCN that if a particular restriction is agreed to, then CDCN is bound by that restriction.

Minimum Necessary Disclosure of Protected Health Information

It is the policy of CDCN that (except for disclosures made for treatment purposes) all disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of CDCN that all requests for protected health information (except requests made for treatment purposes) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Access to Protected Health Information

It is the policy of CDCN that access to protected health information must be granted to each employee or contractor based on the assigned job functions of the employee or contractor. It is also the policy of CDCN that such access privileges should not exceed those necessary to accomplish the assigned job function.

Access to Protected Health Information by the Individual

It is the policy of CDCN that access to protected health information must be granted to the person who is the subject of such information when such access is requested, or at the very least within the timeframes required by the HIPAA Privacy Rule. It is the policy of CDCN to inform the person requesting access where protected health information is located if we do not physically possess such PHI but have knowledge of its location.

Amendment of Incomplete or Incorrect Protected Health Information

It is the policy of CDCN that all requests for amendment of incorrect protected health information maintained by CDCN will be considered in a timely fashion. If such requests demonstrate that the information is actually incorrect, CDCN will allow amending language to be added to the appropriate document and this addition will be done in a timely fashion. It is also the policy of CDCN that notice of such corrections will be given to any organization with which the incorrect information has been shared.

Access by Personal Representatives

It is the policy of CDCN that access to protected health information must be granted to personal representatives of individuals as though they were the individuals themselves, except in cases of abuse where granting said access might endanger the individual or someone else. We will conform to the relevant custody status and the strictures of state, local, case, and other applicable law when disclosing information about minors to their parents.

Confidential Communications Channels

It is the policy of CDCN that confidential communications channels be used, as requested by the individuals, to the extent possible.

Disclosure Accounting

It is the policy of CDCN that an accounting of all disclosures subject to such accounting of protected health information be given to individuals whenever such an accounting is requested.

Marketing Activities

It is the policy of CDCN that any uses or disclosures of protected health information for marketing activities will be done only after a valid authorization is in effect. It is the policy of CDCN to consider marketing any communication to purchase or use a product or service where an arrangement exists in exchange for direct or indirect remuneration, or where CDCN encourages purchase or use of a product or service. CDCN does not consider the communication of alternate forms of treatment, or the use of products and services in treatment to be marketing. Furthermore, CDCN adheres to the HIPAA Privacy Rule that face-to-face communication with the patient, or a promotional gift of nominal value given to the

patient, does not require an Authorization. All marketing activities will be approved in advance by the Privacy Officer.

Judicial and Administrative Proceedings

It is the policy of CDCN that information be disclosed for the purposes of a judicial or administrative proceeding only when: accompanied by a court or administrative order or grand jury subpoena; when accompanied by a subpoena or discovery request that includes either the authorization of the individual to whom the information applies, documented assurances that good faith effort has been made to adequately notify the individual of the request for their information and there are no outstanding objections by the individual, or a qualified protective order issued by the court. If a subpoena or discovery request is submitted to us without one of those assurances, we will seek to notify the individual, obtain his or her authorization, or obtain a qualified protective order before we disclose any information. In no case will we disclose information other than that required by the court order, subpoena, or discovery request. All releases of information for Judicial and Administrative Proceedings must be approved in advance by the Privacy Officer.

De-Identified Data and Limited Data Sets

It is the policy of CDCN to disclose de-identified data only if it has been properly de-identified by a qualified statistician or by removing all the relevant identifying data. We will make use of limited data sets, but only after the relevant identifying data have been removed and then only to organizations with whom we have adequate data use agreements and only for research, public health, or health care operations purposes.

Authorizations

It is the policy of CDCN that a valid authorization will be obtained for all disclosures that are not for: treatment, payment, health care operations, to the individual or their personal representative, to persons involved with the individuals care, to business associates in their legitimate duties, to facility directories or for public purposes. This authorization will include all the mandatory elements and any authorizations generated from outside CDCN will be checked to see if they are valid.

Complaints

It is the policy of CDCN that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. Furthermore, it is the policy of CDCN that all complaints will be addressed to the Privacy Officer who will be duly authorized to investigate complaints and implement resolutions if the complaint stems from a valid area of non-compliance with the HIPAA Privacy and Security Rule.

Prohibited Activities

It is the policy of CDCN that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of CDCN that no employee or contractor may condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose protected health information.

Responsibility

It is the policy of CDCN that the responsibility for designing and implementing procedures to implement this policy lies with the Privacy Officer.

Verification of Identity

It is the policy of CDCN that the identity of all persons who request access to protected health information be verified before such access is granted.

Mitigation

It is the policy of CDCN that the effects of any unauthorized use or disclosure of protected health information be mitigated to the extent possible.

Safeguards

It is the policy of CDCN that appropriate physical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically, and administrative protection. These safeguards will extend to the verbal communication of PHI. These safeguards will extend to PHI that is removed from CDCN.

Business Associates

It is the policy of CDCN that business associates must be contractually bound to protect health information to the same degree as set forth in this policy. It is also the policy of CDCN that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and, if that fails, by termination of the agreement and discontinuation of services by the business associate.

Training and Awareness

It is the policy of this CDCN that all members of our workforce have been trained by the compliance date on the policies and procedures governing protected health information and how CDCN complies with the HIPAA Privacy and Security Rule. It is also the policy of CDCN that new members of our workforce receive training on these matters within the employee's

probationary period time after joining the workforce. It is the policy of CDCN to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of CDCN that training will be documented indicating participants, date and subject matter.

Sanctions

It is the policy of CDCN that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies.

Retention of Records

It is the policy of CDCN that the HIPAA Privacy Rule records retention requirement of seven years from the date of discharge will be strictly adhered to. For minors, records will be retained for at least three years after the minor reaches the age of majority. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at CDCN's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.

Cooperation with Privacy Oversight Authorities

It is the policy of CDCN that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within CDCN. It is also the policy of CDCN that all personnel must cooperate fully with all privacy compliance reviews and investigations.

Investigation and Enforcement

It is the policy of CDCN that in addition to cooperation with Privacy Oversight Authorities, CDCN will follow procedures to ensure that investigations are supported internally and that members of our workforce will not be retaliated against for cooperation with any authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible.

Federal/State law: fraud must be reported

As an approved provider or contracted agency with public health and human services departments, employers must comply with all applicable Federal, State and local laws. Therefore, employers are **charged by Federal and State law** with the responsibility of identifying, investigating, and referring to law enforcement officials, **cases of suspected fraud or abuse.**



Fraud is a crime against all taxpayers and is a State and Federal crime. Employers are mandatory reporters of any suspected fraud.

All cases of possible fraud and program abuse should be reported immediately.

To make a report, please call

1-877-532-8530

Fraud Hotline

Toll Free



PARTICIPANTS

Fraud **Prevention Program**

Be Aware



- ▶ **Understanding fraud and the possible risks**
- ▶ **Assuring compliance with Federal and State laws**
- ▶ **Preventing fraudulent activities**



Understanding fraud

Because you receive home-based health services, it is important to know what fraud means. Professionals, friends, and even family members can commit fraud.

It is **your responsibility to recognize the signs of fraud** so you can avoid this problem.

Fraud is defined as:

The intentional deception or misrepresentation that an individual knows, or should know to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).*

(Centers for Medicare & Medicaid Services)

**Some States define fraud in varied terms. For example, Alaska defines fraud as "knowingly... with reckless disregard".*

Examples of fraud:

- Using programs to receive unnecessary services and supplies
- Billing for services that were never provided
- Billing for services that pay at a higher rate than those provided
- Submitting hours on a time sheet that employees did not work
- Failing to keep required records or failing to make them available to authorities
- Abusing a program or behaving unethically

Committing fraud



Intentional or reckless fraud results in significant sanctions ranging from oral warnings to a suspension, termination, or financial penalties. There will be consequences for fraudulent conduct. Any Participant or Personal Representative participating in fraudulent acts **will be reported to Medicaid Fraud units** and subject to **possible discharge from the company.**

If a Participant or Personal Representative gives false information or knows of false information and fails to report it, they may be convicted of a **crime**. It may also result in **large fines or jail time.**

Preventing fraud

Components to help prevent fraud:

- Participants receive initial and ongoing **training on fraud topics** (regular fraud prevention training, as well as education topics in newsletters).
- **All employees** are required to pass a criminal and Office of Inspector General (OIG) **background check.**
- Acknowledgement and anti-fraud statement included on every time sheet. Documents and time sheets are audited weekly.
- A **Fraud Prevention Hotline** for response to compliance issues.

These components are in line with the employer's goals:

- Promoting **integrity** and **ethical behavior**
- Assuring **compliance with all governmental laws, rules and regulations**
- Supporting ethical standards, standards of conduct and **zero tolerance for fraud and abuse**



Preventing

Program

Abuse, Neglect and Exploitation

Abuse, neglect, and exploitation are difficult issues to talk about but probably are the most important issues to deal with. Most workers provide excellent care. However, some workers may take advantage of the individuals they work for who need their help. For your own safety, we want to make sure you know what abuse is and how to deal with it if it happens to you. Please let your Program Coordinator or Case Manager know if abuse, neglect or exploitation has occurred. S/he can help you plan for safety. Abuse, neglect and exploitation are against the law.

The different types of abuse are:

Physical Abuse includes hitting, slapping, pinching, kicking and other forms of rough treatment. If a worker does something on purpose to cause you physical pain, it may be physical abuse. For example, you have fallen down. Your worker gets mad and grabs you and forcefully pulls you up. Bruises are left on your arms.



Verbal Abuse means any time a worker uses spoken or written words or gestures that are meant to insult or attack you or make you feel bad. For example: you forget to take your pills and your worker says, “you are so stupid.”

Psychological Abuse happens if a worker uses actions or makes statements that are meant to humiliate or threaten you or to cause you emotional harm. For example, your worker continually tells you that, “you cannot take care of yourself. Without me you would be nothing.”

Sexual Abuse includes any unwanted sexual annoyance, touching, fondling or attack. Any sexual behavior by a worker that makes you uneasy is sexual abuse. For example, your worker fondles your breasts when giving you a bath.

Neglect means a worker is not meeting your basic needs for food, hygiene, clothing or health maintenance. Neglect includes repeated acts of carelessness. After you have given the service provider/worker directions about these things, s/he should make sure your basic needs are met. For example, your worker consistently takes your good food. She then cooks you meals with the leftovers but the meals are not balanced and do not follow your diet restrictions.

Exploitation happens when you trust someone and the person lies to you or scares you in order to take or use your property or money for himself/herself. An example of exploitation would be a worker taking something of value from you without permission. For example, taking your television, DVD player or automobile without asking your permission is exploitation. If your worker asks you to put their name on your bank account, this is exploitation. For example, your worker convinces you to put his name on your checking account. He then takes some money from your account telling you it is for the extra time he has worked.

If you feel a worker is abusing or exploiting you, take care of the situation right away. If the abuse is slight, you can try talking with the worker:

- Tell him/her what actions or behaviors you do not like.
- Tell the worker that if the behaviors do not stop right away you will need to find another worker.

This approach may be effective for a worker who may not be aware of how you are feeling. Be ready to take more action right away if the behaviors do not stop.

In most abuse cases, you should dismiss the worker immediately. **DO NOT** put up with mistreatment. Protect yourself. Your safety is the priority. Remember you can use your Emergency and Backup Plan to use a “backup” worker if you have to dismiss someone because of abuse.

How to Recognize Potential Abuse

- Does your caregiver ignore your instructions and requests?
- Does your caregiver make mistakes and then blame you or other people?
- Does your caregiver ask personal questions unrelated to your care, such as how you manage your finances?
- Does your caregiver eat your food without asking?
- Does your caregiver make unwanted comments about your appearance, weight, clothing, speech, eating habits, etc.?
- Do you sometimes find less money in your wallet than you expected?
- Are there unfamiliar charges on your checking or credit card account?
- Does your caregiver attempt to control your choices such as what you wear and what you eat?

If you answer “yes” to any of these questions, there may be potential for abuse.

All persons employed by Consumer Direct Care Network are mandatory reporters of suspected abuse, neglect, exploitation, or self-neglect. This means if you tell us of an incident of abuse we must report it. Please report any of the following acts to our office immediately:

- Engaging in, or threatening a Member or a person in the Member’s household with physical, sexual, mental abuse or coercion
- Exploiting a Member for financial gain or failing to remove a caregiver who has exploited a Member for financial gain
- Theft of medication, money, property, supplies, equipment, or other assets of a Member
- Failing to report a theft as described in this section
- Failing to remove from contact with a Member any employee who is under the influence of alcohol or drugs while providing services to a Member, or whose use of alcohol or drugs interferes with work performance or Member safety.
- Violating, or knowingly allowing an employee to violate, state or federal laws regulating prescription drugs and controlled substances, including forging prescriptions and unlawfully distributing
- Failing to report facts known to the provider agency or an agency's caregiver regarding the incompetent or illegal practice or conduct of a care provider in connection with services
- Performing, or allowing a caregiver to perform, a service that is beyond that person's professional training
- Failing to perform the acts that are within a person's scope of competence and training that are necessary to prevent harm or an increase in the risk of harm to a Member

- Violating the disclosure of information provisions of the Health Insurance Portability and Accountability Act of 1996
- Discriminating, or allowing a caregiver to discriminate, on the basis of race, religion, color, national origin, ancestry, or sex in the provision of care to a Member

Remember, reports of abuse, neglect and exploitation must be investigated. When Adult Protective Services receives a report, they will contact you to find out more information. Do not be alarmed. Their job is to keep the public safe.

Incident Management and Reporting

Incident Management refers to the prevention and reporting of abuse, neglect, or exploitation of Members. In the event an incident should occur, the Member, caregiver, or other party must:

- Ensure the safety of the Member
- Obtain medical assistance as needed
- Involve law enforcement as needed
- Report incidents to your county human services department

Examples of reportable incidents include:

- **Abuse, Neglect and Exploitation**
 - **Abuse** means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish to a Member.
 - **Neglect** means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness to a Member.
 - **Exploitation** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a Member's belongings or money without the voluntary and informed consent of the Member.
- **Death**
 - **Unexpected Death** - death caused by an accident, unknown, or unanticipated cause.
 - **Natural or Expected Death** - any death of an individual caused by a long-term illness, a diagnosed chronic medical condition, or other natural or expected condition resulting in death.
- **Other Reportable Incidents**
 - **Environmental Hazard** - an unsafe condition that creates an immediate threat to life or health of a Member.
 - **Law Enforcement Intervention** - the arrest or detention of a person by law enforcement, involvement of law enforcement in an incident or event, or placement of a person in a correctional facility.
 - **Emergency Services** - admission to a hospital or psychiatric facility or provision of emergency services that result in medical care, which is not anticipated for the Member, and would not routinely be provided by a primary care provider.

Online Services through My Direct Care

www.mydirectcare.com

Employers and Employees associated with Consumer Direct Care Network (CDCN) have access to online services available through a secure website www.mydirectcare.com. The primary benefits of this secure site include:

- Online time entry and approval. Provides an efficient and error-minimizing way to enter time into the CDCN payroll system. The electronic timesheets provide information on the status of all time and payroll entries.
- Spending summaries. Provide up to date budget and spending information. Both summary and detailed information is available regarding staff gross wages, employer related taxes, and vendor payments.
- The Job Board. A tool for employers to post job openings and for job seekers to respond. New applicants and existing employees wishing to work more hours can post their availability.



Figure 1. My Direct Care Home Page with Login

Note on terminology: My Direct Care uses the terms "Client" and "Participant" for Medicaid program recipients. In the descriptions below, the terms "Client" and "Participant" refer to the individual enrolled in Idaho's Self-Direction program. The term Employer refers to the Participant or the Participant's guardian.

User Registration

CDCN will issue User ID numbers to employers and employees after approving completed enrollment packets. Once you have your ID number you can self-register at My Direct Care and establish your Login Name, Password and User Profile. To register, follow these steps:

1. Enter www.mydirectcare.com in the address bar or click on the My Direct Care links on the CDCN Idaho website. This will take you to the home page of My Direct Care as shown in Figure 1.
2. Click on the **User Registration** tab to open the User Registration page (Figure 2).
3. In the *Register As* field, select Employee if you are an employee. Select Participant if you are the Employer (Figure 3).
4. After selecting a Registration Type, fill in the additional fields that appear (Figure 4).
 - *State* – select Idaho.
 - *User ID* – enter the ID provided to you by CDCN
Call the CDCN Meridian office if you have not received your ID.
 - *Date of Birth* – enter in the format shown.
 - *Zip Code* – enter in the format shown.
 - *SSN* – this field only appears for Employees. Enter the last 4 digits of your social security number.

Note to Employers: User Registration fields are specific to the Participant. Date of Birth and Zip Code must be those of the Participant.

5. Enter the security phrase as two unique words separated by a space. Click continue. Since this is your first time using My Direct Care, you will now be directed to a User Registration Profile page (Figure 5).



Figure 2. Opening User Registration Page

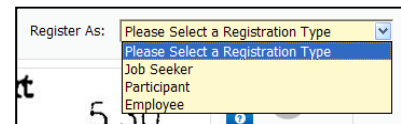


Figure 3. Selecting a Registration Type

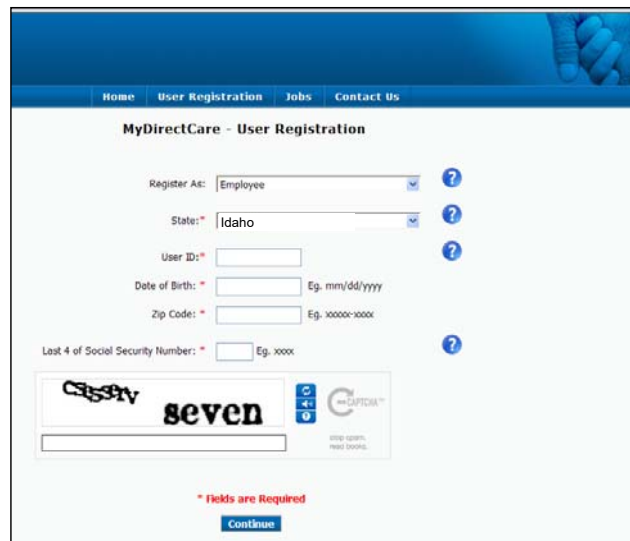


Figure 4. User Registration Page Fields

- Complete your User Registration Profile – This is where you will set up your login name and password for logging into My Direct Care. You will also provide contact information and answer two security questions, which may be used later if you forget your password and need to reset it.

Your password must be at least seven characters in length, and contain at least one special character (#,%,&,*+, etc.) and at least one number. You may wish to write this down and keep in a secure location. You will enter your login name and password every time you login to My Direct Care.

- Finish the Registration Process - When you have completed all the profile fields, check the “I agree to the Terms of Use” checkbox at the bottom of the page. After checking the box, a “Register” button will appear (Figure 6). Clicking the button will complete the registration process and direct you back to the home page.

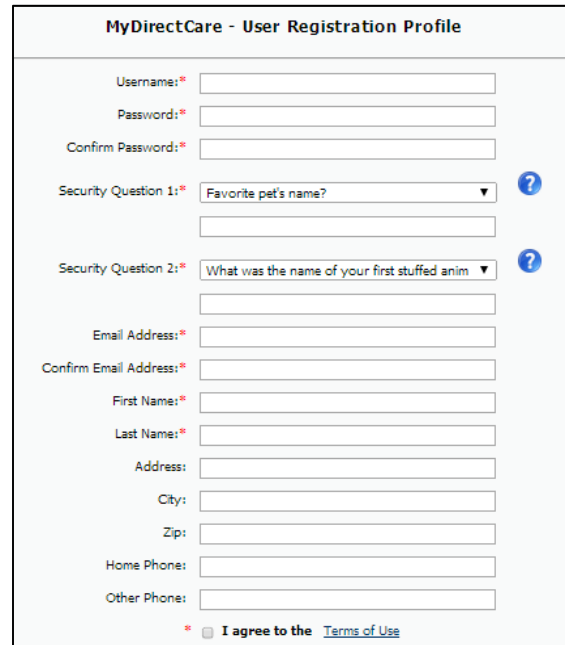


Figure 5. User Registration Profile



Figure 6. Register button

- You can now login and begin using online services – The login area is in the upper left corner of the home page, next to the padlock (Figure1). Enter your login name and password into the fields and click on the Login button.

After you have successfully registered, your User Profile information can be updated at any time by selecting **Settings** tab and Update Your Online Information from the main menu. To change your password, select Settings and Update Password from the main menu.

Overview of the Time Entry and Approval Process

- Upon completion of a scheduled shift, the Employee will log into My Direct Care and enter the shift worked. Time entry for each shift will include the Participant’s name, the service provided (Service Code), and beginning and ending shift times.
- Shifts should be entered after they are worked.
- Time is due for approval every two weeks. Time must be approved by **Wednesday at midnight MST** of timesheet due weeks or payment could be delayed.
- Once the time has been approved by the Employer, entries can be processed and paid by CDCN.

Employee Time Entry

Select **Service Card** from the top menu (Figure 7).

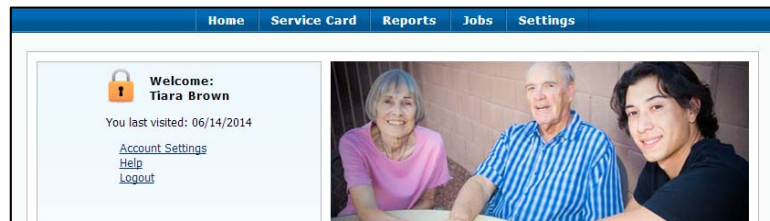


Figure 7. Employee Main Menu

Time Card will open (Figure 8). The current pay period will display by default. You can navigate to other weeks by changing the dates in the “show entries between” area or using the drop down menu under the “show entries for period” area.

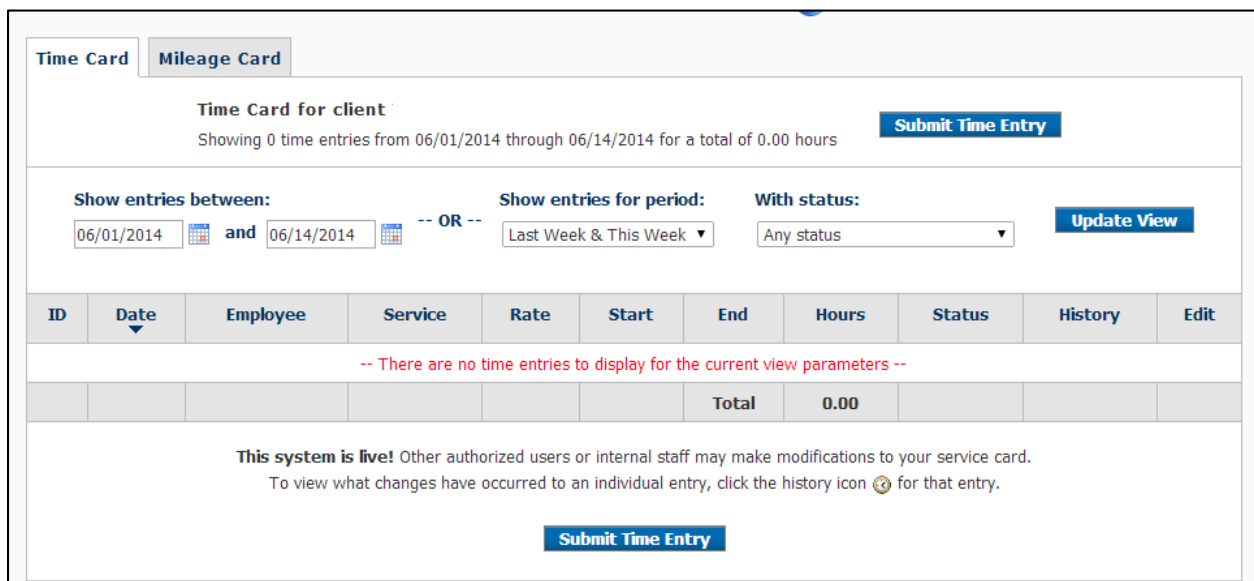


Figure 8. Time Card

Create a New Time Entry by clicking the “Submit Time Entry” button. This will open the service card window (Figure 9).

Enter the following information for each shift worked:

- Service Date – enter date in the format shown or select date using the calendar icon.
- Client – from the drop down, select the Participant worked for.
- Service Code – from the drop down, select the code for the service provided.
- Start Time – enter the start time in the format show and select AM or PM.
- End Time: enter the end time.





Home		Service Card		Reports		Jobs		Settings	
<p>Create a new time entry for employee <input type="text"/></p> <p>Click for help creating a time entry </p>									
Step 1	<p>Service Date: <input type="text"/> </p> <p>mm/dd/yyyy</p>								
Step 2	<p>Client: -- Select a client -- </p>								
Step 3	<p>Service Code: -- Select a service code -- </p>								
Step 4	<p>Start Time: <input type="text"/> AM <input type="radio"/> PM <input type="radio"/> End Time: <input type="text"/> AM <input type="radio"/> PM <input type="radio"/></p> <p>hh:mm hh:mm</p> <p>Duration: --</p>								
Optional	<p>Comment *:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/150 characters used</p> <p>* Comments section is NOT intended to be utilized for record of service documentation.</p>								
<p>By creating this entry, I certify that the above information is correct and that the specified service was provided in accordance with the schedule/care plan. I understand that falsification of an entry is considered fraud and may result in dismissal from the program and criminal prosecution.</p>									
<input type="button" value="Submit Time Entry"/>			<input type="button" value="Reset Steps"/>			<input type="button" value="Cancel"/>			

Figure 9. Service Card

Click on the “Submit Time Entry” button when you have entered all the information for the shift worked.

Note: Time entries can only be made after a shift is completed. Trying to enter a date or starting/ending time in the future will be denied and return an error message.

You will receive a pop-up window (Figure 10) asking if you would like to create another time enter. Click yes or no.



Figure 10. Time Entry Pop-up

Your time will appear in the time card area once it has been entered (Figure 11). This area will display the service date, employee/client names, rate of pay, hours worked, and the status of where the entry is at in the payroll process. Click the status icon to see what each symbol means (Figure 12).

Time Card
Mileage Card

Time Card for client Participant Demo [ID: 1000522]
 Showing 81 time entries from 04/09/2011 through 08/06/2011 for a total of 388.50 hours
 Create Time Entry

Show entries between:
 04/09/2011 and 08/06/2011

Show entries for period: -- OR --
 Custom

With status:
 Any status

Update View

ID	Date	Employee	Service	Rate	Start	End	Hours	Status	History	Edit	
220266	Sat 04/09/2011	Vardy, Harriet	PSS - Personal Support Services	\$8.75 / hr	09:00 PM	10:00 PM	1.00				
225862	Sat 04/23/2011	Potts, Tamar	PS2 - Personal Support Services 2	\$8.00 / hr	12:00 AM	07:00 AM	7.00				
228007	Wed 06/01/2011	Gamboia, Shayne	SNS - Skilled Nursing Support	\$60.00 / hr	01:00 PM	02:00 PM	1.00				
<input type="checkbox"/>	228014	Thu 07/28/2011	Brandal, Horace	PSS - Personal Support Services	\$8.75 / hr	08:00 AM	12:00 PM	4.00			

This system is live! Other authorized users or internal staff may make modifications to your service card. To view what changes have occurred to an individual entry, click the history icon for that entry.

Create Time Entry
Select All
Deselect All
Approve Selected

Figure 11. Time Card












	Deleted -- The entry has been deleted.
	Scheduled -- The entry is scheduled to be performed (this is a non-web status code).
	Held -- The entry is held (this is a non-web status code).
	Employee Created -- The entry was created by an employee.
	Client Approved -- The entry was created by a client, or approved by a client.
	Case Manager Approved -- The entry was created by a case manager, or approved by a case manager.
	Internal Approved -- The entry was created by an internal staff member, or approved by an internal staff member.
	Paid -- The entry has been paid.
	Over Budget -- The entry is over budget. This means the client associated with the entry does not have enough funds to pay the entry.

Figure 12. Payroll Status


Edit or Delete Time Entry

If you saved a time entry with the wrong information, click the edit icon  in the time card area (Figure 11) to make corrections to the entry. Edits are no longer allowed to the entry once this symbol  appears.

Once you click the edit icon, the edit time entry box will display (Figure 13). Make the necessary corrections, add a comment on why you are correcting the entry, and click the “update time entry” button.

To delete the entry, click the “delete time entry” button and add a comment on why the entry is being deleted.

Edit time entry 1357097 for [Click for help editing a time entry ?](#)

Service Date: 
mm/dd/yyyy

Employee:

Service Code:

Start Time: AM PM **End Time:** AM PM
hh:mm hh:mm

Duration: 1 minutes (0.02 hours)

Comment:
0/150 characters used


By updating this entry, I certify that the above information is correct and that the specified service was provided in accordance with the schedule/care plan. I understand that falsification of an entry is considered fraud and may result in dismissal from the program and criminal prosecution.

Figure 13. Edit Time Entry


Employer Time Approval

For Employers, the online time approval process is similar to a paper time sheet process in that both systems require review and approval of Employee time entries. With the online timesheet system it minimizes data entry errors and provides the Employer with far more information regarding the exact status of their budget, payroll, and Employee hours.

Approving Time

All entries with an  indicates the shift was submitted for approval by the Employee. The Employer must review all entries and verify the times are correct.

You can manually select each entry to approve using the check box on the far left side of the entry or you can select all entries by clicking the “select all” button. To approve the selected time, click the “approve selected” button.



A  will now appear indicating the shift was approved by the “client” (Employer). After you have approved the entries, Consumer Direct will complete the payroll process.

Time Card
Mileage Card

Time Card for client Participant Demo [ID: 1000522]


Showing 81 time entries from 04/09/2011 through 08/06/2011 for a total of 388.50 hours

Show entries between:


04/09/2011  and 08/06/2011 













-- OR --

Show entries for period:

Custom 

With status:

Any status 

ID	Date	Employee	Service	Rate	Start	End	Hours	Status	History	Edit	
220266	Sat 04/09/2011	Vardy, Harriet	PSS - Personal Support Services	\$8.75 / hr	09:00 PM	10:00 PM	1.00				
225862	Sat 04/23/2011	Potts, Tamar	PS2 - Personal Support Services 2	\$8.00 / hr	12:00 AM	07:00 AM	7.00				
228007	Wed 06/01/2011	Gamboa, Shayne	SNS - Skilled Nursing Support	\$60.00 / hr	01:00 PM	02:00 PM	1.00				
<input type="checkbox"/>	228014	Thu 07/28/2011	Brandal, Horace	PSS - Personal Support Services	\$8.75 / hr	08:00 AM	12:00 PM	4.00			


This system is live! Other authorized users or internal staff may make modifications to your service card.
To view what changes have occurred to an individual entry, click the history icon  for that entry.

Figure 11. Time Card

Note: employers can create time entries for employees by following the same steps for employee time entry. If the employer creates the entry it automatically approves the time.



Idaho Mileage Reimbursement



Mileage forms are due every two weeks. Mileage forms are due by the Monday following the end of the service period by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted. **Want to avoid the hassle of paper timesheets & mileage forms? Enter your time the quick, easy, and secure way at www.mydirectcare.com today!**

Employee Name (Please Print) Mickey Smith		Employee ID 5 1 7 1 2 8 8		For best results: * Use BLACK ink * Print clearly inside the boxes * Fill out the Mileage Reimbursement completely and accurately
Participant Name (Please Print) Laura Gluekert		Participant ID 5 4 3 2 1 2 3		
Service Date (MM/DD/YYYY)		Mileage - Rounded to nearest mile		Service Code
1	0 2 / 0 7 / 2 0 1 6		3 5	T S M
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

EXAMPLE

I, the Employee, certify that I have provided the services indicated above and that the Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud.

Employee Signature: Mickey Smith

Date: ^{MM} 0 2 / ^{DD} 1 3 / ^{YY} 1 6

I, the Participant or Legal Guardian, certify that the above Employee provided the services listed for this Participant, the services were provided in accordance with the Support & Spending Plan, and the Participant was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Participant Signature: Laura Gluekert

Date: ^{MM} 0 2 / ^{DD} 1 3 / ^{YY} 1 6



VENDOR PAYMENT REQUEST FORM INSTRUCTIONS

A Vendor Payment Request Form must accompany all requests for vendor payment. Make sure your vendor payment request is filled out completely and correctly. Print all entries neatly. Each receipt or invoice listed must include Date, Service Code, Description, Quantity, Rate and Total. Incorrect, incomplete or illegible forms may result in payment delays.

1. Name of Individual Receiving Services. Print Individual's Name.

2. CDCN Participant/Employer ID. Seven-digit ID number.

3. Make check payable to. Indicate who the check should be made out to. Include Name and full address. Please list one vendor per Request Form.

4. New Address. If this vendor has moved since the last time you submitted a request for payment, check the box and fill in the new address. If the vendor provides service(s), you will also need to submit a new W-9.

5. Vendor Type. Indicate which type of vendor this is. If marked Agency or IC, you will need to submit that type of agreement to CDCN.

6. Date of Invoice. The date on the invoice or receipt. In MM/DD/YY format. Please list each invoice on a separate line, one date per line. Attach a copy of each receipt, invoice, or signed bid/estimate.

7. Service Code. Fill in the Service Code for the service provided on this invoice. Ensure the service code is approved on the budget/auth/plan.

8. Description of Service. Write out what service or good the vendor provided on each invoice/receipt.

9. Quantity. The number of items, units, hours, or times the good or service was provided.

10. Rate per Unit. The cost for one item, unit, hour, or time of this good or service.

11. Total Dollar Amount. The total amount of this line.

12. Total Check Amount. The total for all invoices to be paid to this vendor.

13. Employer/Guardian Signature.

14. Print Name. Print the name of the employer/guardian.

15. Date. Employer/Guardian signature date. In MM/DD/YYYY format. This must be **on or after** the last invoice date. Future signature dates are not accepted and will be returned for correction.

VENDOR PAYMENT REQUEST FORM

Mail/Drop Off: 280 E. Corporate Dr, Ste 150
Meridan, ID 83642

Email: infoCDID@ConsumerDirectCare.com

Fax: 877-898-0417

Have Questions? Phone: 877-898-0470

Requests for Vendor Payments are due by midnight on Monday of timesheet week for payment to normally be issued on the following pay date.

For Internal Use Only

Participant Name & ID W-9*

Vendor Name & Address Agreement*

Serv. Code Matches Auth Amount approved

Item/Service Authorized Funds available

**if needed*

- Consumer Direct Care Network (CDCN) must have authorization from the payer (State, MCO, or County) to process payment for all goods and services.
- The goods or services must be listed on the Participant's approved budget.
- All receipts and/or invoices must be included with this Vendor Payment Request Form to ensure proper processing.
- The Employer is responsible for allowing adequate processing time for payments to be made by due dates.
- Incorrect or incomplete submissions may be returned for correction, which will result in delay of payment.

1	2
Name of Individual Receiving Services	CDCN Participant/Employer ID #

Make check payable to	NEW Address – Must check here <input type="checkbox"/>
Name 3	Indicate NEW address below
Address	4
City/State/Zip	
Vendor is: <input type="checkbox"/> Agency <input type="checkbox"/> Independent Contractor	A vendor providing service(s) must submit a new W-9 if changing address.
<input type="checkbox"/> Other Business, Professional, or Service Provider	

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Quantity (Units)	Rate per Unit	Total Dollar Amount
6	7	8	9	10	11
Total Check Amount					12

Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.

I approve CDCN to issue payment directly to the above-named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

13

14

15

Employer/Guardian Signature

Print Name

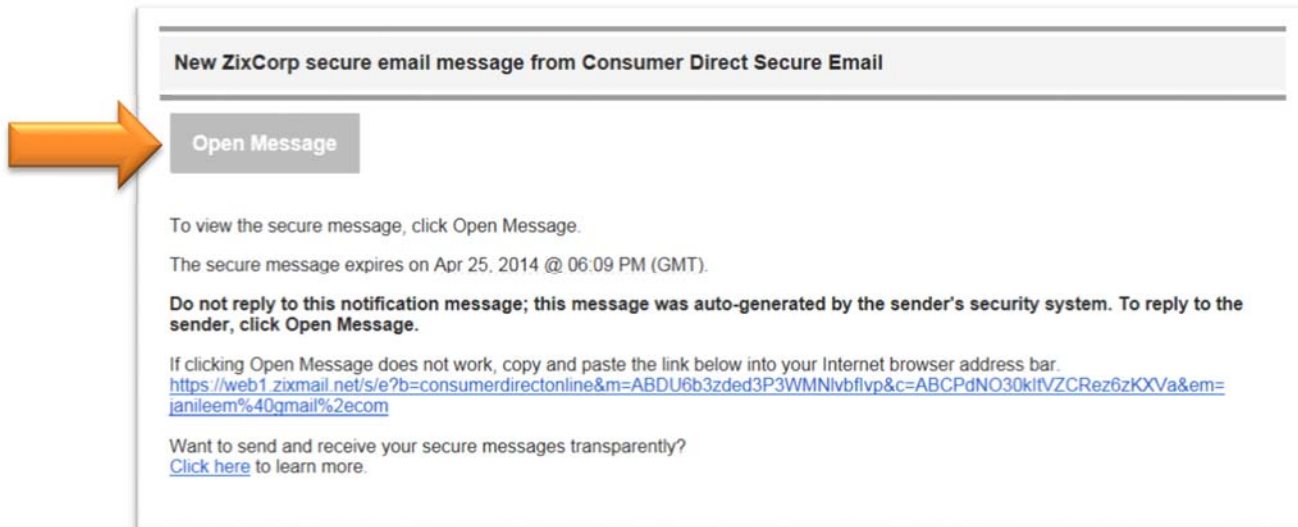
Date (mm/dd/yyyy)

Accessing Secure Email Sent by Consumer Direct Care Network (CDCN)

CDCN uses a secure messaging system to send protected health information.

Below is an example of a secure message. This is not spam so do not delete.

Step 1: To view the message, click the “open message” button.



New ZixCorp secure email message from Consumer Direct Secure Email

Open Message

To view the secure message, click Open Message.

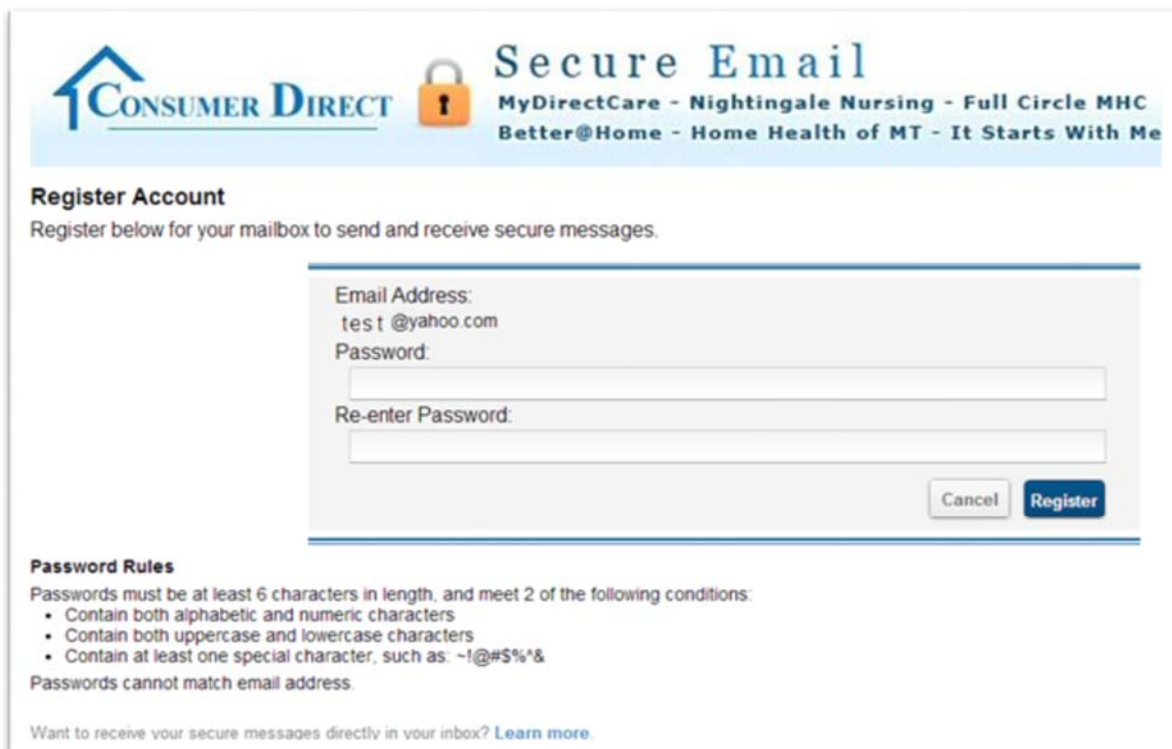
The secure message expires on Apr 25, 2014 @ 06:09 PM (GMT).



Do not reply to this notification message; this message was auto-generated by the sender's security system. To reply to the sender, click Open Message.

If clicking Open Message does not work, copy and paste the link below into your Internet browser address bar.
<https://web1.zixmail.net/s/e?b=consumerdirectonline&m=ABDU6b3zded3P3WMMNivbflvp&c=ABCPdNQ30kiVZCRez6zKXVa&em=janileem%40gmail%2ecom>

Want to send and receive your secure messages transparently?
[Click here](#) to learn more.

Step 2: You will need to register the first time you view a secure email. This is different than your web portal login. Create a password. Passwords must meet the password rules. Enter your password and click the register button.



  **Secure Email**
MyDirectCare - Nightingale Nursing - Full Circle MHC
Better@Home - Home Health of MT - It Starts With Me

Register Account
Register below for your mailbox to send and receive secure messages.

Email Address:
test@yahoo.com

Password:

Re-enter Password:

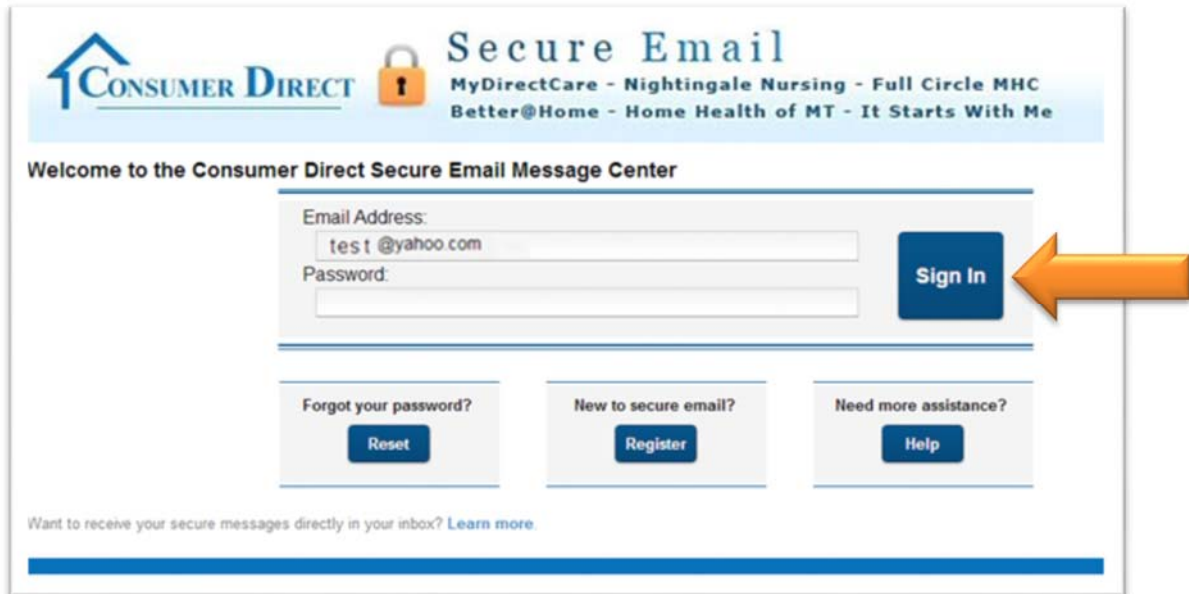
Password Rules
Passwords must be at least 6 characters in length, and meet 2 of the following conditions:

- Contain both alphabetic and numeric characters
- Contain both uppercase and lowercase characters
- Contain at least one special character, such as: ~!@#%&'&

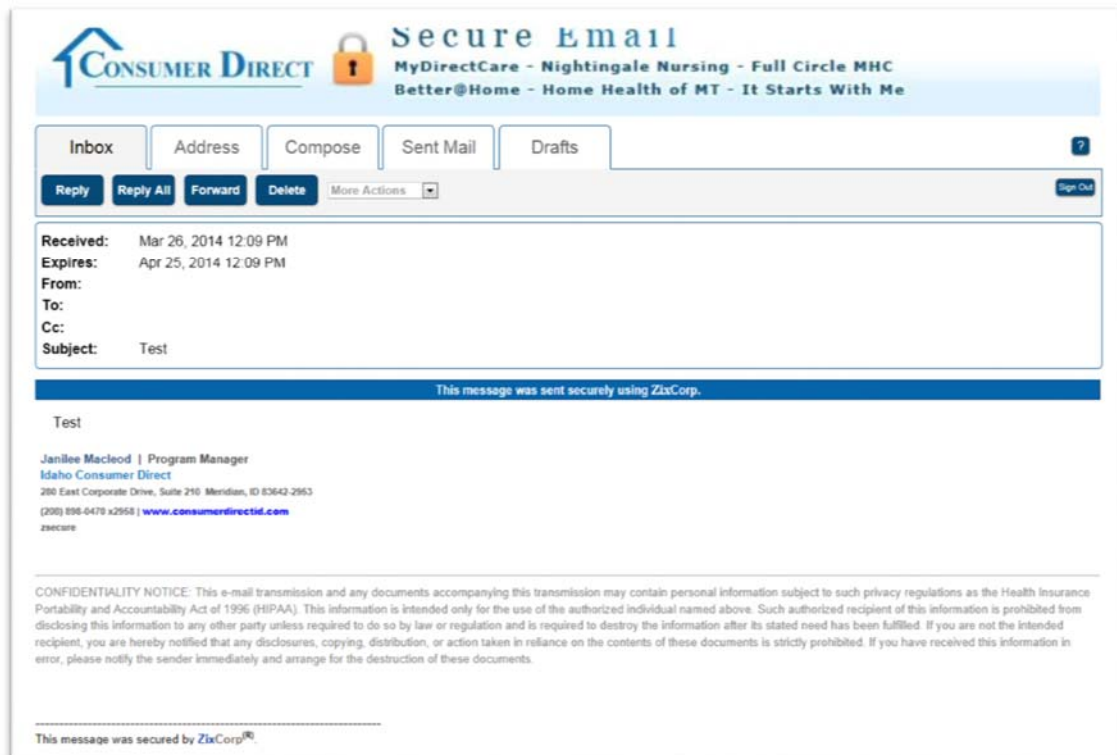
Passwords cannot match email address.

Want to receive your secure messages directly in your inbox? [Learn more](#)

Step 2 Continued: If you've already created a password, you will get the login screen below. Enter your password and click the sign in button.

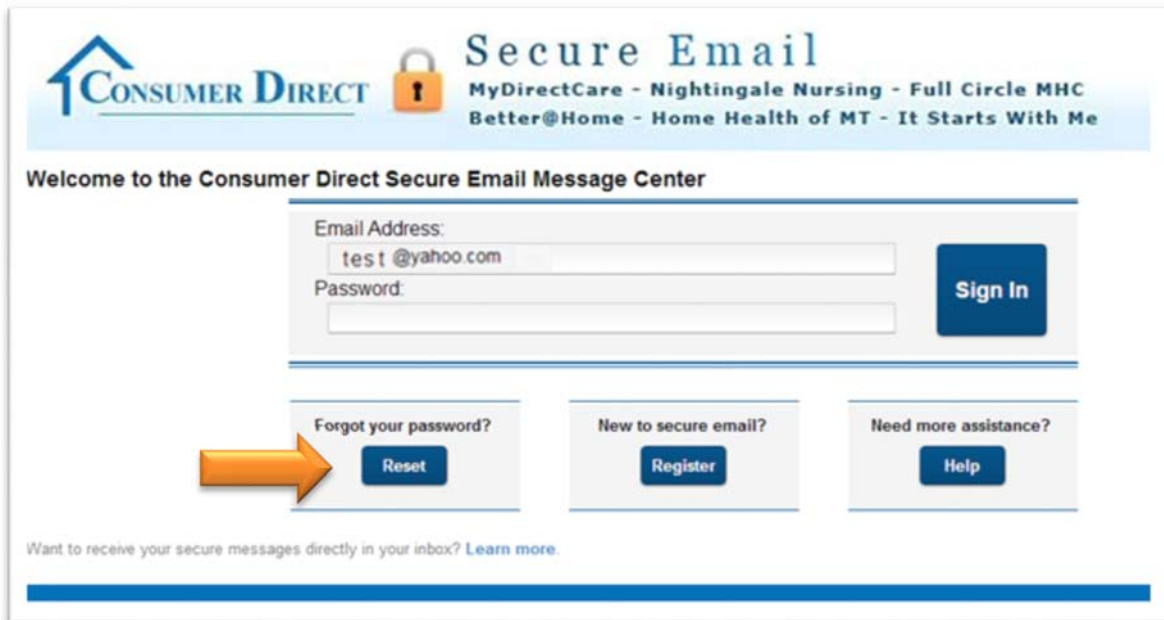


Step 3: After signing in you will be able to read and respond to your message(s). Messages do expire so print or save the email if you wish to keep it. Remember to check your spam/junk folder often.

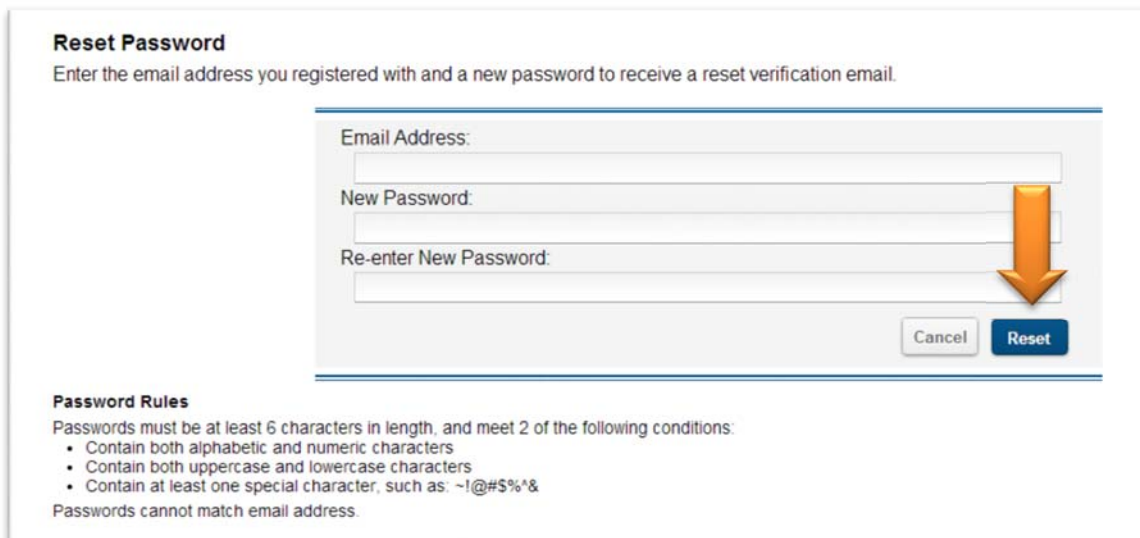


Changing Your Secure Email Password

Step 1: From the login screen, click the reset button under the “forgot your password” section.



Step 2: Enter your e-mail address and new password. Click the reset button.



Step 3: You will receive an e-mail with the links below. Click the activate link to accept your new password.

Your Consumer Direct Secure Email password is pending.

To ACTIVATE your new password, click the link below:

<https://web1.zixmail.net/s/a?b=consumerdirectonline&cmd=ABDjGiBPpgQdGHFgEF0rZvgy>

This is the last step in this one-time process.

To DECLINE your new password, click the link below:

<https://web1.zixmail.net/s/d?b=consumerdirectonline&cmd=ABDjGiBPpgQdGHFgEF0rZvgy>

If the link above is disabled, copy and paste it into your Internet browser address bar.

Step 4: You will receive the message below after you click the activation link. Click the continue button to proceed to the login screen.



Secure Email

MyDirectCare - Nightingale Nursing - Full Circle MHC
Better@Home - Home Health of MT - It Starts With Me

Activation Successful

You have successfully activated your new password. Click Continue to return to the Sign In page.

[Continue](#)

Note: Your password is important. Please store it in a safe place.



PARTICIPANT/EMPLOYEE FEEDBACK FORM

Directions: Please complete all the sections except the gray one at the bottom of the page.
Mail or fax the form to Consumer Direct Care Network.

Name: _____ Date: _____
(Please Print)

You are a (Please check): Participant Employee Agency

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please check the box that applies: Compliment Suggestion Complaint

Would you like us to contact you? Yes No If yes, how: phone email mail

Please describe the compliment, suggestion or complaint:

Please fax, mail or drop off completed and signed form to:

Toll Free Fax: 1-877-898-0417
Consumer Direct Care Network
280 E. Corporate Drive, Suite 150
Meridian, ID 83642-2953

For CDCN office use:

Date Received: ____/____/____ Signature: _____

Action Taken: Resolved Not Resolved Submitted to Program Manager

Plan: (Please use back of form)