



Proposal to Provide
**Fiscal/Employer Agent
Services**

**For the Vermont Agency of Human
Services, Department of Disabilities,
Aging and Independent Living in
conjunction with the Vermont
Department of Health, Children with
Special Health Needs**

ORIGINAL

September 5, 2017



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i. Letter of Submittal

(1) Organization Information

Nationwide, Consumer Direct maintains approximately 140 home and community based services (HCBS) contracts with over 70 clients consisting of government, state, and county agencies, and managed care organizations. In executing these contracts, we process over 330,000 paychecks annually totaling more than \$200 million in payroll, and 6 million employee shifts. Consumer Direct Care Network’s principal officer and program leader for all its companies are provided below:

Principal Officer, Name, Address, Telephone Number

Ben Bledsoe
 100 Consumer Direct Way, Suite 428
 Missoula, MT 59808
 406.532.2001

Program Leader, Name, Address, Telephone Number

Beth Peterson
 715 Ryan Drive Suite 201
 Hudson, WI 54016-7984
 715.220.4360

The chart below provides an overview of the companies that provide self-directed financial management services across the US. This chart also indicates what types of services we provide in those states, and what populations we serve.

State & Approximate Participant Number	Organization Name	Organization Type
Alaska 800	Consumer Direct Care Network Alaska	Personal Care Services (PCS), chore, respite care, and habilitative care. Behavioral Health Services for Adults, Children and Families.
Arizona 725	Consumer Direct Care Network Arizona	Consumer Direct for Arizona offers a range of FMS services, including face-to-face enrollment and self-direction training to nearly 800 individuals and 1,000 employees in both the F/EA and Agency with Choice (AWC) models.
Colorado 3,270	Consumer Direct Care Network Colorado	Training Individuals and Case Managers in the F/EA Model, Materials Development. Statewide services.
District of Columbia 295	Consumer Direct Care Network District of Columbia	The District’s Services My Way program serves District residents enrolled in the Medicaid Elderly and Persons with Physical Disabilities (EPD) Waiver. We provide Vendor Fiscal/Employer Agent FMS and Support Broker services through this contract.
Florida 3,095	Consumer Direct Care Network Florida	Consumer Direct for Florida serves as the Fiscal/Employer Agent approximately 3,000 Floridians who are elderly or have a disability requiring long-term services and supports. Services are provided statewide.
Idaho	Consumer Direct Care Network	Consumer Direct for Idaho provides Fiscal/Employer Agent services



State & Approximate Participant Number	Organization Name	Organization Type
1,785	Idaho	statewide for adults and children with developmental disabilities and autism. In-Person Enrollment, Provider Tracking, Background Checks, Reports and File Management, Self-Direction Training, Web-Based Information, Satisfaction Surveys. Vendor payments are also processed for eligible goods and services.
Michigan 11	Consumer Direct Care Network Michigan	In Michigan, Consumer Direct serves as Fiscal Intermediary (FI) to support Self-Determination arrangements within the Community Mental Health (CMH) system and to Area Agencies on Aging (AAA). For CMHs, we serve adults and children with intellectual or developmental disabilities, serious emotional disturbances, or substance use disorders who receive state plan and waiver funding. For AAAs, we provide FI supports to older adults and adults with disabilities.
Missouri 6	Consumer Direct Care Network Missouri	We provide Fiscal Employer Agent (F/EA) services for adults and children with intellectual and developmental disabilities living in rural five county area of northeast MO and one county in southeast MO.
Montana 550	Consumer Direct Care Network Montana	Consumer Direct provides a broad range of personal care services in MT. In addition to providing traditional agency based state plan services, we also provide FMS and Support Broker services in the state's Big Sky Bonanza waiver program serving older adults and people with a physical disability. State Plan Personal Assistance serves all ages and disability populations.
	Consumer Direct Care Network Montana Behavioral Health	Consumer Direct's licensed behavioral health company provides behavioral and social supports for children with Serious Emotional Disturbance, mental health issues, and Autism Spectrum Disorder. We also provide wraparound services for families and children, agency-based psychological and social services, as well as clinical therapies and Applied Behavioral Analysis.
	Consumer Direct Care Network Montana Nursing	In-home supports serving all ages, including children and older adults who are medically fragile, and those with physical disabilities, intellectual or developmental disabilities, or brain injury.
Nevada 495	Consumer Direct Care Network Nevada	Consumer Direct Nevada (CDNV) has operated statewide since 2003 serving adults and children with physical and intellectual or developmental disabilities. CDNV is the only statewide personal care services provider in Nevada
New Mexico 2,395	Consumer Direct Care Network New Mexico	Consumer Direct has been providing PCS services throughout the state of New Mexico since 2002. In 2006 Consumer Direct was awarded the Mi Via Consulting Services contract; we are now also a provider agency. We provide Fiscal Intermediary and Support Broker services for more than 2,200 individuals and 2,600 employees under the Mi Via statewide waiver program. Since 2014 we have been providing Support Broker Services under the Self Directed Community Benefit program.
Texas 1,800	Consumer Direct Care Network	In Texas, we contract with Texas Health and Human Services Commission (formerly the state's Department of Aging and Disability

State & Approximate Participant Number	Organization Name	Organization Type
	Texas	Services and Department of State Health Services, Texas Medicaid, and several MCO's. We currently serve approximately 1,300 adults and children as a Financial Management Service Agency.
	Consumer Direct Care Network AllCare	Established in 2014, AllCare CDS provides FMS functions including developing and monitoring budgets, providing spending reports, and processing employee payroll. AllCare serves approximately 800 participants statewide.
Wisconsin 1,515	Consumer Direct Care Network Wisconsin	Consumer Direct for Wisconsin (CDWI) has provided a range of FMS services, including Fiscal Employer Agent, Agency with Choice, and vendor payment processing since 2008 through multiple Medicaid Managed Care and HCBS waiver services contracts. Each month we serve approximately 1,500 adults and children statewide. CDWI also provides individualized enrollments, budget planning and assistance, and advises on federal and state changes such as ACA, FLSA and employees' compensation.

Figure 1: Company Overview Table

Consumer Direct Care Network Corporate Background

Consumer Direct Holdings, Inc. is made up of twenty (20) companies and provides services to over 16,000 participants. Consumer Direct Care Network Vermont, LLC is a subsidiary of Consumer Direct Holdings, Inc. and is the 21st company in our family of companies.

Principal Officers

Principal Officers are comprised of our Executive Team, consisting of:

- Ben Bledsoe, Chief Executive Officer & President
- Beth Peterson, Chief Operating Officer
- Jeff Harriott, Chief Information Officer
- Daryl Holzer, Chief Financial Officer
- Mickey Ogg, Chief Commercial Officer

All Principal Officers serve all 20 Consumer Direct Holdings, Inc. companies.

Corporate Identity, Legal Status

Consumer Direct Care Network Vermont, LLC (Consumer Direct Vermont) was formed in the State of Montana on August 21, 2017 as a subsidiary of Consumer Direct Holdings, Inc. Consumer Direct Care Network and Consumer Direct Care Network Vermont are owned 100% by Consumer Direct Holdings, Inc.

Consumer Direct Vermont is currently located at the same address as the holding company:



Consumer Direct Care Network Vermont
F/EA Self Directed Services
DAIL and VDH

Consumer Direct Holdings, Inc.
100 Consumer Direct Way, Suite 375
Missoula, MT 59808
406.532.1900
FEIN 46-2276210

(2) List of Materials and Enclosures

Please see the detailed list of all materials and enclosures submitted in this proposal, below.

Enclosure A: Resumes of Key Personnel

Enclosure B: Letters of Reference

Enclosure C: Informational Certificate of Insurance

Enclosure D: CDCN Idaho Policies and Procedures

Enclosure E: CDCN User Timesheet and Portal Instructions

Enclosure F: Customer Satisfaction Survey Results 2016-2017

Enclosure G: Employer Packet Sample from Consumer Direct Care Network Wisconsin

Enclosure H: Employee/Worker Packet Sample from Consumer Direct Care Network Wisconsin

(3) Additional Statement: Executive Summary

Thank you for the opportunity to respond to Vermont's request for proposal to perform Fiscal/Employer Agent (F/EA) services to individuals in participant directed programs provided by the Department of Disabilities, Aging and Independent Living (DAIL), and the Department of Health for Children with Special Health Needs.

Consumer Direct Care Network brings 27 years of effective and efficient F/EA services to those who qualify to self direct their in-home personal care. Our proposal demonstrates that we are uniquely qualified to secure payroll service for the State's Developmental Disabilities Services (DDS), Children's Personal Care Services (CPCS), the Attendant Services Program (ASP), the Traumatic Brain Injury Program (TBI), and the Choices for Care Long Term Care Medicaid (CFC) (including the Flexible Choices [FC] option and the Moderate Needs Group [MNG]) participants.

In the financial management services work we do throughout 14 states, our approach is founded on the philosophy and benefits of self-direction. We believe that a higher degree of choice and control increases satisfaction and success for people with physical or intellectual disabilities who receive long-term services and supports in their homes and communities.

We congratulate the state on your recent Pacesetter Prize for Affordability and Access. This is a significant honor for a state that continues to be a leader in the nation in its commitment to supporting choice and community-based settings, and affirms that your commitment aligns closely with our deeply-held belief in the value of self-determination. Supporting choice and independence are what drives us to provide each state partner with exceptional, local customer service, accurate and timely deliverables, a rewarding relationship, and our national expertise. We look forward to bringing our experience to support Vermont's complicated mix of participant directed programs and populations in the state's Core Program services.

Success in self-directed programs starts with a responsive, informative enrollment experience. Our focus on training, educating and supporting participants through the enrollment and onboarding process consistently increases participation in programs, decreases complaints to the state, fosters positive relationships with case managers, and improves participants' program satisfaction.

Consumer Direct's interest and reputable history of attaining and maintaining positive, collaborative relationships with our state and MCO contracts nationwide demonstrates our commitment to exceeding contract and program requirements. We are proud of the connections we've cultivated with participants, representatives, case managers, supports brokers, and providers. These connections have grown because we make it a priority to gain insights from all the stakeholders we work with – state personnel, managed care organizations, participants (16,000), and employees (26,000).



We invite you to visit our website, and in particular, to view a message about the motivation for the work we do – to be a positive part in the lives of the people we work with, and afford them the choice and control they desire. You can find us at www.consumerdirectcare.com/brand.

Consumer Direct is uniquely positioned and experienced to provide the highest quality financial management services to your self-directing participants and their providers. We look forward to the opportunity to build an effective, innovative, and collaborative partnership with you, and to providing the highest caliber program experience to your Core Program participants.

With best regards,

A handwritten signature in blue ink, appearing to read "Ben Bledsoe".

Ben Bledsoe
President/CEO



(4) Proposed Exceptions

Thank you for the opportunity to propose exemptions to the terms set forth in this RFP and the Standard State Provisions for Contracts and Grants. Consumer Direct has no exemptions to propose at this time. We understand that the State may cancel negotiations, should we raise an exception not noted in this response.

ii. Qualifications

Consumer Direct is a particularly good fit for participant and surrogate directed services in Vermont because of our extensive success transitioning programs, our experience serving participants across various categories of developmental and intellectual disabilities, our presence in both rural and urban communities, and our shared determination to fully integrate individuals into their communities by empowering them with the services and supports they need to enjoy full, participant-directed lives.

Qualifications and Relevant Expertise

Consumer Direct has relevant, adequate and competitive levels of qualifications and expertise to serve as the F/EA for Vermont's DAIL and VDH.

Specifically, we have experience managing programs similar in size and scope to Vermont's Core Programs. We are accustomed to providing quality F/EA services in small and large communities with stable or growing enrollment numbers. Almost all state agencies, managed care organizations, and non-governmental organizations that we collaborate with and serve vary in community types and in number of participants. Our business model factors in additional staffing and administrative resources to accommodate rural and urban communities so that we can be a reliable FMS to all participants and providers regardless of remoteness, size, or variations in community culture. Our ability to thrive in communities across the nation is attributable to our combination of local program personnel, centralized customer service center support, and unique infrastructure designed to keep all participant and employee profiles intact and prevent gaps in payroll. Our F/EA specific experience and an overview of the diverse community types we serve are summarized in the below figure summarizing the various populations we serve in each of our states.

State	Alaska	Arizona	Colorado	Dist. of Columbia	Florida	Idaho	Michigan	Minnesota	Missouri	Montana	Nevada	New Mexico	Texas	Wisconsin
Providing Services Since	2001	2004	2015	2016	2013	2008	2016	2011	2011	1990	2003	2003	2010	2008
Population Served														
Older Adults	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Adults with Disabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intellectual/Developmental Disabilities	✓	✓			✓	✓	✓		✓	✓	✓	✓	✓	✓
Medically Fragile	✓	✓			✓				✓	✓	✓	✓	✓	✓
Traumatic/Acquired Brain Injury	✓	✓	✓		✓	✓			✓	✓	✓	✓	✓	✓
HIV/AIDS	✓	✓								✓	✓	✓	✓	✓
Veterans	✓	✓								✓	✓	✓	✓	
Adult and/or Children's Mental Health	✓		✓		✓		✓			✓	✓		✓	
Autism	✓					✓			✓	✓			✓	✓
Children with Disabilities/LTC									✓	✓		✓	✓	✓

Figure 2: Consumer Direct Care Network Populations Served Table

We started as a small provider over 27 years ago, and have grown our business gradually through our ability to work as a collaborative and innovative partner with state agencies. We work with older adults and people of all ages who have intellectual or physical disabilities in each of the states and District of Columbia we serve: Alaska, Arizona, Colorado, Florida, Idaho, Michigan, Minnesota, Missouri, Montana, Nevada, New Mexico, Texas, and Wisconsin. (We recognize that the District of Columbia is not a state. However, for ease of reading, we will refer to the number of “states” we serve as 14 throughout this response.) Overall, we provide care for more than 16,000 Medicaid beneficiaries across the country.

We have expansive knowledge and understanding of various Medicaid programs, gained through our experience providing support in a variety of models: agency-based (traditional) direct care, nursing, training/enrollment, and financial management services. Our experience in various states speaks to our quality of service and ability to partner with DAIL and VDH to problem-solve and ensure participants and employees are satisfied with what we offer.

We are confident that our experiences in transitioning FMS vendors with seamless payroll and seamless service delivery qualifies us to be an active collaborator in the transition from an incumbent to a new FMS. We have experience transitioning F/EA FMS services of size and scope similar to DAIL’s Global Commitment to Health Waiver and Medicaid program services (Global Commitment and Medicaid), both as an incoming vendor and as the outgoing vendor. We have experience transitioning F/EA FMS services in a number of other programs which vary in size and scope. Finally, we are experienced in helping a state Medicaid agency to shift from the use of one (1) F/EA FMS vendor to multiple. In Colorado, we assist participants who elect to switch F/EA FMS vendors and those participants who are new to participant direction. We collaborate closely with the

F/EA FMS vendors to understand their service operations in depth, which helps us prepare participants for switching their FMS and for choosing an FMS that is a good fit. Our experience in supporting and directly engaging in F/EA FMS transitions illustrates our capability to of remaining impartial in helping F/EA FMS participants choose the nuances of their service delivery. We are intimately familiar with potential challenges to transitioning F/EA FMS vendors in a way that is seamless for participants.

Description of Similar Projects and Prior Work

In addition to Financial Management Services and supports brokerage / training, we provide home health, supports brokerage, training, personal care service delivery, behavioral health services, hospice, respite, chore, homemaker, and many others. Our specialty in services delivery is operating in the FMS space wherein we enable clients to receive reliable personal care services in their homes through reliable and timely payroll processing for employees, and ongoing enrollment and participant-direction support. The states where we work and the services we provide in those states are indicated in the below chart.

State	Alaska	Arizona	Colorado	Dist. of Columbia	Florida	Idaho	Michigan	Minnesota	Missouri	Montana	Nevada	New Mexico	Texas	Wisconsin
Providing Services Since	2001	2004	2015	2016	2013	2008	2016	2011	2011	1990	2003	2003	2010	2008
Services Provided														
Financial Management Services	✓	✓			✓	✓	✓		✓	✓		✓	✓	✓
Fiscal/Employer Agent		✓		✓	✓	✓	✓		✓			✓	✓	✓
Agency with Choice/Co-Employer		✓								✓	✓			✓
Traditional Agency		✓								✓				
Support Broker/Consulting/Training	✓	✓	✓	✓	✓		✓			✓		✓	✓	✓
Goods & Services Purchasing				✓		✓	✓			✓		✓	✓	✓
Budget Planning and Assistance			✓	✓						✓		✓	✓	✓
PERS	✓									✓				
Provider Directory			✓	✓	✓				✓	✓				
Certifying Consultant								✓						
Web Portal		✓		✓	✓	✓	✓		✓				✓	✓
Tasks Performed														
Face to Face Enrollment	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Background Checks	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Case Manager Training		✓	✓		✓								✓	
Self-Direction Training	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
Materials Development		✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
E-Learning			✓											
Workers' Compensation	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓	✓
Fraud Prevention Training	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Customized Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Figure 3: Similar FMS Services Table

Consumer Direct will assign a range of professionals, to include members of our executive team, to assist the key personnel throughout the initial F/EA transition, the operational phase of service delivery, and the turnover period for a new F/EA FMS. Our executive and managerial-level staff are familiar with Consumer Direct operations on a

national scale and these key personnel will leverage their experience in for successful implementation, to include F/EA FMS transitions and data information exchange, and communications plans development. We will assign a number of analysts, quality improvement, development, legal, and policy experts to assist locally-based Consumer Direct Vermont staff in the development, implementation, ongoing operations, and turnover of F/EA FMS services for DAIL and VDH.

Key Personnel Responsible for Completing Core Tasks

Our staff have the technical credentials required to perform the work of an F/EA in Vermont. The staff assigned to this project have demonstrated, through successfully working with other states, that they have the ability to communicate with all levels and types of state staff. Our staff has also learned through the years they've worked either specifically with Consumer Direct, or in other social services or business relationships, that they have the ability to communicate with a wide range of employers, employees, and participant who bring their unique varieties of disabilities, cultural differences, or limited English proficiency.

Consumer Direct is an industry leader in providing outstanding FMS services. To best serve Vermont, we will assign existing staff to facilitate an efficient seamless transition. By drawing on existing resources, Vermont has the assurance that those individuals responsible for the transition are experienced and knowledgeable resulting in an outstanding transition.

Key personnel listed in this section will serve in the main roles for the F/EA FMS scope of work and oversee the core functions of implementation and ongoing service delivery. Supporting staff include our Executive team and Operations personnel, who are listed following our key staff. Locally-based Vermont staff will be hired as soon as possible after execution of the contract, starting with a Vermont-based professional to run local operations. Once that person is hired, our operations director and the program manager will directly oversee the hiring, training, and qualifications for additional positions needed to support the work in Vermont. Our operations director, Kari Vinopal, will initially be based out of the local Vermont office for the initial transition to work closely with the program manager and to direct training of all staff. Kari will continue to operate out of Vermont on an intermittent and as-needed basis throughout the course of the contract.

Technical and Customer Service Skill

In addition to key personnel who have the technical abilities to fulfill the varied and complex elements of this contract they, and additional support staff who will be deployed throughout the transition period and ongoing throughout the course of the contract, maintain exceptional background in providing customer service to users after implementation.

From our administrative headquarters in Missoula, Montana, we provide additional support to our contracts including staff with expertise in financial and business analysis, policy and government relations, quality improvement, document review, claims and data entry, and handling participant and employee inquiries through our Customer Service Center. Managers from these departments will fluctuate between the local Vermont office and the Missoula headquarters as needed throughout the life of the contract to ensure the F/EA FMS program continues to run smoothly.

During the initial FMS transition, projected to start on December 1, 2017, implementation and transition will be overseen by our Chief Commercial Officer, Mickey Ogg. Supported by a team of IT support, the CCO and the Development team will work with a local Realtor to secure our physical location in Vermont, and will assist Kari with hiring and training of locally based staff to assist as well as to facilitate Consumer Direct staff from outside of Vermont who will assist with the transition. This may include startup and ongoing enrollments, and other related implementation tasks. After the initial startup phase, ongoing operations will be implemented with the oversight of Beth Peterson, Chief Operations Officer, who will fulfill all roles and responsibilities as lead project manager. The transition from Mickey (implementation project manager) and Kari (operations director for implementation) to a locally-based program manager will occur gradually and seamlessly for DAIL, VDH, and participants, employees, and vendors. We will keep DAIL and VDH apprised of proposed staff hires and changes,

We will maintain transparent communication with DAIL and VDH throughout the hiring process as we become fully staffed for F/EA FMS service delivery across the state. We are accustomed to locating, hiring, and training qualified F/EA staff to work with participants and their employees, and we look forward to the same successful and collaborative implementation with DAIL and VDH.

Resumes of key personnel who will complete core tasks are included in [Enclosure A](#) of this response. They all have all worked for Consumer Direct for a number of years, and their leadership and management skills play a major in the service lines and states listed in [Figure 3: Similar FMS Services](#).

Qualifications and Experience of Assigned Staff

Ben Bledsoe | President/Chief Executive Officer (CEO)



Ben developed his expertise in home and community-based fiscal management and case management services through education and experience. After obtaining his bachelor's from the University of Virginia, Ben successfully completed two-years of Peace Corps service in Tonga, and went on to receive a master's in health administration. Starting out at Consumer Direct as a employee in 2004, Ben quickly applied his compassion for people and interest in business efficiencies to roles across the company, including human resources and program management. Five years after being named CEO, Ben remains committed to ensuring all individuals have choice and control over the lives they lead.

Having worked his way up from entry-level employee to president and CEO of Consumer Direct, Ben has a comprehensive understanding of service provision that is rare in today's healthcare industry. In 2006, Ben opened Consumer Direct Care Network Arizona and ran it for three years before returning to Consumer Direct's Missoula headquarters in 2006 to be vice president and eventually president and CEO. Ben's international, executive, and practical field experience has helped Consumer Direct thrive as today's self-direction services industry leader.

Beth Peterson | Chief Operations Officer



Beth joined Consumer Direct in 2010 as a program manager, and has since managed the operational implementations of several new state programs along with ongoing supervision of operations in 13 states and the District of Columbia, and 20 service companies. She began her career working to improve the care of individuals with a developmental disability. She has more than 15 years' experience managing financial management services. She is a certified trainer for person-centered planning. Her FMS experience includes management of service delivery, billing, accounts payable, and payroll. Beth received her bachelor's in psychology from College of St. Benedict and advanced studies from St. Catherine University.

Responsibilities include directing and assisting operations staff in hiring, recruiting, training, and managing Consumer Direct Vermont employees. It will be Beth's responsibility to oversee successful implementation and completion of various office processes including customer services for Waiver and Medicaid program participants, and ensuring providing services delivered to participants that properly align with approved plans. As the project manager, Beth will work closely with Kari Vinopal, operations director, as the main points of contact for coordinators Organizations, administrative Entities, the incumbent F/EA FMS, and DAIL staff.

Daryl Holzer | Chief Financial Officer (CFO)



Daryl joined Consumer Direct in 2003 as a systems director and devoted ten years to improving company wide accounting, payroll, accounts receivable, accounts payable, data entry, information technology and cash management processes. Prior to joining Consumer Direct, Daryl worked as a controller of St. Patrick Hospital for seven years and as an accounting manager for Alexander & Alexander of Texas for five years. Daryl concurrently earned a bachelor's degree in business administration and a bachelor of science in computer science from the University of Montana. Daryl is certified as both a public accountant and a management accountant.

Jeff Harriott | Chief Information Officer (CIO)



Jeff joined Consumer Direct in 2012 as IT director. He came to us with 30 years of IT consulting, service delivery, and management experience. Prior to joining us, Jeff was a senior manager at Microsoft's consulting services organization. In that role, Jeff led major technology initiatives for Microsoft's enterprise customers across the US. Jeff's experience also includes six years with KPMG Peat Marwick where he was a manager in the Government Services Practice that focused on planning, development, and implementation of Medicaid Management Information Systems (MMIS) for state Medicaid agencies. Jeff received his master's in business administration from Arizona State University and his bachelor's from the University of Montana. His professional certifications include Microsoft Certified Systems Engineer (MCSE), Certified Technology Specialist (MCTS), and Certified Professional (MCP). Jeff also holds a Project Management Professional (PMP) certification from the Project Management Institute.

Mickey Ogg | Chief Commercial Officer (CCO)



September of this year marks Mickey Ogg's 10th year at Consumer Direct Care Network. He joined Consumer Direct shortly after obtaining his master's in business administration from the University of Montana. Mickey started out developing business plans and implementing document management systems as a special projects coordinator in 2007. As a result of Mickey's quick and thorough mastery of project implementation, he advanced to Quality Improvement Manager in 2009 and to Chief Commercial Officer in 2011. Since becoming CCO, Mickey has overseen implementation of our Colorado, Michigan, and Washington D.C. programs, and has successfully directed us through our first company wide rebranding initiative.

Mickey will support the implementation needs of our F/EA FMS services from our home office in Missoula, Montana. In this capacity, he is responsible for supporting the Consumer Direct Vermont team, and Beth Peterson, in managing general office affairs,

facilitating program growth, maintaining outstanding customer service, and monitoring compliance with regulations. Mickey will share oversight for supplying additional coordinators and implementation management as needed for implementation of F/EA services, and support to the ongoing on-the-ground operational teams, in the State.

Operations Team and Supporting Staff for the Project

Kari Vinopal | Operations Director



Kari has worked with Consumer Direct for more than eight years and was essential to the development of services in Wisconsin where Consumer Direct serves more than 1,400 individuals who self-direct their care through AwC or F/EA models. She was also essential to the development of services in Colorado where Consumer Direct is the sole training and operations provider for the state's self-direction program, and in the District of Columbia where we provide enrollment services staff and F/EA services. She has more than 15 years' experience implementing and managing financial management programs. Kari has a bachelor of science in social work and is a licensed social worker (LSW) in Minnesota. She has worked as a social employee in child protection and with individuals with intellectual disabilities. While in these roles, she developed individualized care plans and provided oversight and monitoring of the plans to ensure the needs of individuals and families were met. Kari is an expert at our operations and will work closely with DAIL to manage process flows and direct expedient transfers for existing participants and enrollments for new participants who choose to self-direct. Kari is extremely innovative and reliable for finding new and improved solutions for program delivery.

Wendy Stuker | Controller



As a CPA with ten years' experience in accounting field, Wendy Stuker has worked her way up through the chain of command for Consumer Direct and she now serves as the Controller. In this role, Wendy oversees financial statement preparation and ensures accurate and timely billing practices. Wendy has deep understanding of and oversees the effective management of finances in our F/EA models since 2011. Wendy continues to work closely with this model to ensure all payments are remitted in a timely manner and that payroll operations function smoothly. We value Wendy's hard work over the past four years with us and look forward to what she will continue to contribute to the technical billing aspects behind DAIL's self-directed programs. Wendy graduated from the University of Montana with a bachelor of science in business degree in 2004, and a masters in business administration in 2006. She earned her CPA in Montana in 2007.

Steve Rosenbaum | Claims Director



Steve oversees all of Consumer Direct's claim submission activity and all payer sources across 13 states and the District of Columbia. He has worked to develop an intimate understanding of multiple programs and claims systems, including the various types of FMS and vendor payments.

Steve brings two decades' experience working in business management and billing. His work history with information technology and business analysis enabled Consumer Direct to scale our vendor and payroll processing systems for increased accuracy and efficiency. Steve has a B.S. in Computer Science and Business Administration from Concordia College in Moorhead, Minnesota.

Katie Trotter | Payroll Manager



Katie Trotter has more than 20 years in the field of financial management and payroll. She spent the last three years working with Consumer Direct's F/EA department and new F/EA participant profiles, which is one of the many reasons she knows how to build upon successful F/EA processes to continue to create more efficient methods of payroll processing and tax filing. Katie came to Consumer Direct from a health clinic, which complements her business experience and will continue to add value as Consumer Direct begins enrolling employees into our payroll system. She has a B.S. in business administration and is a Certified Payroll Professional (CPP).



Brent Selle | Customer Service Center Manager

Brent has been with Consumer Direct for 3 years as our Customer Service Center (CSC) Manager. In this role, Brent has spearheaded the creation and ongoing development of our center, and is well-versed in the particular needs of each of our programs. Brent supports all levels of the center, to include hiring, scheduling, education of staff members, and coaching. Brent oversees our processes for managing call queues and developing routing as well as scheduling staff to maintain adequate customer service for all programs regardless of growth and volume. Brent orchestrates all CSC operational efforts to balance program need while creating consistency and efficiency in processes across the company. Focus is also placed on metrics to ensure adequate customer service on an ongoing basis.

[Letters of Reference from Previous Work](#)

Consumer Direct has a long history of rewarding collaborations with state agencies and MCOs. [Enclosure B](#) includes letters of reference from three contract representatives with whom we have worked for a number of years.

We invite the state to make direct contact with these references, and any of our other state contract contacts. We are confident that our work and commitment to the people we serve is held in high regard.

1. Lynn Brux, SDS Specialist
Community Link, Inc.
2. Tricia Lazare, Community Resource Manager
Community Link, Inc.
3. Kim Shipman, Deputy Account Manager
New Mexico Medicaid Project
Xerox-New Mexico Government Healthcare Solutions

Consumer Direct meticulously meets all relevant state, federal, and agency requirements of each state in which we operate.

[Insurance Requirements](#)

Please see [Enclosure C](#) for our informational certificate of insurance confirming that Consumer Direct is able to meet the insurance requirements identified in Attachment C: Standard State Provisions for Contracts and Grants.

iii. Work Plan

Fulfillment of Schedule and Volume of Payroll

Consumer Direct currently manages multiple contracts that serve anywhere from two participants to more than one thousand. Our sophisticated payroll and accounting systems allow us the flexibility and technical specificity to accommodate any number of options for services and payment methods required by multiple program rules.

"Everything has been good. Payroll has been accurate. The questions from me and payee have been answered in a in timely manner. Thank you for all you help."

~ Consumer Direct 2016 Customer Satisfaction Survey respondent.

Because we have grown organically through the years, we have developed effective and efficient operations to provide services to relatively small programs. As is illustrated in [Figure 1: Company Overview](#) on pages 3-5, we successfully serve programs of all sizes.

Consumer Direct has the experience, training, resources, and program and quality management systems to fully comply with the requirements of Vermont's DAIL and VDH RFP for F/EA for individuals who participant direct in the programs detailed in this RFP.

Consumer Direct has successfully implemented and utilized detailed transition work plans. We introduce the Work Plan table here to illustrate our understanding of the tasks required to perform all duties involved in the F/EA service delivery. This Work Plan takes us through sections 2)A through 2)W and addresses, at a high-level, the methods to produce the elements in A - W. The narrative that follows provides greater detail of each section A-W.

As we do with every response to a Request for Proposal, our policy staff conducts in-depth research on new programs. Our intensive study of Vermont's Medicaid HCBS Waiver environment is underway so we may familiarize ourselves with the intricacies of your complex programs. This occurs not only at the start of a new program, but for the duration of our contracts. This research aides our development, implementation, and operations teams with readiness for collaborative engagement once a contract agreement is executed. This enables us to manage expectations for program implementation and develop accurate policies and procedures reflective of state and federal laws and regulations.

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
A	Working with Employers and Employees		
	Employer assistance	Enrollment, Employer and Employee Enrollment packet, Ongoing training as requested	Ops Dir
	Cultural sensitivity	Policies and procedures, local office culture, and education of staff on an ongoing basis ensure local cultures are respected and adapted to in every phase of the enrollment and interaction process	Ops Dir
	Customer service	Train staff on VT program rules, provide responsive customer service during normal business hours, return phone call and email messages within one (1) business day	Ops Dir
B	Authorizations and Program Limitations		
B.1.a-e	Adhere to regulations for each program	Ongoing training and research on VT program specifications	Ops Dir
B.1.a-e	Adhere to varying service authorizations and other limits on service	<p>Review authorizations with local program office staff to verify appropriateness for program. Enter authorization into accounting and reports server and user profile is created based on auth limits. Limits on services in auth or program are placed with timesheet auditors or loaded into time entry system to prevent entry of time outside limits.</p> <p>Auths team reviews all time submitted according to each particular program rules. Program rules are integrated into the time entry system.</p>	Ops Dir
B.2	Provision of accurate and timely information	Program coordinators alert state of identified changes in eligibility, health condition, change to the plan of care, etc., upon becoming aware.	Ops Dir

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
B.3	Rates of pay	Rates of pay in accordance with the CBA uploaded into the centralized accounting and payroll system under the individual provider profile.	Ops Dir Payroll Dept
B.4	Eligibility of individuals	CDCN checks eligibility for every date of service (DOS) prior to claims submission.	Ops Dir Auth Dept
B.5	Billing in accordance with program limits-Participants	Program requirements uploaded into the time entry system, preventing providers and employers from entering or approving time worked or services provided outside of authorized program limits.	Ops Dir Auth Dept Claims Dept
B.6	Billing in accordance with program limits-Employees	See above response to B.5	
B.7	Wages paid according to the CBA	Current and binding CBA agreement developed into business rules that govern time entry, payroll processing, and claims submission.	Ops Dir Payroll Dept
C Billing Agent for Family Directed Hi-Tech Nurses			
C.1.a-c	Receiving, confirming, and auditing timesheets	CDCN verifies time worked is according to state requirements upon receipt of timesheet and prior to claims submission. Timesheets re-verified in the event the claim is delayed or denied. CDCN staff work directly with the nurse provider and DAIL to rectify timesheet issues.	Ops Dir Data Entry Staff
C.1.d	Submission of claims to DXC (VT Medicaid billing contractor)	Time sheets audited at multiple stages prior to claims submission. Errors noted are resolved between the nurse provider and DAIL or DVHA, if necessary.	Ops Dir Local Staff Data Entry Dept
C.1.e	Monitor and follow up on claims submission process	Denied or pending claims are audited closely to ensure timely and accurate resolution and payment.	Ops Dir Claims Dept

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
C.2-5	Acknowledgement of provisions	CDCN has reviewed and acknowledges the requirements in these sections. We understand that we do not produce checks based on claims for this program, that nurse providers are independent contractors, that DVHA will ensure nurse-providers have met all the program requirements, and that we are held harmless for processing errors on the part of the nurse provider.	Ops Dir Payroll Dept
D	Patient Share		
D.1	Billing Patient Share payments to participants	Cost share requirements for participants are tracked in electronic participant profiles and in the CDCN web portal. Amounts owed to CDCN located on web portal, viewable by participant along with budget information. Participants will be billed monthly for amounts due.	Ops Dir Claims Dept
D.2	Tracking Patient Share withholdings	See above. Participant's amount owed tracked via online profile and will be viewable in our online web portal. Participants are sent notification of amounts due.	Claims Dept
D.3	Tracking Payment Share notices	Notices of amounts due logged via our tracking system. CDCN will notify participant(s) monthly or as required by DAIL of amount remaining due.	Claims Dept
D.4	Determination of "highest paid provider"	As needed, communicate with other service providers to correctly reflect payment activity of Patient Share.	Claims Dept
E	Payroll Reports		
E	Payroll Reports	Reports showing real-time budget or service utilization available for participants to view 24x7 on our CDCN web portal. Statements can be mailed to participants at a rate determined by DAIL or VDH.	Payroll Dept
F	Unique Identifier		

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
F	Unique Identifiers	Vendors, employers, and participants are assigned a unique employee/vendor/employee ID in our internal accounting systems upon profile creation.	Payroll Dept
G Qualifying as the Fiscal Agent			
	Federal forms to deliver fiscal agent status	CDCN processes allow us to obtain an FEIN for each new participant acting as employer, to file taxes in the aggregate on behalf of all employers, and to discontinue an employer's FEIN. Our F/EA policies and procedures reflect best practice for sound stewardship of acting on employer's behalf.	Ops Dir Payroll Dept
H Withholding and Judgements			
		Aside from nurse providers, providers deemed employees and not independent contractors, will be treated as such. All federal and state requirements apply to employees under DAIL and VDH's programs, and will be treated as such.	Ops Dir Payroll Dept
I Garnishments			
		CDCN processes follow best practices for applying garnishments, judgments or tax levies to employee wages.	Payroll Dept
J Background Checks			
J.1-3	DAIL & VDH requirements	Local program staff process background checks per specific program requirements during initial hire/enrollment period. Employees cleared prior to entering the participant's home. "Hits" on backgrounds will result in prohibiting the employee from entering the home or providing services for any participant as determined by DAIL or VDH.	CDCN VT Staff

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
K	Accepting Timesheets		
K.1	Format	Electronic time entry able to be completed under participant and employee profiles 24x7. Paper time audited manually by local staff and upon being entered into the accounting and payroll systems. Electronic time entry allows for quicker processing and payroll. Paper time offered if necessary.	Payroll Dept CDCN VT Staff
K.2	Format	Paper timesheets will be approved by state for ability to capture program requirements and ease of read.	CDCN VT Staff
K.3	Medicaid compliance	All time capture for programs under proposal will be maintained per program, state, and federal requirements.	Ops Dir CDCN VT Staff Payroll Dept
K.4	Payroll preparation	Payroll prepared according to time worked that is verified in accordance with program rules.	Payroll Dept
L	Processing Timesheets		
L.1-4	Inspection, review, issue resolution, and follow up	Time submitted is audited prior to processing payroll for hours worked. Paper time audits occur upon submission and electronic time audited prior to approval. Issues with submission are resolved with employee and participant directly whenever possible.	Payroll Dept CDCN VT Staff
M	Payment to Employees		

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
M.1-11	Forms of payment, time processing, payment schedule, goods and services, compliance with labor laws and sick leave	<p>F/EA program delivery includes all aspects of this section. Sick leave will be tracked, accrued, and paid as with other benefits. All employees are offered EFT upon enrollment with CDCN. Paper checks are an option when necessary. Program rules for leave, taxes, overtime, travel time, etc. will be put into payroll systems and applied accordingly across employee payroll. Payments for goods and services are available to participants with state-required documentation and an authorization showing such purchase is allowable.</p> <p>CBA terms, VT labor laws, federal labor laws will be followed.</p> <p>Inactive parties (vendors, participants, and employees) are de-activated from our payroll system when no longer participating in programs.</p>	Payroll Dept Ops Dir CDCN Staff
N	Tax Related Services		
N.1-2, 4,5	Forms, deposits, tax reporting	<p>Federal forms are tracked and integrated into local program delivery by payroll department. P&Ps for collection, deposit and reporting of all state and federal taxes is standardized as part of payroll process. Relevant local, state, and federal taxes and withholdings are integrated from the initial hire process and continued for duration of employment.</p> <p>Tax collection and processing via accounting and payroll systems according to employee's electronic profile developed upon hire.</p>	Payroll Dept
N.3, 8	Workers' compensation and participation in annual audit	Workers' compensation payments tracked and reported via payroll and accounting systems. WC program will be monitored and reported upon according to state specifications.	Payroll Dept Ops Dir CDCN VT Staff

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
N.6,7,9	IRS 1099 forms, FICA refunds, unemployment claim cost payments	Form 1099 is issued for vendors annually, in compliance with IRS regulations. Unemployment insurance is paid on a quarterly basis. FICA refunds are issued at the end of each year, prior to submission of W2s. This ensures the wage and FICA tax reporting on the W2s is accurate and reflects the FICA refunds.	Payroll Dept
O	Providing Information		
O.1	Orientation and Skills Training	QI staff develop all orientation & training materials related to the program at specified reading level. Program materials, including training available on website for access in whole or in modular format 24x7. Materials mailed or emailed to participant upon request and provided at enrollment.	QI Dept Ops Dir CDCN VT Staff
O.2	Translator and interpreter	Translation via call center, web site, or in person upon request as needed and in languages requested by participant or employee.	CDCN VT Staff Customer Service Center Dev Dept
O.3	Information provision to employers	CDCN state-specific website updated periodically as program requirements or materials change.	CDCN VT Staff Dev Dept
P	Claims and Reimbursement		
P.1	Verification of eligibility	Eligibility checks via 270/271 file exchange daily per date of service for participants.	Auth Dept
P.2	Timely filing for claims submission	Claims procedure dictates claims are submitted according to program rules. CDCN has nearly a 99% success rate of claims submitted and paid correctly upon initial submission across all 20 companies. Claims dept. able to adapt to over 70 billing systems in multiple states.	Claims Dept

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
P.3	Resolution of denied claims	Denied claims resolved through direct communication with participant, auths and payroll depts. as needed. Once denied claims are resolved they are resubmitted ASAP.	Claims Dept Auth Dept Ops Dir
P.4	Submission of claims to various systems	CDCN's billing and claims teams adapt to over 90 different billing and claims submission systems across the U.S.	Claims Dept
Q	Cash Flow		
Q	Sufficient to pay payroll on a biweekly basis	CDCN will make cash flow available at levels adequate for biweekly payroll for all programs included in this proposal.	CFO Controller Payroll Dept
R	Employer and Employee Enrollment		
R	Program materials	QI works with local program office and operations to adapt enrollment materials to new program rules. Materials updated regularly and made available 24x7 on the CDCN website.	QI Dept CDCN VT Staff
S	Unemployment and Workers' Compensation		
S.1-3	Ensure coverage, establish accounts, file reports, serve as employer's representative	CDCN tracks workers' compensation in 13 of the 14 states we work in. Knowledgeable staff will represent employers.	CDCN VT Staff Risk Manager
T	Training and Communication		
T	Vendor training	Designated staff to attend trainings as required by state.	Ops Dept CDCN VT Staff
V	Other Duties		

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
V.1	Reports to state	Financial statements (participant budgets) available to state partners through user specific access granted to the CDCN portal. Budget reports can be customized to show all participant budget information, up to date, at the request of the state.	Payroll Dept
V.2	Mandatory reporting of fraud, abuse, neglect, exploitation	All CDCN employees are mandatory reporters and are trained as such upon hire and ongoing. Mandatory reporting training accessible on CDCN website 24x7.	Ops Dir CDCN VT Staff
V.3	Reporting of child abuse	Policies and procedures include standards for all reporting of suspected fraud waste and abuse, and will be adapted specific to VT reporting requirements. To be included in all enrollment and training materials and CDCN staff P&Ps.	Ops Dir CDCN VT Staff
V.4	Fraud reporting w/n 2 business days	Reports of incidents are investigated immediately and notification to state to occur in under 2 business days	Ops Dir CDCN VT Staff
V.5	Secure maintenance of files	All participant and employee files are maintained electronically in a HIPAA secure manner. Files are backed up at our data center in Lynwood, WA.	CIO
V.6	Complaints process	Complaints escalated to local program manager, then to exec team if necessary for resolution or progress within 2 business days. Reporting to executive team includes all complaints for identification of ways for process improvement.	Ops Dir CDCN VT Staff COO
V.7	Serving out of state participants	CDCN acknowledges this requirements and will work to ensure no gaps in payroll or service for participant upon moving out of state (with approval by state).	Payroll Dept

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
V.8	Notification to VT DOL of new hires	New hire paperwork for employees to include all relevant VT DOL forms, and CDCN will notify VT DOL upon receipt and entry of employment packet.	Payroll Dept Ops Dir CDCN VT Staff
V.9	Reporting and database	Reporting can be customized per state requirements and produced at schedule determined by state.	Payroll Dept Ops Dir CDCN VT Staff
V.10	Disaster recovery plan	CDCN maintains a detailed DR plan and will provide to state upon request.	CIO
W	Evaluation and Performance Measures		
W.1	Billing practices	Claims submission and pay rates are extremely high and near 100%. Claims and billing teams are adept at adopting new practices for different billing systems.	Claims Dept
W.2	Assistance and education for participants	CDCN staff to provide ongoing available customer service for participants upon request. Call center helps resolve payroll issues, local staff resolves program or service delivery questions. All communications from participants will be responded to within 1 business day.	CDCN VT Staff Customer Service Center
W.3	Limited English proficiency	All materials reviewed for required reading level. Translation available via website or written materials upon request. Cultural sensitivity and training address in cultural sensitivity plan. Trainings on local culture provided to all local staff upon hire and periodically.	CDCN VT Staff Ops Dir QI Dept
W.4	Stakeholder and community expectations	Communications from vendor will be consistent, open, transparent, and ongoing with all parties mentioned here. Should expectations change, CDCN will adapt according to stakeholder or participant request.	Ops Dir CDCN VT Staff

Section 2	SPECIFICATION OF WORK TO BE PERFORMED	METHOD	STAFF RESPONSIBLE
W.5	Ability to identify errors/fraud/hours exceeding authorized limits	Participant profiles are created or modified based on authorizations. Time entry auditors monitor time entered against the profile on both the web portal and via paper. Errors can be identified at every stage of the process prior to time being accepted, prior to payroll being processed, prior to claims being submitted.	Payroll Dept
W.6	Reimbursement strategy for management of the contract	Reimbursement for any admin costs at agreed-upon rates.	Ops Dir CFO

Figure 4: Work Plan Staff (above) and Department Key (below) Tables

Department	Staff	Title
Claims	Steve Rosenbaum	Claims Processing Director
Chief Commercial Officer	Mickey Ogg	Chief Commercial Officer
Chief Financial Officer	Daryl Holzer	Chief Financial Officer
Controller	Wendy Stuker	Controller
Chief Information Officer	Jeff Harriott	Chief Information Officer
Chief Operating Officer	Beth Peterson	Chief Operating Officer
Customer Service Center	Brent Selle	Customer Service Center Supervisor
Human Resources	Steve Richards	Human Resources Director
Operations	Kari Vinopal	Operations Director
Payroll	Katie Trotter	FEA Payroll Manager
Quality Improvement	Kelly Czarnik	Quality Improvement Director

Proposed approach for producing each required element of Section 2

A. Working with Employers and Employees

Ability and Capacity to Assist Employers to Learn and Carry Out Their Employer Responsibilities

We have broad experience in introducing and orienting new participants to the nature of participant direction so they may successfully serve as the employer of their workers. Particularly through our work in Colorado, the District of Columbia, Florida, Montana, and

New Mexico, we have created training materials and curricula for participant-directed programs serving qualified people with disabilities.

We have a deep understanding of the commitment required to provide necessary support and ongoing training for participants and employees. Our 27 years' experience has taught us how to communicate clearly in a culturally sensitive and insightful manner, and to always approach our work with the understanding that many participants or surrogates have never had to serve as an employer. Our staff understand the patience required to communicate simply yet with comprehensive knowledge of participant directed programs and payroll processes.

All participant-facing staff are trained to understand the importance of the person-centered philosophy. We recognize that participants and their families choose participant-direction or self-direction so they may enjoy the greatest freedom to participate in their communities. We also help participants understand that with that freedom comes greater responsibility for their personal care and supports.

For existing participants who will transition to Consumer Direct from the previous F/EA, we will work with the state's existing communication procedures to seamlessly integrate into existing systems. We will adapt existing orientation materials for the state's approval and in compliance with Vermont regulations. Upon examination of existing materials, we will assess and add information when we identify areas where the participant may need additional support. We will submit to the state for approval.

We are accustomed to creating educational, outreach and enrollment materials in plain language that is easy to follow. In Florida, participant-facing materials must be written at a 4th grade reading level. We find that most participants, families and employees respond best to a straight-forward message, plainly said.

We provide all enrollment documents on a state-specific website. In some states that includes enrollment packets for both participants and employees in English and Spanish. We are also happy to mail a hard copy to a participant or employee, free of charge, to their home or requested address.

Our websites are created to offer participants, employees, and all stakeholders a user-friendly website experience. We strive to maintain accessible, 508 compliant websites for users with disabilities or impaired vision. We have a designated staff member assigned to be responsible for nondiscrimination compliance. Our sites are compatible with accessibility software including JAWS, Dragon, ZoomText, and others.

Cultural Sensitivity and Philosophy of Self-Direction in all Business Practices

Consumer Direct takes a culturally sensitive, person-centered approach to providing F/EA services. We employ a culturally diverse group of people who receive training in Person Centered philosophy. Our commitment to Person Centered services is evident. Our Chief Operating Officer is proficient in all aspects of Person Centered Planning, training, and

techniques, and has been training others in Person Centered Planning since 1995. For each new program we implement, we develop policies and procedures to emphasize the application of the philosophy of participant direction and being culturally sensitive in all business practices in order to communicate effectively with a diverse population of participants of all ages and with a variety of needs, disabilities and chronic conditions.

In the process of building our state programs, we developed a method and expertise in accommodating participant needs regardless of diagnosis. In programs where individual financial, payroll, and training needs vary greatly, our care delivery responds to each participant’s needs so that they can successfully remain in their homes. state agencies, managed care organizations, and non-governmental organizations that we collaborate with and serve vary in community types and in number of participants. Our business model factors in additional staffing and administrative resources to accommodate rural and urban communities so that we can be a reliable F/EA FMS to all participants and providers regardless of remoteness, size, or variations in community culture. Our ability to thrive in communities across the nation is attributable to our combination of local program personnel, centralized Customer Service Center support, and unique infrastructure designed to keep all participant and employee profiles intact and prevent gaps in payroll.

To further illustrate how we are respectful to all participants regardless of their cultural background, below is a snapshot from the cultural sensitivity portion of our Customer Satisfaction Surveys:



Figure 5: Cultural Sensitivity Customer Satisfaction Survey Results

Prompt and Accessible Assistance to Participating Employers by Toll-free Phone Line, Convenient Hours, Fax, and Internet Access

Our Consumer Direct Vermont staff will be available to answer calls 8am-5pm Eastern Time. Consumer Direct Vermont will be supported by our Customer Service Center during business hours to enable participants and employees to request guidance or resolve issues during those times. Our companywide policy is to return phone calls, fax communications, or emails within one business day. Consumer Direct observes seven holidays annually: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. We understand Vermont recognizes additional holidays, including the Battle of Bennington, and we will work with the state to accommodate the state’s wishes on recognizing additional holidays.

Consumer Direct will provide state staff, Supportive Intermediary Service Organizations (ISO), employees, providers, and vendors with the option of reaching us through a toll

free phone, toll free fax number or by email. We will provide Teletypewriter (TTY), or alternate methods for callers with a hearing impairment which will be operational 24/7. We maintain a dedicated 24/7 high speed fax line. Our toll free number enables callers to leave a message 24/7, to be returned within one (1) business day. Consumer Direct will return all inquiries, emails, and phone calls from state or DAIL staff, and employees within one (1) business day of receipt. Consumer Direct staff will each be assigned an email address ending in @consumerdirectcare.com, to be made available to all relevant parties for use for communications relevant to the DAIL programs. Consumer Direct also makes a general email address available for communication that is monitored frequently throughout each business day.

Consumer Direct Vermont will operate and post program documents to a website specific to the State's DAIL-operated Core Programs. The site will be available 24/7. Program documents and any training materials will be posted to the site so participants, surrogates, employees, or other interested parties can access them at any time. The site will house contact information for resolution of payroll, service, vendor, or other related F/EA FMS issues. Our site will also be used to post Global Commitment and Medicaid service informational updates, or will announce updates and refer to DAIL's site for more information.

We employ a number of staff in our centralized office who will work directly with the program manager and operations director to update the site and any forms hosted on the site with relevant, DAIL-approved information and materials.

B. Authorizations and Program Limitations:

We will adhere to all state processes relating to DAIL's and VDH's five differing program authorizations and program limitations. We will adhere to the state's processes requiring prior written/electronic authorization before initiating services, including prior to initiating services with an employer in accordance with [42 CFR 438.6](#) and the Waiver and Medicaid program established limitations.

Consumer Direct employs various internal controls to monitor each of our companies for the quality of our service delivery, as well as compliance with state and federal regulations and contract stipulations. We monitor our program delivery for compliance and quality at every step of the process, from referral, to enrollment and hire, throughout the duration of service delivery, and throughout the transition of a participant to an alternate agency, another program, or to traditional agency-based services.

B.1.a-e. Service allocations for varying programs with varying rules

Consumer Direct's broad range of experience prepares us to meet all the variable service allocations and their permutations outlined in this section.

Consumer Direct's timekeeping process has been honed over our decades of working with a variety of programs and budget systems, authorization time periods, assessment types, and carry-over rules. Our system accommodates different rules for time entry and time approval processes and recognizes the complexity of different waiver programs. These workflows can be complex, and allow us to accurately and efficiently process and manage multiple business rules, including budgets allocated by dollars, time frames around service allocation, receiving information from an ISO, task information by shift, and plan-of-care constraints.

Consumer Direct tracks and updates authorization information daily assuring that all submissions match authorizations. Our tracking systems for participant spending and budgeting enable us to see if participants are nearing the end of their budgets or are at risk for overspending. This is true whether timesheets are submitted through our portal or by paper. Our paper timesheets are coded with optical character recognition (OCR) to allow for more rapid processing and matching of services and authorizations.

We track all spending/utilization data against a valid authorization using automated procedures. The company evaluates business rules in the portal and financial systems for every on-line shift or paper timesheet. These business rules include, but are not limited to:

- Dollar allocations are not exceeded
- Exact duplicates (same service, same day, same time) are blocked from processing
- Possible duplicates (same service, same day, different time) are identified and evaluated before processing
- Overtime hours are blocked from entry if prohibited by program rules
- Only authorized services are billed

Because Vermont's DDS participants may submit time for workers exceeding 24 hours in one day, our ability to catch possible duplicates and analyze those possibilities ensures accurate payroll processing and accurate recording of allocations.

B.2-4. Tracking authorizations and variable hourly rates, and determining Medicaid eligibility

We understand the importance of receiving prior authorization for service. In the Medicaid environment, it is common practice to anticipate timely, correct and updated information regarding services and time authorized for use. Upon receipt of changes in authorized services, we will update our records with this information. Then, upon processing time entry, whether input electronically or via paper timesheets, we apply a series of business rules to the transaction. All time entry and expense transactions are evaluated to ensure: participant eligibility on the date of service; employee authorization to provide services, including all necessary certifications; authorization from the state for the proper amount, duration, and frequency of services; and, services are within existing limits or caps.

Consumer Direct is accustomed to processing services based on dollar budgets, but we are also familiar with processing based on unit rates, hourly rates, encounter rates, or per-diem rates. Our portal and financial safeguards prevent duplication of time entered and duplication of payroll for any single hour worked.

With each new program we pursue, we understand that the best way to operate our business is to adapt our current systems to each new payer source. We combine our expertise in claims submission and billing to effectively communicate with new payer sources. Our Billing, Claims, and Authorizations departments, as well as our Implementation and Quality Improvement teams, are fully prepared to translate this practice into claims submission for DAIL's participant-directed environment. Regarding systems communication and integration, our ultimate goals for claims and eligibility remain the development of policies, procedures and systems to prepare and complete accurate and timely claims submissions and eligibility verifications, both initially and on an ongoing basis.

Service/Spending Plan Receipt and Maintenance from HCSIS

We will receive service/spending plan authorizations for each participant from the state or, for DDS participants, from the provider agency or ISO, and will incorporate authorized services, units, hourly wages of employees, and other relevant service information into our Customer Relationship Management (CRM) system, our accounting systems, and our web portal. This information will be integrated into our payroll and billing systems, and limits for services and goods will be in accordance with service/spending plan service authorizations. Copies of the service/spending plan, to include the budget plan, will be available to the participant at any time since these documents are stored within the participant's electronic file, or upon request for participants who don't have access to the internet. For those who do, real-time budget and expenditure information is always available to the participant 24 hours a day, 7 days a week via our secure online web portal, CDCNportal.com.

Our financial system processes time entries, whether input electronically or via paper timesheets, by applying a series of business rules to every transaction. All time entry and expense transactions are evaluated to certify the following: participant eligibility on the date of service, employee authorization to provide services: including all necessary certifications, authorization from the state/payer for the proper amount, duration, and frequency of services and, that services are within existing limits or caps. Consumer Direct processes services based on unit rates, hourly rates, encounter rates, or per-diem rates. Our portal and financial safeguards prevent duplication of time entered and duplication of payroll for any single hour worked.

State and Federal Law Wage Compliance

We are accustomed to working with programs in which wage may vary, and in which employers can determine their employee's wage. Our time entry system provides reports back to the participant regarding their budget usage and remaining allotment during any time period.

Consumer Direct's Payroll team will verify that the employee's hourly wages are in compliance with federal and state wage and hour rules. At all times we will follow wage and hour laws through use of our time entry and accounting systems, which enables us to enter business rules for each locality in which we have employees, to guarantee that wages and limits on hours are in line with wage law. Business rules prevent employees or participants from entering wages or time worked outside of labor and local program rules. Labor laws specific to each state and region where we work are incorporated into our employer and employment packets, and updated when regulations change.

We are a member of the American Payroll Association, which keeps payroll offices apprised of any regulator labor, tax, or wage changes that might affect our operations. We also refer to the Federal Department of Labor (DoL) and the Internal Revenue Service (IRS), in addition to, of course, Vermont Department of Labor and Industry regulatory changes.

B.5-6. 24 hour limit per day, except for participants and employees in DDS

In most cases, recipients of Medicaid-funded in-home care are not eligible to receive services from more than one provider simultaneously, nor are employees allowed to work for more than one participant simultaneously. We understand that for some participants, particularly those with developmental disabilities, this circumstance can be different.

Our time entry systems and the business rules applied to each participant and employee are unique to that participant and employee. This allows us to recognize when duplicate time entry, resulting in the appearance of an employee working more than 24 in one day or a participant receiving more than 24 hours of services in one day, may legitimately occur.

B.7. Adapting employee wages to prevailing rules with or without CBA coverage

Consumer Direct adapts to claims submission, remittance, Electronic Data Interchange (EDI), and secure information exchange processes from a number of state, health plan, and alternate payer systems. Experience with new systems research and adoption enables us to successfully submit more than 40,000 claims every week to more than 70 different payer systems in 14 states, each with their own unique billing requirements. We will apply the same business rules to paying employee wages whether the employee is covered by the CBA between the State of Vermont and the AFSCME or not. Our ongoing policy research into state regulations, and our relationship with the state, will ensure that

we are aware of the Vermont minimum wage and that no employee is ever paid less than the prevailing minimum wage.

C. Billing Agent for Family Directed Hi-Tech Nurses

Consumer Direct is experienced at serving as a billing agent for independent contractors. We serve a similar capacity in a number of states where we work including Idaho, New Mexico, Texas and Wisconsin. We have the systems in place to meet the requirements to serve as a Billing Agent for Family Directed Hi-Tech Nurses in Vermont.

C.1.-5. Billing agent processes and methods

Upon receiving timesheets from the nurse provider, an independent contractor, we will collect form W-9 and confirm that the nurse provider's contact information is in our CRM. If the nurse provider is new to the system or program, we will collect contact information and program details for the nurse provider and the participant served. Our time entry system monitors entries and alerts us to any problems with the payment of an independent contractor/nurse provider. We will alert the nurse provider and work with them to correct any issues in order to process the payment of their claim as quickly as possible.

We are accustomed to accommodating the range of state fiscal agent systems where we work, and we will work with Vermont's Medicaid fiscal agent to determine an acceptable timesheet format in order to submit claims to the Medicaid fiscal agent. We will not produce checks based on these claims.

We will rely on the state's Department of Vermont Health Access (DVHA) to ensure the nurse-providers have met all the requirements to be Vermont Medicaid providers. Should the state or nurse provider submit a claim that contains errors, the responsibility lies with the state or nurse provider.

D. Patient Share

Consumer Direct is experienced in processing patient shares, or co-pays. We process such activities in Alaska and Montana. We will be prepared to follow and adhere to Vermont's Patient Share rules and procedures.

D.1.4. Managing Patient Share process in Choices for Care

When notified by DVHA that a participant qualifies for Patient Share, we will identify that participant/employer as such in our CRM. Our claims system will track and record such Patient Share payments that are billed to the participant. We will work with the DVHA and other service providers to ensure the "highest paid provider" determination accurately reflects the collection, withholding and payment of Patient Share.

E. Payroll Reports

Consumer Direct meets diverse agency reporting needs for all of its agency partners. Available customized reports include, but are not limited to, on-demand reporting of payroll and vendor checks, current and historical spending utilization, and any other report required for Medicaid, the IRS, and state tax commissions.

Our reports are available online to participants and state agency partners 24 hours a day, 7 days a week through our portal. Reports are also deliverable in paper and electronic formats and are transmittable by secure FTP, the portal, email, electronic portable media, and standard mail. Reports are customizable according to DAIL's specifications, made available in real-time or as archived data dependent on DAIL's preferences. Consumer Direct will monitor budget utilization on a regular basis, notifying participants of any budget concerns. Our personnel are available to support participants and DAIL staff with any questions or to assist with necessary adjustments. Below are examples of current reports to meet state agency reporting requirements. Consumer Direct maintains all participant, surrogate and employee information in our sophisticated CRM system which allows us to produce utilization reports based on any criteria requested.

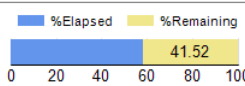
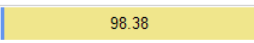

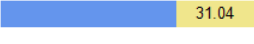
Participant Number	Program Coordinator	Current Suta Rate				
Phone	External CM					
DC Department of Health Care F - DC Dpt of Health Care Fin CDMS - FEA						
Start	End	% Time Elapsed % Budget Used % Difference				
Auth Period 8/4/2016	6/30/2017	58.48% 68.96% 10.48%				
						
Service	Type	Budget	Used YTD	In Process	Remaining	
T1019 U1 X1 Sick Time	Dollars	\$1,112.60	\$18.07	\$0.00	\$1,094.53	
T1019 X1 Personal Care Assistance	Dollars	\$104,927.01	\$63,221.12	\$9,888.65	\$31,817.24	
Totals	Dollars	\$106,039.61	\$63,239.19	\$9,888.65	\$32,911.77	

Figure 6: Spending Summary Report

Employee	Service Code	Service Date	Pay Period	Pay Date	Pay Units	Pay Rate	Pay Total	FICA 6.2%	FUTA 0.6%	MED 1.45%	SUTA 2.7%	WC 1.81%	Payroll Costs	ADMIN Fee	Total Spent	Estimate
x	T1019 X1	1/1/2017	12/25/2016-1/7/2017	1/20/2017	16	\$13.85	\$292.83	\$18.16	\$1.24	\$4.24	\$7.90	\$5.30	\$36.84	\$0.00	\$330.25	
x	T1019 X1	1/2/2017	12/25/2016-1/7/2017	1/20/2017	16	\$13.85	\$292.83	\$18.16	\$1.24	\$4.24	\$7.90	\$5.30	\$36.84	\$0.00	\$330.25	
x	T1019 X1	1/3/2017	12/25/2016-1/7/2017	1/20/2017	16	\$13.85	\$292.83	\$18.16	\$1.24	\$4.24	\$7.90	\$5.30	\$36.84	\$0.00	\$330.25	
x	T1019 X1	1/4/2017	12/25/2016-1/7/2017	1/20/2017	16	\$13.85	\$292.83	\$18.16	\$1.24	\$4.24	\$7.90	\$5.30	\$36.84	\$0.00	\$330.25	
x	T1019 X1	1/5/2017	12/25/2016-1/7/2017	1/20/2017	16	\$13.85	\$292.83	\$18.16	\$1.24	\$4.24	\$7.90	\$5.30	\$36.84	\$0.00	\$330.25	

Figure 7: Payroll Detail Report

Consumer Direct has written policies, procedures and internal controls, including segregation of duties, as appropriate for each of the tasks listed in Section III-20 (A-D). Upon implementation of our F/EA FMS for the State's Global Commitment and Medicaid services, Consumer Direct will further detail the written procedures for processes unique to DAIL's Waivers. We provide more insight into how our reporting process works with the inclusion of a sample manual in the form of the Consumer Direct Care Network Idaho Policies and Procedures Manual, [Enclosure D](#).

Consumer Direct will prepare and submit a detailed plan for preparing all reports and submit it to DAIL for approval. The plan will include a list of necessary reports sent from the program to the Information Technology (IT) department. The plan and report content will be submitted to DAIL for approval. Leveraging the database that feeds both the accounting system and the CRM, Consumer Direct will prepare all necessary reports.

F. Unique Identifier

Obtaining FEINs for CLEs

We will obtain and submit IRS Form SS-4, Application for Employer Identification Number, on behalf of each Common Law Employer. All documents relevant to participant proprietorship will be maintained in each participant's electronic files for reference.

Consumer Direct will file IRS Form 8821, Tax Information Authorization, to receive an employer previously assigned an FEIN if we are unable to receive Form SS-4. Form 8821 is obtained in exceptional situations where a prior EIN is unobtainable by other authorized means. Form 8821 is scanned into the participant's electronic file. We will renew each participant/surrogate-employer's IRS Form 8821 on a periodic basis as per Form instructions. We will maintain copies of renewed IRS Forms 8821 in the participant/surrogate-employer's file.

G. Qualifying as the Fiscal Agent

Forms and Processes Required to Act as F/EA FMS

Consumer Direct anticipates receiving the FEINs and other pertinent account information for currently enrolled employees. Consumer Direct will obtain IRS Form 2678, Employer/Payer Appointment of Agent, during the enrollment and will use a Fiscal Vendor Agent FEIN for the sole purpose of filing IRS Form 2678, other federal employment tax forms, and making federal payments on individuals' behalf. Consumer Direct will then submit a 2678 to receive approval to act on behalf of those participants transferring to us. We will obtain IRS Form SS-4, Application for Employer Identification Number for all new employees. During the transition, we will work closely with the incumbent F/EA FMS to transfer all relevant information regarding participant FEINs and

related tax information as efficiently as possible to provide participants and employees with a seamless transition.

Consumer Direct will submit IRS Form 2678 and SS-4 for each individual to obtain an FEIN and establish Consumer Direct as the individual's agent for filing payroll reports. A copy of Form 2678 and Form SS-4 are maintained in each participant's electronic document management file. When the IRS Notification of Fiscal/Employer Agency Approval and the IRS Letter CP 575, IRS EIN Verification Letter are received by Consumer Direct, both are scanned and maintained in the participant's electronic file.

Consumer Direct will receive written agent authorization from the IRS to be the agent for each participant/surrogate-employer we represent through the receipt of an IRS LTR 1997C, Notice of Appointment, for each participant/surrogate-employer. We will maintain a copy of the IRS LTR 1997C, Notice of Appointment and related correspondence in the participant's secure electronic file.

We will communicate with the state in order to obtain the state's direction to submit the required documentation and paperwork.

H. Withholding and Judgments

Consumer Direct computes, withholds, files, and tracks Federal income tax withholding, Medicare and Social Security Taxes (FICA) for participants and their employees. Consumer Direct timely files IRS form 941, Employer's Quarterly Federal Tax Report and the IRS Form 941, Schedule R in the aggregate using the assigned FEIN as the F/EA for the participant. Additionally, Consumer Direct is a semiweekly schedule depositor and files IRS Form 941, Schedule B. Copies of all Forms filed and deposit verifications are maintained in Consumer Direct's electronic payroll files.

Consumer Direct computes, withholds if required, and files Form 940, Employer's Annual Federal Unemployment (FUTA) Report and the IRS form 940 Schedule R annually, in the aggregate, using the assigned FEIN as the F/EA for the participant. FUTA is deposited quarterly (or can be weekly if withheld) using the F/EA FEIN in accordance with IRS deposit rules. Copies of Form 940, including Schedule R, and evidence of confirmed IRS deposits are maintained in Consumer Direct's electronic payroll files.

Consumer Direct responds quickly and efficiently to notification of disenrollment. For instance, in 2016, 2,355 participants disenrolled for a variety of reasons including losing eligibility, or needing a higher level of care. Upon notification of disenrollment from DAIL via a HIPAA 834 FILE, Consumer Direct will end the authorization, and begin the process of terminating the agent relationship. This includes revocation of Form 2678, Employer/Payer Appointment of Agent and Form 8821, Tax Information Authorization. Copies of the notification of disenrollment, Form 2678, Form 8821 revocations, and the related IRS Notice of Agent Revocation (IRS LTR 4228C) are filed and stored in the individual's electronic file.

If Consumer Direct has enrolled an individual as an employer, and then no longer represents that individual as their F/EA for payroll services, we revoke IRS Form 2678 by filing Form 2678 with the IRS to revoke the Appointment of Agent. Upon completion of filing, Consumer Direct staff scan and maintain the form to the individual's electronic document management file with any other resulting documentation.

On the occasions when Form 8821 is required to receive an FEIN for an employer, Consumer Direct will file to revoke Form 8821 for all individuals who terminate services with the company, and we maintain the form until revocation is necessary. Staff then mails the form to the IRS and when returned, staff scan confirmation of the revocation from the IRS into the individual's electronic file. Consumer Direct will then inactivate all tax accounts with state and federal agencies.

Our payroll team works diligently within each new program we operate to locate specific forms required for F/EA FMS operations at the state level regarding employees' compensation, unemployment, power of attorney, or any other business-related forms that might be required on behalf of employees. As part of the transition, our payroll staff will research and incorporate all Vermont-specific forms into the participant enrollment and tax filing process. We will include any documents that relate to operating as a sole employer in Vermont for inclusion in the participant Enrollment packet and will be filed as appropriate on each employee's behalf along with other federal tax and business-related documents. A process for incorporation of all Vermont-specific documents will be detailed to the satisfaction of DAIL during the transition phase and ongoing throughout the course of the contract should state or federal regulatory requirements change.

Employer Withholding

We will obtain a Vermont Employer Withholding Account Identification Number for each participant. We will look to the Vermont Department of Taxes for withholding cycle changes and updates to state policy on withholdings and exemptions on behalf of employees.

Vermont Local Earned income Taxes and Service Taxes

We are experienced tax researchers and in the event we are awarded the contract for delivery of F/EA services for DAIL and VDH, our staff will rigorously and diligently research and apply tax requirements for localities to business rules for participants who live in that area. All local taxes will be withdrawn from payroll and filed as appropriate and reconciled as appropriate for each jurisdiction. Evidence of filing and payments will be kept on file per the participant and employee.

Maintenance of Copies in Electronic Files

All above mentioned forms will be incorporated into the Employer Packet, to be pre-filled prior to orientation and skills training with the participant, and to be maintained in the

participant's file upon completion and after all relevant tax filing information is entered into our accounting and payroll databases, which enables us to file taxes annually as an agent in the aggregate on behalf of all participants and employees.

I. Garnishments

Consumer Direct withholds and pays all judgments, garnishments, tax levies, or other related holds on employee's pay required by Federal or State requirements. Amounts are withheld and processed every pay period through accounts payable. Copies of all related documents are filed and stored in the employee's electronic file.

J. Background Checks

J.1.-2. Perform background checks and convey results of background checks

We are accustomed to adopting state and program-specific background screening tools to verify that all employees hired for work in participant directed services are not on any exclusion lists. We will require, as condition of employment by an employee, any newly hired employees to submit to checks through Medichex, the List of Excluded Individuals and Entities (LEIE), and the Excluded Parties System (EPS). We recognize the need for checking multiple systems for the most thorough results, and operations director and staff will immediately report any exclusions directly to the employee, their respective participant and any coordinators or DAIL staff. Results will be maintained in the employee's electronic file and exclusions will be noted within the employee electronic profile to prohibit hire by other employees.

In addition to state specific exclusion checks, Consumer Direct conducts federal Office of Inspector General (OIG) checks for all newly hired administrative employees, and all employees hired by participants in any of our F/EA programs. OIG checks are conducted upon hire and monthly thereafter to determine if they have been excluded from participation in federal healthcare programs, and to support program integrity. Consumer Direct understands that payment or reimbursement to excluded individuals and entities is prohibited under Section 1903(i)(2)(A),(B) of the Act (42 U.S.C.A. § 1396b(i)(2)(A),(B))¹; and 42 Code of Federal Regulation (CFR) Section 1001.1901(b)

Consumer Direct understands that payment or reimbursement to excluded individuals and entities is prohibited.

Background check forms will be updated in new employee Employment Packets for DAIL's participant-directed programs. employees will also sign a form consenting to all relevant background checks as required by DAIL via the Vermont State Police, the FBI Criminal History Check and the DHS Child Abuse History Check.

Background clearance databases are integral to ensuring the integrity of service delivery for all participants. Clearances include the Vermont State Police through the Criminal

History Request Online site (Form SP-164) and child abuse clearances (Form CY-113) will be conducted through the State's Child Welfare Information Solution (CWIS). Consumer Direct will obtain a Federal Criminal History Record from the FBI in addition to the Criminal History Record check obtained from the State Police as noted above. Written confirmation of all clearance results will be incorporated into electronic files for Consumer Direct employees and employees. Proof of clearance will be provided to the State in the event the individual will have access to State facilities, or upon the request of the State. The cost of all background clearances as required by DAIL and the State will be incorporated into the proposed PMPM rate. We will share the Criminal History Acknowledgement Form with the participant to document the results of the criminal history record check and abuse registry checks. These will be scanned and maintained in our secure, digital document management system.

All background check forms will be incorporated to both the participant Employer Packet and the employee Employment Packet, and copies will be kept in the employee's electronic file.

J.3. Exceptions to the background check process

We understand there may be situations where an independent employer is not required to Consumer Direct's payroll services, but may request that we conduct the background check for their employee. In those cases, we will submit a bill for the background check fee to the agency who provided funding to the family.

K. Accepting Timesheets

K.1.-2. Timesheet access and distribution

Consumer Direct looks forward to the opportunity to collaborate with DAIL and VDH on the most effective, convenient, secure and verifiable options for timesheet submission. We are accustomed to receiving time submission both by paper timesheets (either mailed or faxed) and through our secure, web-based portal.

For those who choose to submit a paper timesheet, we will provide individual participants and employees with timesheet forms along with pre-addressed, pre-stamped envelopes for signature and submission. Our Quality Improvement (QI) department coordinates the production, approval, and dissemination of timesheets. Training on how to fill out the timesheet is done with the participant, and employee if available, during enrollment. Additionally, instructions are included on the timesheet for ease of reference, and local Vermont staff, as well as our Customer Service Center, will be available should additional, ongoing support be required. Sample timesheets and timesheet instructions are included in this proposal as part of [Enclosure E](#), CDCN User Timesheet & Portal Instructions.

Consumer Direct portal for time submission

Consumer Direct utilizes a secure, web-based portal to provide an automated interface system in which individual employers and their employees can submit and approve timesheets electronically, view 'real-time' expenditures against their approved service/spending plan or budgeted services amount, message their employer or employees directly, log notes related to service delivery, and obtain tax-related information

Use of the portal provides the most rapid access to a variety of tasks. We recognize the importance of assisting participants to be cognizant of their spending. Participants using the portal for timesheet submission will receive real-time alerts as to where they stand relative to their available budget. To facilitate effective use of the portal, we also have full-time staff dedicated to answering questions and concerns from individuals or employees if any arise during the process.

Accuracy of time worked and submitted is greatly improved when employees can submit timesheets through our portal. The portal lets employees (submitters) know when a field is missing, or when a participant is over budget. Employee payroll is posted against the participant's remaining service or budget amounts, preventing entry for hours worked or services delivered that are not approved. When time is inadmissible or unauthorized, for any reason, the portal sends a message to the participants, and the participant or the employee can rectify the problem immediately.

The portal is HIPAA compliant, secure, and confidential. All access is role-based, meaning every user is associated with a specific role, and that role has access to only certain types/amounts of information. For instance, a case manager would have access to their participants' information, while a participant's access would be restricted to their information.

Through the utilization of the portal, we produce reporting outlining participant budget utilization, service utilization and pending payroll for providers. Reporting through the portal can be adjusted to meet the particular program requirements and needs of DAIL.

The portal also extends service capabilities to support mileage entry/approval, task entry/approval, utilization review, report request/review, employee paystub review, and delegated employee/participant profile maintenance. The portal is mobile-friendly, and can be used effectively on smartphones, tablets, and full-size computer screens. In addition, the portal provides a secure communications capability to enable messaging between users.

[Figure 8](#) below is a screenshot of time entry with the option of mileage entry on our portal.

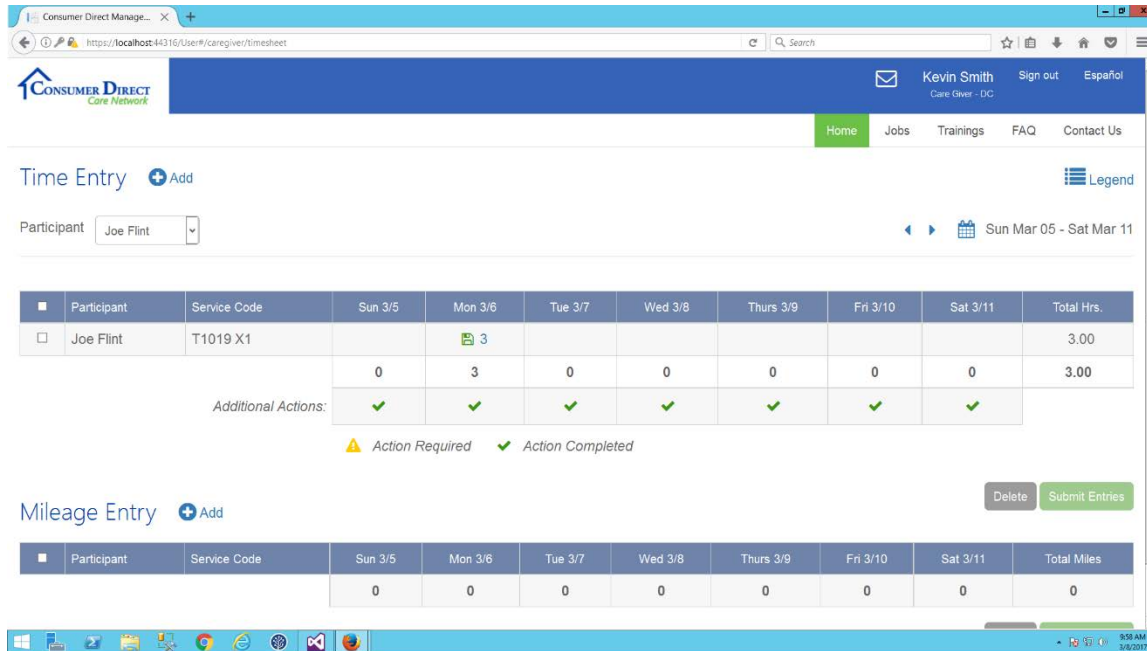


Figure 8: Timesheet Retention Time Entry Graphic

K.3. Timesheet Retention

We operate our local programs in full compliance with federal, state, and local record retention laws for a minimum of six (6) years, to include the storage and maintenance of files. Participant, vendor, and employee files and profiles are created in our internal customer relations management systems. Files can only be accessed by authorized personnel, once entered into our systems they cannot be deleted, and they are maintained on multiple secure servers. We maintain a sophisticated electronic filing system with elaborate procedures and monitoring to ensure that participant, worker, provider, and vendor information is accurately filed and properly maintained.

K.4. Timesheets to reflect program requirements

Consumer Direct’s timekeeping process accommodates many different budget systems, authorization time periods, assessment types, and carry-over rules. Our system accommodates different rules for time entry and time approval processes and recognizes the complexity of different waiver programs. Our systems allow us to accurately and efficiently process and manage multiple business rules, including budgets allocated by dollars, time frames around service allocation, task information by shift, and plan-of-care constraints.

L. Processing Timesheets

L.1.-3. Ensuring timesheet accuracy

We recognize that one of the most critical roles played by a F/EA vendor is to process payroll timely and accurately. Whether a participant uses a paper timesheet that employs Optical Character Recognition (OCR), or our online web portal, our systems are developed and constantly re-evaluated to ensure that timesheets are reviewed for authorization compliance, completion accuracy, and that employees are paid on time. We pay workers biweekly, and provide for off-cycle payroll should that be required.

Our payroll processing has a high rate of satisfaction among our national users. Figure 9, below, includes responses from the 2016-2017 Customer Satisfaction Survey. The “N” in the right-hand column indicates the number of responses received for each question.

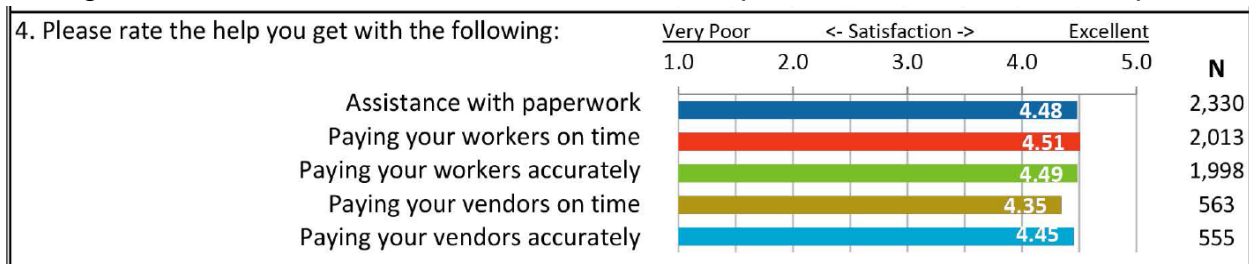


Figure 9: Payroll Accuracy and Satisfaction

The complete Customer Satisfaction Survey is found in [Enclosure F](#). Please note that Consumer Direct’s 1-5 scale is valued differently than the existing satisfaction scale used in Vermont. In our scale, 5 is best, 1 is worst.

Timesheet Collection, Verification, and Processing

Time submitted through the portal or via paperwork is processed through our OCR software and will be verified against program specific business rules for accuracy and compliance with Medicaid and state regulations. This includes confirming that all fields are completed accurately, and that the timesheet is signed by both employer and employee.

When timesheet issues are identified, the Customer Service Center contacts the participant and employees to ensure the issues are resolved timely so the timesheet can be submitted for payment. Copies of timesheets are maintained in electronic filing system. Consumer Direct will work with DAIL to ensure that our process for timesheet audit and reviews meet the expectations of DAIL. Department of Labor and Industry regulations will be incorporated into the entire time capture process for all employees and locally-based Consumer Direct employees. Copies of all payroll-related documents will be maintained in employee files.

Time Submission Processing

The Consumer Direct ‘back office’ suite sustains the business operations and controls, and manages every service delivery transaction from time entry through to claim payment. It also provides the platform for accurately paying employees on our bi-weekly pay cycle.

The financial system processes time entry, whether input electronically or via paper timesheets, by applying a series of business rules to the transaction. All time entry and expense transactions are evaluated to ensure: participant eligibility on the date of service; employee authorization to provide services, including all necessary certifications; authorization from the state/payer for the proper amount, duration, and frequency of services; and, services are within existing limits or caps. Consumer Direct processes services based on unit rates, hourly rates, encounter rates, or per-diem rates. Use of our portal and financial safeguards prevent duplication of time entered and duplication of payroll for any single hour worked. Our internal processes for monitoring time entry are outlined in Figure 10: Timesheet Processing.

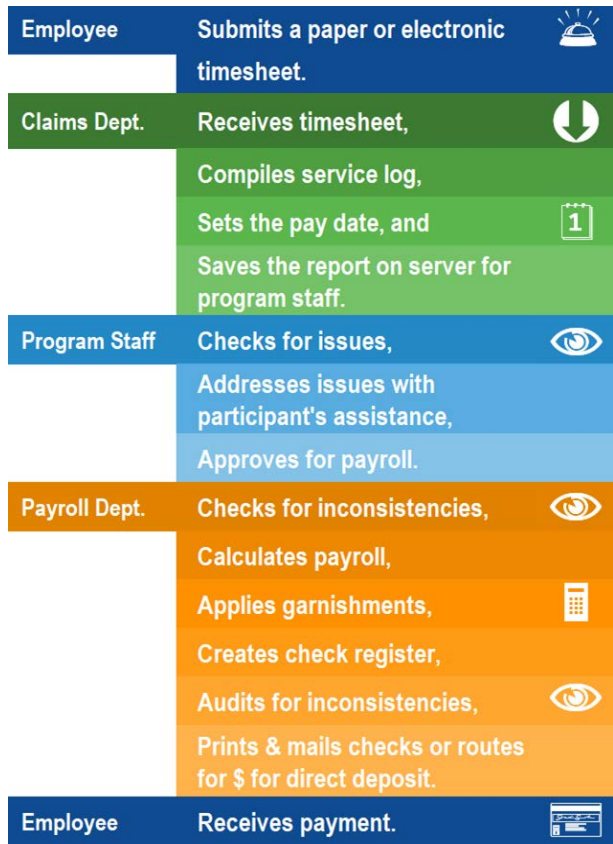


Figure 10: Timesheet Processing

Time Submission Verification

Consumer Direct safeguards Medicaid funds and has several systems in place to review for appropriate time submission. Whenever possible, we advocate for the submission of time electronically via our online portal. Accuracy of timesheets is greatly improved when employees can submit time through our web portal, which allows us to integrate business rules that reflect program rules, and therefore require the employee to enter time within set parameters. As was described in K. Accepting Timesheets, use of the portal lets submitters know when a field is missing, or when a participant is over budget.

"The website is very user friendly. So easy to submit and track timecards. Would promote this option more."
 ~ Satisfaction Survey Respondent, 2015

When time is inadmissible or unauthorized, for any reason, it sends a message to the participant and the participant or employee can rectify the problem immediately. This

saves time and frustration if an unauthorized or incomplete timesheet is faxed, then reviewed, then a phone call or email is placed to the participant, which may or may not be received immediately. Time submitted by employees will be maintained electronically to be viewed at any time through our portal.

Hours worked are tracked against the participant's authorized budget. The web portal safeguards against hours worked that fall outside of any participant's approved budget by tracking hours entered in real time. Paper timesheets are tracked against the participant's authorized budget. Participants are notified immediately when unauthorized time submission is found and unauthorized time will not be paid. Reporting through the web portal can be adjusted to meet the particular program requirements and needs of DAIL.

Consumer Direct has experience working with electronic visit verification in one of our states, and we are in the process of implementing a solution to meet the future CMS mandate. We address EVV further in Should DAIL determine they want to implement EVV, we will be well positioned to support DAIL processes, participants and employees.

We address this further in [Electronic Visit Verification](#), pages 76-82.

Late Time Submission

We understand that sometimes things happen that result in late submission of timesheets. If a timesheet is submitted late, our systems will kick it out so a coordinator can contact the employer. Typically a late timesheet will result in the timesheet being processed during the next payroll cycle. On rare occasions, we will pay the employee with an off-cycle payroll, but this occurs only rarely and when justified by extenuating circumstances on the part of the employer or employee.

L. 4. Timesheet or payroll non-compliance

Participant non-compliance with program rules occurs for a number of reasons. We find that additional, targeted training is often the solution. We will assist employers with remedial skills training to correct any substandard performance identified, as appropriate. Additional training may come in the form of a telephone call, or online training that is available in modular form on our website. The participant may choose the form of training to best suit their needs and ensure success as an employer. Should this be inadequate and non-compliance continues, we will escalate the concern to the state in order to collaboratively problem-solve.

M. Payment to Employees

As evidence of the comprehensive yet flexible nature of our timesheet acceptance and payroll processing system, we process over 330,000 paychecks annually totaling more than \$200 million dollars in annual payroll. We are confident our systems have capacity and accuracy to fulfill the particular deductions and payroll cycles requested by this RFP.

We pay workers through mailed checks, direct deposit, and on cash cards, per their preference.

M. 1. Staff availability to ensure prompt answers to questions

Our Consumer Direct Vermont staff will be available to answer calls 8am-5pm Eastern Time. Our office hours can be adjusted should the state and participants indicate they prefer different hours of operation. Consumer Direct Vermont will be supported by our Customer Service Center during business hours to enable participants and employees to request guidance or resolve issues during those times. Our companywide policy is to return phone calls, fax communications, or emails within one business day.

M.2.-6. Processing and distributing payroll

Our sophisticated payroll systems enable payment to employees accurately on a bi-weekly basis (26 times per year). Payroll stubs will be available to employees via the online portal under their user profile. Detailed deduction and other payroll information will be detailed on all stubs, which can be delivered to employees either electronically or on a mailed pay stub depending on their choice of time submission. Signed authorizations for deductions will be maintained in the employee's electronic file and particular deductions are entered as part of business rules into our accounting and payroll systems. We will cease to deduct any amount from any employee's payroll in the event the employee is terminated from employment, no longer authorizes the deductions, or in the event a third party disallows deductions. We also have full-time staff dedicated to answering questions and concerns from individuals or employees if any arise during the process.

Managing Payroll, Stopping Payment on Checks, Off-Cycle payroll

When, for whatever reason, payroll is distributed inappropriately or a check needs to be re-issued, we are capable of stopping payment on issued checks and we maintain and log all payroll irregularities that occur due to any number of circumstances. Timely payroll for employees is essential for the success of a self-directed program. We understand errors are made and will be as responsive as possible to rectify an employee missing a paycheck. Checks can be expedited when re-issued and sent via first class mail. Consumer Direct processes interim payroll days for extenuating circumstances where the employee was unable to submit a timesheet due to technology failures, or other unforeseen reasons. We can also issue interim payroll if requested by DAIL. We will request written or verbal authorization from the employee to put a stop payment on issued checks and re-issue them, and will record such in the employee's file.

Returned employee Payroll Options or Vendor Payments

Should employee paychecks for wages earned via a DAIL or VDH program be returned to us, and we are unable to locate the employee with the assistance of DAIL or VDH, we will work within Vermont's statutory requirements and procedures established by the Vermont State Treasurer. We will establish this as a policy and procedure for Consumer Direct Vermont.

Current participant and program information for billing records

Due to the number of programs we operate within, we recognize the importance of maintaining current participant, program, and employee information as it pertains to submitting claims and processing payroll in the appropriate amounts. All participants, employees, and vendor files are maintained in an accurate, secure, and confidential manner. Our authorizations and billing teams match service authorizations directly to service/spending plans and participant/employee enrollment information, as well as to information in our CRM system, to verify that all information is uniform. In the event the participant information does not match the authorization or service/spending plan for any reason, our billing and authorizations team will support local Vermont staff in working with DAIL to resolve discrepancies and verify that participant information in our systems are correct. Information is verified prior to claims being generated and payroll being processed to avoid any inappropriate payroll processing or claims submission.

We look to DAIL for up to date authorization and service/spending plan information. In the event the authorization matches the service/spending plan information for the participant, a profile is generated in our systems and participant Employer Packets are generated along with a budget profile. In addition to using our internal controls to verify accurate participant information, we look to DAIL to help us become aware in the event a participant changes programs or another piece of their service/spending plan. Our Vermont staff will work directly with participants and their employees should needs for services change, thus keeping us informed of participant programs and enabling us to communicate directly with DAIL or ISOs regarding any revisions to care or service/spending plans.

M. 7. Payments for goods and services

Consumer Direct will process all requests for F/EA services payments, and payments for services provided by vendors or unlicensed providers, from the participants individual profile in accordance with the participant's service/spending plan for self-directed goods and services pre-authorized by the service/spending plan or the State or ISO. Pre-authorized goods and services are recorded and matched to third party or vendor payment requests to determine that amounts are authorized and for the purpose of generating spending/utilization reports. All requests are maintained in the CLE's electronic file. We currently process checks and other forms of payment to third parties in Montana, Idaho, the District of Columbia, and Wisconsin. We acknowledge that all self-

directed services budgets will ultimately be authorized by DAIL through service/spending plans and we will monitor service utilization in relation to the service/spending plan and spending plan developed for each participant. This is done by loading all authorizations into our claims processing system, enabling us to monitor service utilization and ensure that unauthorized services are not being provided. Consumer Direct is familiar with the dynamic Medicaid and state funding streams, and the notion that service approval is sometimes limited by such funding changes. We understand that DAIL may choose to add hours to previously established caps on services when necessary and in the interest of the well-being of participants. We acknowledge that approved caps or services may change per DAIL's guidance.

Vendor Invoicing

Consumer Direct is accustomed to paying vendors for the provision of a variety of services for participants enrolled in participant-directed programs. In accordance with applicable Global Commitment and Medicaid specifications, we will adjust our procedures for paying for goods and services specified by DAIL and the Waiver applications, to include assistive technology, supplies, transportation, respite, and other services authorized in the participant's service/spending plan.

Any vendors and individual providers referred to Consumer Direct will be vetted via appropriate processes approved by DAIL prior to being able to engage in a transaction for transportation, goods or services prior to providing care for participants.

Vendor Payments

Consumer Direct has a system in place to receive, process, and pay all non-labor related invoices including payment to vendors as specified in the CLE's service/spending plan. Invoices submitted to the office are scanned and recorded in our document management system. The invoices are processed by our data entry department where they are loaded into the accounting system. The natural integration into the accounting system ensures that all payments correspond to the correct plan upon payment.

Maintenance of Vendor Files, Processing Invoices

Once any vendor is registered in our system, the vendor will receive a vendor payment (VP) request form. After providing service, the participant approves the vendor payment form for services provided. All vendor payment requests and invoices are date stamped upon receipt by the Consumer Direct office and reviewed for completion and inclusion of necessary information. If there is missing or incomplete information, the Consumer Direct staff will contact the individual provider or participant (where applicable) by email and/or phone to collect necessary information and assist with correction. All requests, invoices, receipts or quotes will be maintained in the participant's electronic file.



In 2016, Consumer Direct successfully processed 12,366 payments for goods and services. Making any necessary adjustments to meet ALISA DSHS specific requirements, we will implement proven processes currently in place for other programs throughout the country.

All requests are date stamped upon receipt. Our staff will review the request for completion and accuracy and cross-check that the item/service is authorized in the participant's spending plan and funds are available. All requests, invoices, receipts or quotes will be maintained in the participant's electronic file.

The invoices are processed by our data entry department where they are loaded into the accounting system. The natural integration into the accounting system ensures that all payments correspond to the correct plan upon payment.

An example of our reporting for vendor invoices and payments is included in Figure 11.

Vendor Payment Report All Vendors

ACCEBEHA	x		1276 River St, Ste 100 , Boise, ID 83702			20-1773062	1/25/2017	4	\$1,864.31
Check Nbr	Check Date	Chk Amt	Doc Type	Clear Amt					
040563	1/25/2017	\$204.00	VO	\$0.00					
Acct	Batch Nbr	Ref Nbr	Inv Date	Tran Type	Tran Amt	Descr	Per Post		
52460	005860	042746	1/16/2017	VO	\$204.00	ACCEBEHA - 1070662 - 3289074	201701		
040488	1/18/2017	\$621.81	VO	\$0.00					
Acct	Batch Nbr	Ref Nbr	Inv Date	Tran Type	Tran Amt	Descr	Per Post		
52460	005845	042650	1/10/2017	VO	\$497.25	ACCEBEHA - 1070662 - 3285786	201701		
52460	005845	042651	1/6/2017	VO	\$124.56	ACCEBEHA - 1112586 - 3285849	201701		
040415	1/11/2017	\$525.00	VO	\$0.00					
Acct	Batch Nbr	Ref Nbr	Inv Date	Tran Type	Tran Amt	Descr	Per Post		
52460	005838	042507	1/2/2017	VO	\$518.50	ACCEBEHA - 1070662 - 3258175	201701		
52460	005838	042508	1/2/2017	VO	\$6.50	ACCEBEHA - 1070662 - 3258176	201701		
040357	1/4/2017	\$513.50	VO	\$0.00					
Acct	Batch Nbr	Ref Nbr	Inv Date	Tran Type	Tran Amt	Descr	Per Post		
52460	005824	042403	12/26/2016	VO	\$493.00	ACCEBEHA - 1070662 - 3255113	201701		
52460	005824	042404	12/26/2016	VO	\$20.50	ACCEBEHA - 1070662 - 3255114	201701		

Figure 11: Vendor Payment Report Sample

Consumer Direct will issue a check or an Electronic Funds Transfer (EFT) in the appropriate amount to the provider, and mail the check to the address indicated on the application. Vendor payment checks are processed weekly. Vendor Payment forms received by 5pm Monday will process the following Monday. Vendor payments are issued as a paper check and are sent via first class mail.

M.8. State and federal law wage compliance

Consumer Direct's Payroll team verifies that the employee's hourly wages are in compliance with federal and state wage and hour rules. At all times we will follow wage and hour laws through use of our time entry and accounting systems, which enables us to enter business rules for each locality in which process payroll for employees, to guarantee that wages and limits on hours are in line with wage law. Business rules prevent employees or participants from entering wages or time worked outside of labor and local program rules. Labor laws specific to each state and region where we work are incorporated into our employer and employment packets, and updated when regulations change.

Through our membership in the American Payroll Association our payroll department is regularly apprised of updates to wage and payroll laws, and of any regulatory labor, tax, or wage changes that might affect our operations. We also refer to the Federal Department of Labor (DOL) and the Internal Revenue Service (IRS), in addition to, of course, Vermont Department of Labor and Industry regulatory changes.

M.9. Compliance with terms of the CBA

Consumer Direct looks forward to working collaboratively with the AFSCME to ensure full compliance with the terms of the CBA between AFSCME-member employees and the state of Vermont. We will comply with all terms in our role as the F/EA for participants and their employees.

M.10. Compliance with DOL Home Care Rule

During employee enrollment, we will determine whether the employees are live-in workers as defined by the United States Department of Labor (DOL) and therefore exempt from overtime and process them accordingly. We monitor DOL regulations for changes, and will use our experience to meet requirements in this standard. We will comply with federal and state DOL wage and hour rules for regular and overtime pay.

M.11. Sick time accrual and tracking

Consumer Direct is familiar with calculating and tracking sick time for employees. Sick time is displayed on employee check stubs so employees are aware of sick time hours used in each pay period, year to date, and balance available. Currently sick time requests are submitted on timesheets via a specific service code or a separate timesheet. This creates a trigger to review the requested sick time hours against the available employee's balance. If hours are available the sick time will be processed and paid. If an adequate number of hours are not available, the time will be rejected and the employee and participant will be contacted.

We manage sick time in Washington DC and Arizona, which both have different accrual rates. We will implement similar processes to ensure compliance with the Vermont Department of Labor sick time rules. We are also able to display available funds for sick time on a participant's spending summary as shown below in the Spending Summary for our services in Washington, DC.

We will work with the State to ensure compliance and appropriate budget and billing best practices.

Name Full	EmpID	Sick Balance Hours	YTDUsed Hours
Jane Doe	123456789	4.45404	7
John Doe	159763683	4.7123	15.25
Jill Doe	946583156	8.27081	6
Jim Doe	123587953	6.68681	0
Joan Doe	984563814	10.84952	16
Jace Doe	123455984	0.36409	2
Jaime Doe	246581355	3.26976	0
Juanita Doe	546859816	5.95	8

Figure 12: Sick Time Summary Report

N. Tax Related Services

Consumer Direct operates in full compliance with all relevant Internal Revenue Service codes including Section 3504 of the IRS Code and IRS Procedure 70-6, as modified by IRS Regulation 137036-08, Regulation 137036-09, and IRS Procedure 2013-39. We have provided F/EA FMS services under this code since 2009.

As a F/EA FMS entity in nearly all of the states in which we operate, we are experienced at researching and incorporating varied state taxation requirements into our procedures to file taxes on behalf of employers. In addition to our existing internal controls regarding federal tax policy, we will establish Vermont-specific internal controls to oversee and monitor each task performed under the scope of this procurement in accordance with the formerly listed Sections of IRS code, procedures, and regulations. We will maintain procedures in accordance with Generally Accepted Accounting Principles (“GAAP”), IRS Code, and Vermont state laws regarding payroll taxes, filings, and payments.

State and Local tax laws, labor laws, employees' compensation laws

We stay on top of any changes at the federal or local level that might affect our service delivery on any level, to include labor, tax, employment, and employees' compensation laws. We invest time with our policy research, legal research, and local program staff to be sure we understand and interpret changes that come our way accurately, and we base changes to our operations on those sound interpretations. We do not hesitate to seek outside legal counsel in scenarios wherein we are unclear how to interpret or respond to a regulatory change. We have set processes in place for policy change absorption, clarification and research, and dissemination to operations and program teams, who oversee policy manual changes, communications to participants, and other aspects of incorporating new policies.

We rigorously follow and implement changes in regulations, procedures, and forms at the federal, state, or local level including those for tax, labor, immigration, and funding source. Changing labor laws both at a federal level, imposed by the DOL, and at the state and local levels are monitored by our policy analyst. When regulations change, our analyst disseminates relevant information to our operations team, the operations director, and our QI department. Upon notification, these program personnel update associated manuals and processes to reflect the newly updated law.

We also work to understand policy changes related to F/EA through use of the expertise of Applied Self Direction (ASD), which is the technical assistance (TA) and research arm for FMS entities across the nation. ASD was formerly a part of the Boston College National Resource Center for Participant-Directed Services (NRCPPDS), also a nationally recognized research and TA partner for FMS agencies. In addition to other outlets detailed above, we utilize our relationship with [Applied Self Direction](#) to remain up to date with labor laws and public policy related to FMS. In addition, we work closely with state advocacy and provider associations for more focused policy guidance when possible. When necessary, we consult with attorneys for guidance on specific topics related to the self-directed employment model.

Our multi-pronged approach to monitoring changes in regulations provides that we remain fully informed regarding labor practices. In response to the recent changes issued by the DOL, under the Fair Labor Standards Act (FLSA) regarding home care and domestic service employees, for example, we monitored and modified our practices to comply with the companionship and live-in employee exemptions and more. We will work collaboratively with each state agency to ensure that program policies and operations are in compliance with all relevant laws.

Compliance with regulations, standards directives, and statutes of the State

In addition to accessing traditional outlets mentioned above for policy guidance, we believe that being as connected as possible to our local communities helps us stay out in

front of policy changes affecting providers like us in the healthcare industry. we commit to connecting with local provider associations and/or advocacy organizations in the event we are awarded the opportunity to serve as the F/EA for Global Commitment and Medicaid services. In new states in which we operate, our local program staff are required to be as connected as possible to their communities. We look forward to integrating ourselves in the State and supporting participants and their Support Services employees in ways relevant to any Medicaid, State, legislative, labor, or employees' compensation changes they may experience throughout the course of their utilization of DAIL's participant-directed programs.

N.1. Preparation and mailing of forms and annual tax reports

In 2016, Consumer Direct processed over 26,000 W-2s. This speaks to our experience processing and distributing payroll, and withholding, filing, and paying related federal and Vermont taxes. We have policies and procedures in place to make determinations as to employees who are treated as exempt.

W-2 Form Distribution, W-5 processing

Consumer Direct prepares and issues IRS Form W-2 annually on behalf of individual employers. W-2 statements will, in accordance with IRS instructions, include relevant payroll and federal and state taxes for the prior year. Our policies and procedures for all of our programs in which we operate as a F/EA detail the timelines regarding when employees can expect to receive their W-2 forms. Income reported on W-2 forms reflects the employee's gross payroll for the total preceding calendar year. Our centralized payroll and human resources departments work diligently at the beginning of each calendar year to guarantee that employees and administrative staff receive their W-2 information by the required IRS deadline. A W-3 transmittal will be filed along with each employee's W-2s, in the aggregate, on an annual basis in accordance with IRS and Social Security Administration regulations.

Consumer Direct no longer distributes IRS Form W-5, Earned Income Credit Advance Payment Certificate, as the Education Jobs and Medicare Assistance Act of 2010 repealed the Advance Earned Income Credit effective in 2011.

N.2. Completion of IRS 941 deposits

Consumer Direct computes, withholds, files, and tracks Federal income tax withholding, Medicare and Social Security Taxes (FICA) for participants and their employees. Consumer Direct timely files IRS form 941, Employer's Quarterly Federal Tax Report and the IRS Form 941, Schedule R in the aggregate using the assigned FEIN as the F/EA for the participant. Additionally, Consumer Direct is a semiweekly schedule depositor and files IRS Form 941, Schedule B. Copies of all Forms filed and deposit verifications are maintained in Consumer Direct's electronic payroll files.

Consumer Direct will run a report at year end to determine which employees did not reach the FICA threshold for \$2,000. We are well equipped to follow IRS policy as to the changing nature of FICA withholding limits and update as per IRS rules annually. All employees under the \$2,000 threshold will be refunded the FICA taxes paid in at year end. The FICA taxes refunded will not be reflected on the annual W-2. Form 941X will be filed the following fiscal year to recoup the FICA taxes refunded. FICA deposit documentation on behalf of all participants is maintained in our electronic files.

N.3. Payment of workers' compensation insurance policy premiums

We have broad experience in navigating the complexities of workers' compensation insurance, as we provide this insurance for nearly all participant employees in a majority of our states. However, we understand that Vermont carries a single workers' compensation policy for all employees managed by the F/EA. In this case, Consumer Direct will incorporate the Vermont process and make payments into the single policy.

N.4-5. Completion and payment of any other employment- or payroll related forms and reports

Using our knowledge and experience as an F/EA, and working in collaboration with the state, we will file and pay any other employment-related federal and state taxes. We can create reports for the state, DAIL, or VDH as desired.

N.6. Preparation and mailing of IRS 1099 forms for independent vendors

When Consumer Direct receives a referral to include a new vendor for a participant, we will obtain a Form W-9 as needed, which will enable us to establish the vendor or individual within our system in the event they earn the threshold limit of \$600, at which point we are required to submit a Form 1099 on their behalf.

Individual providers who earn more than \$600 in a calendar year in providing services to a participant(s) will be subject to the application of a Form 1099. Any forms for individual transportation or other service providers will be maintained electronically in their vendor profile that we create for them upon initial vetting and agreement to refer participants for services.

N.7. Payment of actual unemployment claim costs

Consumer Direct is prepared to pay actual unemployment costs as forwarded to the vendor by the Vermont Department of Labor (Vermont DOL). Employees served by the F/EA are State employees for purposes of unemployment insurance only. Thus, the F/EA will not need to file multiple sets of unemployment premiums. The F/EA will be expected to file unemployment forms by program;

N.8. Participation in the annual Worker's Compensation Audit with the current policy carrier

Consumer Direct has the experience and capacity to work cooperatively with the state and the state's workers' compensation policy carrier to provide any needed information for the Workers' Compensation Audit. We employ a Risk Manager whose specific job is to work with and manage workers' compensation who will draw on that experience to participate in the annual audit.

N.9. FICA Refunds and Documentation

Consumer Direct will run a report at year end to determine all employees who did not reach the FICA threshold for \$2,000. All employees under the \$2,000 threshold in 2017 will be refunded the FICA taxes paid in at year end. The FICA taxes refunded will not be reflected on the annual W-2. Form 941X will be filed the following fiscal year to recoup the FICA taxes refunded. As with all other tax-related forms, documentation of the FICA refund is maintained in the employee's electronic file. Our payroll department is familiar with documenting FICA contribution limits, and it is our policy to discontinue FICA deductions once that limit is reached. In the event FICA contributions exceed established FICA limits, we will follow the appropriate process for refunding contributions in excess of limits to the employee and to DAIL, should the participant's portion of FICA contributions also need to be refunded.

O. Providing Information

O.1-3. Effective communication

At consumer Direct we pride ourselves on our outstanding communication and customer service skills. We instill this value at all levels. From those individuals working directly with participants and their employees, to those working with state agencies, to those individuals answering the phone, providing a top level experience is always our goal.

"Whenever I contact Consumer Direct I am treated with respect, professionalism and helpfulness, all in a friendly but businesslike manner. The customer service I receive from Consumer Direct is absolutely excellent, which is quite refreshing in these days of lack of or very impersonal service. It is always a pleasure dealing with Consumer Direct."

~ Consumer Direct 2016 Customer Satisfaction Survey respondent.

Customer Service Center and Customer Call Returns

Centralized customer service support provided by our Customer Service Center compliments our local program office and local program staff, and enables streamlined

service delivery and efficient operations behind the scenes. Through a centralized customer support structure that is combined with additional, available, local program staff, participants have access to Consumer Direct at any time for resolution of issues, and have the opportunity to form relationships with us near their homes and communities.

Call wait times and call handle times are one way we measure our customer service quality. Handle time, for our purposes refers to the time it takes Customer Service Center staff to either fully resolve an issue or escalate the issue to the supervisory level to ensure it is resolved. While handle time is included as a measurement of quality, the main objective for participant/employee contact at the Customer Service Center is to work toward resolution, rather than “rush” the caller off the phone in any way. Therefore, we include handle time as a relevant statistic with the caveat that our customer service is accessible, effective, and courteous, and that Customer Service Center staff are trained to fully resolve or instigate next steps for resolution while on the phone with the caller.

Consumer Direct’s Customer Service Center is the company wide service hub located in Montana. The Customer Service Center’s systems are designed and updated to respond rapidly to substantial increases or decreases in call volume with accuracy and care. Consumer Direct staff will be available for questions and technical support in a timely manner when needed. Our policy is to return phone calls and emails within one (1) business day.

User-Friendly Packet Content

We are accustomed to working with state staff to ensure the policy manuals and employee/employer packets we develop are in line with current programming and intent. With this collaborative method, we are able to develop accurate and user-friendly products. We will work with the incumbent provider’s enrollment information and, working collaboratively with DAIL and VDH, determine if or where improvements can be made. Our Vermont specific packet will be user-friendly, well organized, and written at a sixth grade reading level.

Participant Orientation Content

Participant Employer Packets and employee Employment Packets will be discussed in detail during orientation, and participants and employees will receive ample information to guide them to online trainings and resources should they require such after the orientation has concluded. Our Vermont staff, administrative staff, and Customer Service Center representatives will be available during normal business hours for additional training and to answer questions. All training materials will be available on the website should the participant or employee require ongoing training and ongoing access to refreshers.

Identification of participants in need of additional skills training

We provide additional customer support in times of transition for participants, and as-needed, to ensure participants have sufficient guidance to successfully self-direct. We provide a high level of customer service, meaning we get back to participants quickly and with real answers.

We have systems in place to identify instances of participant non-compliance with program rules, which we find occurs for a number of reasons. When participant-directed services are not being used effectively, additional targeted training is often the solution. Regardless of the reason for over or under spending or exceptionally high employee turnover, experience has taught us that a little extra support can make a huge difference for participants. In these scenarios, we make additional training available in modular form whenever possible in order to allow the participant to access all or part of the trainings at their convenience, or upon the state's request. We will assist coordinators in providing remedial skills training to correct any substandard performance identified, as appropriate, and have processes in place for escalation to state partners in the event participants continue to be non-compliant.

Translation and Interpretation, Alternate Print

Consumer Direct provides language assistance at no cost when requested, and may include both interpretation and translation and American (ASL) and International (IS) sign languages. Consumer Direct will utilize a TTY (or TDD) system for communication with participants or representatives who are hearing or speech impaired. Consumer Direct employs bilingual staff and we intend use a locally-based Small Diverse Business for translation and interpretation services and a telephone interpretation service. Our Customer Service Center employs both English and Spanish speakers. For the occasions when a participant or provider needs interpretation to a language other than English or Spanish, including American Sign Language, we provide interpretation services through TeleInterpreters. Additionally, our website can be translated into hundreds of languages using the Google Translate feature. We will provide written materials in large print and Braille upon request in a timely manner in order to expedite participant enrollment.

P. Claims and Reimbursement

Our Claims department will familiarize itself with Vermont's system for claims processing and management. We recognize the necessity of confidentiality of PHI and HIPAA compliance for each of our participants and their employees. As such, data is transmitted to and from the state agencies through secure FTP transmission.

P.1. Eligibility verification

We verify participant eligibility for the dates any services are provided, and leading up to the claims submission process. To establish data transfer and information transfer across

our systems, and to successfully integrate our claims submission processes, we will direct resources and attention toward the MA provider enrollment process, DAIL relations, and EVS provider trainings and manuals to ensure we have an accurate and comprehensive understanding of what is expected of us for the eligibility verification processes. Consumer Direct will submit batch ANSI 270/271 eligibility transactions through the Vermont Medicaid Portal or to DA/SSA/SISO.

P.2. Claims for reimbursement

Our billing and claims staff are accustomed to accommodating various claims submission systems. We are able to submit claims electronically through our Electronic Data Interchange (EDI) and our Customer Resource Management (CRM) systems. We will work with DAIL and VDH to adapt our systems to communicate with the state's various funding sources including Vermont Medicaid and DA/SSA/SISO.

We recognize and will incorporate into our policies and procedures the importance of keeping accurate records and filing claims accurately based on client information. We will ensure that billing records support the amounts of Medicaid and Core Program services claimed on the HIPAA-compliant electronic claim form.

Budgetary limits are important for stewardship of taxpayer dollars, safeguarding against fraud, promoting effective program management, and in the interest of good business. We understand that any claims submitter services rendered shall not exceed the applicable amounts included in the participant's service/spending plan.

P.3. Processing and resolution of denied claims

The foundation of our approach to dealing with claims issues is to apply a relentless focus on preparing and submitting only valid, payable claims. We submit only claims that are billed accurately, that pay accurately, and that represent genuine, approved services. This means having processes and methods at every point in the process to ensure transaction accuracy and integrity, from service delivery through to claims payment.

Though we strive to achieve a zero defect rate with claims and invoices, problems do occur. In the event of a denied claim, we will contact all involved parties within one (1) business day. We will continue to follow-up at least weekly and until resolved. We will use denied claims as a learning opportunity to improve our systems, and make the needed adjustments in the backend systems to allow correct billing to proceed as quickly as possible.

We understand that claims denied due to timely filing issues, and that are proven to be a result of our mistake(s) will be our responsibility. We will communicate actively with the State Medicaid Claims Agency to stay abreast of claims timelines.

P.4. Funding sources for different claims

We recognize the complex nature of Vermont's Core Programs, and that claims will need to be sent to different funding sources depending on the participant's program. We are both accustomed and equipped with a billing system that will allow us to efficiently process claims to the different source.

Q. Cash Flow

Consumer Direct will maintain sufficient cash flow for both payroll and non-payroll expenditures by having access to cash reserves and/or a large operating line of credit. Consumer Direct works with its bank to establish credit limits based on the needs and requirements of the programs.

R. Employer and Employee Enrollment

We have extensive experience both creating user-friendly and accurate enrollment packets from scratch, and adapting and improving existing packets. As an example of an Employer and Employee enrollment packet, we have included a copy of the packet we use to enroll F/EA participants as employers in Wisconsin (Employer Packet), and the packet we use to enroll employees in Wisconsin (Employee/Worker Packet).

These packet examples are evidence of our ability to meet all state and federal requirements to enroll a participant/surrogate as an employer, and the employees selected by the participant/surrogate. We will work with DAIL and VDH to adapt the incumbent F/EA packets as desired by the state.

The Employer Packet is included as [Enclosure G](#). The Employee/Worker Packet is included as [Enclosure H](#).

Once adapted to Vermont specifications by our implementation and operations teams, packets are maintained by our QI team, in collaboration with locally-based Vermont program staff. DAIL and VDH collaboration will be sought throughout our contract with the state.

S. Unemployment and Workers' Compensation

Consumer Direct will follow Vermont's Department of Labor (DOL) procedures to ensure coverage of eligible individuals under the group Workers' Compensation Insurance policy secured by the State.

S.1. Separate accounts

Consumer Direct will establish and maintain separate accounts with Vermont's DOL for each of the employee groups represented among the Core Programs outlined in this RFP.

S. 2. Reports relating to health insurance

As the F/EA, Consumer Direct will verify employment information on participant employees as requested. We understand that health insurance is not offered through any of the programs included in this RFP. Should that change, we will work collaboratively with the state to accommodate any required reports relating to health insurance.

3. Serve as the employer's representative with Vermont DOL

Should a claim be filed against an employer in which Consumer Direct's role as the F/EA is involved, we will provide representation to the employer from our human resources or risk management teams, as appropriate. We will do this in accordance with Vermont DOL and state procedures.

T. Training and Communication

T.1. State trainings

Consumer Direct is accustomed to attending various state trainings with the states in which we provide services. We appreciate the opportunity for advanced training from the state, and don't typically request reimbursement for actual expenses for these trainings. We look forward to discussing this arrangement further with DAIL and VDH.

U. Vermont Presence

Demonstration that Vendor Can Operate in Vermont

Consumer Direct is working with a Realtor in Vermont to establish an appropriate physical presence to support the provision of F/EA services. This will include meeting rooms and normal office space for personnel, network connectivity, supplies, clerical assistance, and administrative support. During operating hours, Consumer Direct staff will be available to conduct in-person meetings with participants, their surrogates and families, and employees.

Operating hours for our Vermont office will be 8am to 5pm, Consumer Direct Vermont will be supported by our Customer Service Center during business hours to enable participants and employees to request guidance or resolve issues during those times. Our companywide policy is to return phone calls, fax communications, or emails within one business day.

Consumer Direct observes seven holidays annually: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. We understand Vermont recognizes additional holidays, including the Battle of Bennington, and we will work with the state to accommodate the state's wishes on recognizing additional holidays.

ADA Accessibility

Our physical presence in Vermont will be compliant with all provisions of the Americans with Disabilities Act (ADA), including being handicap/wheelchair accessible. As is standard procedure for physical office locations across the country, we will make every attempt to ensure the office is easily accessible by public transportation.

Face-to-Face Meetings

Consumer Direct Vermont Program Manager, based in the Vermont office, will be available to meet with DAIL or VDH staff as needed. The Program Manager will have the authority to make decisions on behalf of Consumer Direct Vermont's operations.

V. Other Duties

V.1. Financial statements and reports

At Consumer Direct we utilize sophisticated accounting systems to produce and maintain the necessary financial statements. As noted throughout this response, we are accustomed and skilled at providing a range of reports to state offices, covering a wide variety of information. We will work collaboratively with DAIL and VDH to produce any reports desired.

Please see Required Content Section iv, Reporting Requirements, for further samples of reports.

V.2.-3. Reporting abuse, neglect or exploitation

Consumer Direct recognizes that, as a mandatory reporter in all of the programs we operate, it is important to maintain a system for reporting on abuse, neglect or exploitation. We will continue to work to protect participants included in the Core Programs, including participants who are children, participants with intellectual or developmental disabilities, and vulnerable adults in Vermont in accordance with the Vermont Statutes cited here, including Vermont Statutes Annotated Title 33, Chapter 69, and Vermont Statutes Annotated, Title 33, Chapter 49.

V.4 Reporting suspected fraud

We report any suspected or confirmed Medicaid fraud in all the states in which we work, and will do so in Vermont within two (2) days of receipt of a report of fraud.

We maintain a strong fraud prevention program that focuses on prevention, detection, and response. Steps for reviewing reports of fraud, abuse, or other related incidents involving participants we serve are highlighted below in [Figure 13: Reporting Fraud, Abuse or Neglect](#). Excellent participant education is the first step towards fraud prevention. We find that many participants don't know what fraud is, and when they have

been educated about Medicaid fraud, incidences of fraud decrease. We maintain a toll free Fraud Hotline, and offer training in both print and with a short video. Ongoing trainings to both staff and participants bolster our efforts to prevent Medicaid fraud.



Figure 13: Reporting Fraud, Abuse or Neglect

V.5. Securely maintain all timesheets, billing records, background check records and payroll records

All participant, employee, unlicensed provider, and vendor files will be maintained in an accurate, secure, and confidential manner for the required period of time as mandated by applicable Federal and State Rules and Regulations. Files can only be accessed by authorized personnel, once entered they cannot be deleted, and they are maintained on multiple secure servers. We maintain a sophisticated electronic filing system with elaborate procedures and monitoring to ensure that all appropriate individuals and other entities have information that is accurately filed and properly maintained at all times.

We will make any documents and records available to the state and any of its agents, including state auditors, for review and auditing, upon request.

Record Retention Procedures

Consumer Direct operates our local programs in full compliance with federal, state, and local record retention laws for a minimum of six (6) years, to include the storage and maintenance of files. Participant, vendor, provider and employee files and profiles are created in our internal customer relations management systems. Files can only be accessed by authorized personnel, once entered into our systems they cannot be deleted,

and they are maintained on multiple secure servers. We maintain a sophisticated electronic filing system with elaborate procedures and monitoring to ensure that participant, employee, provider, and vendor information is accurately filed and properly maintained.

Secure and Accurate Maintenance of Files

Consumer Direct is committed to safeguarding the privacy of health information in both electronic and paper formats. All employer, employee, and other related vendor or provider files will be maintained in an accurate, secure, and confidential manner and for the required period of time as mandated by Federal law and longer should DAIL or VDH deem an extended timeframe to be appropriate. Procedures are in place to prevent HIPAA security breaches for any data maintained electronically. In the event of an inadvertent security breach, processes are in place to report, document, and recover from the breach. Information is stored on multiple secure servers in different geographical locations to protect the information in the event of a disaster. Information is secure yet easily accessible by authorized personnel in the event of an inquiry or audit. We elaborate further on our data recovery processes in Section V.10 regarding Disaster Recovery.

V.6. Response to Complaints and Grievances

Consumer Direct tracks and responds quickly to all complaints. We provide participants, employees, and other community and contracting agencies with copies of Consumer Direct's Feedback Form. Feedback can be submitted via any of our state-specific websites, telephone or email. Participants and employees are informed of the complaint and grievance process during enrollment and Consumer Direct will assist with the form's completion upon request. Consumer Direct's operations director over Vermont will be the first to receive feedback forms or reports. The operations director then decides whether the feedback should be categorized and processed as a complaint. If a complaint, the operations director investigates what occurred along with any potential flaws in internal systems. If the complaint is resolved within five (5) business days, the operations director contacts the complainant and verbally acknowledges the complaint. The complaint is logged into CRM, the QI department is notified, and the operations director determines who needs to be involved to begin discussion of resolution. Our goal is to resolve the complaint as soon as possible.

"They make sure the problem is solved."

~ Consumer Direct 2016 Customer Satisfaction Survey respondent.

If no resolution is reached within five (5) business days, the operations director provides the complainant with both verbal and written notification that the complaint was received and gives an estimated date of resolution. The project manager or operations director,

with support from our operations staff, will then work with staff and other department heads to reach resolution and notifies the complainant of the outcome within ten (10) business days. If the complainant is not satisfied with the resolution, he or she can request that the complaint is reviewed by the operations director or the QI department. If requested to review the complaint, the operations director or QI team will provide resolution within ten (10) additional business days. All communication regarding complaints is tracked and logged in our CRM system, and the complaint resolution is logged and tracked by the QI department.

V.7. Establish a procedure to ensure that participants who live out of state will continue to receive the vendor's services when approved by the State.

Assuming the participant has received authorization for services from DAIL or VDH, Consumer Direct can process payroll for enrolled employees regardless of the state where the participant and/or the employee resides while submitting timesheets.

We are familiar with adding new state tax rules that affect employees and have done so most recently for the District of Columbia. Many employees serving DC participants live in Maryland or Virginia.

Given the extensive list of 30 states in which employees serving Vermont participants live, we will research states to determine which, if any, have tax reciprocity with Vermont. If no tax reciprocity with Vermont exists, the employee will be taxed in the state where he/she lives. Of the 30 states with Vermont employees, we currently have familiarity with eight of them. Those states where we currently pay employees which are included in Vermont's employee list are Colorado, Florida, Maryland, Michigan, Minnesota, Texas, Virginia, and Wisconsin.

Participants living outside of the state who are receiving authorized services will be supported remotely, either by telephone, by print and mailed enrollment and training documents, or with online training. Should a participant live in one of the 14 states where we serve other state agencies, a participant may choose to visit our office in that state for additional support.

As with in-Vermont participants, the payroll process will proceed as usual. Consumer Direct will review authorizations and enter into our accounting and reports server to create a user profile for the participant based on authorization limits. The participant's limits on services are indicated within the participant's employees' timesheet or loaded into the time entry system on our portal to prevent time entry outside of time limits.

The authorizations team will review all time submitted according to each particular program rules. Program coordinators will alert the state of any identified changes in eligibility, health condition, change to plan of care, etc, upon becoming aware of such changes.

V.8. Report newly hired persons

Our Payroll department will report newly hired employees to the Vermont DOL in accordance with the requirements set forth by the State under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Copies of New Hire Reporting will be maintained in employee's files.

V.9. Periodically produce reports

Consumer Direct is accustomed to meeting diverse agency reporting needs, including on-demand reporting of payroll and vendor checks, spending and expenses, training completion, and any other report required for Medicaid, the IRS, and state tax commissions.

Reports are deliverable in paper and electronic formats and are transmittable by secure FTP, the portal, email, electronic portable media, and standard mail. Reports are customizable according to DAIL and VDH's specifications, made available in real-time or as archived data dependent on DAIL and VDH's preferences.

V.10 Disaster Recovery Plan

Consumer Direct creates and maintains a comprehensive disaster recovery plan (DR Plan) for all electronic records and files to prevent loss of information and interruptions in the use of information processing systems. DR Plans are prepared for all operating entities in the Consumer Direct Care Network, the headquarters facility, and all operating office locations. The separate plan documents complement each other, share the same format, and create an all-inclusive approach for effectively handling a variety of disasters and ensuring continuity of service delivery.

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 Consumer Direct Colorado
 Business Continuity Plan**

*Consumer Direct Management Solutions - Business Continuity Plan
 Published June 2017*

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Figure 14: Disaster Recovery Plan Table of Contents Sample

DR Plans are prepared compliant with agency requirements and in the format depicted above. In the above Figure 14, we show the table of contents for our DR Plan in Colorado. Every plan addresses three levels of disaster situations: interruptions of 24-hours or less, interruptions of three-days or less, and interruptions of more than three-days. Actions to restore services are different in each situation, and those distinctions are expressed in the DR Plan. Operations staff are trained on methods for handling disaster situations on a regular basis.

Our documented and regularly-tested Business Continuity Plan ensures continuity of operations and recovery of hardcopy and electronic records. Business Continuity Plans are established separately for the corporate headquarters and each of the operating offices across all Consumer Direct companies. The plans address the specific recovery protocols and methods, by location, and by business function, and also the necessary

procedures based on the severity of an incident (brief outage, multi-day outage, extended outage). Consumer Direct maintains a resilient information processing capability by operating redundant data centers, servicing internet traffic across multiple carriers, and by minimizing the amount of data stored on non-redundant platforms. The methods of delivering 'high availability' follow industry standards and best practices.

Consumer Direct will meet DAIL's expectations for file backup, retention and continuity as described in our Business Continuity Plan is described in detail as follows.

Backup and recovery plans for maintaining operations

The Business Continuity plan describes designated personnel functions in the event of an emergency, and persons designated as responsible for fulfilling key functions should any of our systems fail or personnel become unavailable. Potential occurrences that might impact business operations under consideration in our plan include power failures, utility grid failures, facility lockdowns, internet failures, telephone failures, or overall facility disasters rendering the space unusable for a variety of reasons. For each of these scenarios, we have internal and external staff designated and trained to respond quickly should any of the aforementioned events occur. External staff are designated from each of our business affiliates who supply any portion of our operating infrastructure and networking technology, from our Tier-1 partners such as Microsoft and Dell, to our Tier-2 service providers such as local office supply and facilities maintenance. All companies listed as playing an integral role for our infrastructure are included in our Business Continuity plan and are aware their cooperation will be required should unforeseen occurrences require assistance to get some function of our business operations back online as quickly as humanly possible. The goal for this detailed Business Continuity Plan is to maintain regular and scheduled payroll for employees and FMS services for participants with no interruptions.

Backup and disaster recovery systems, architecture, capabilities

We have two data centers – one in Missoula, Montana and another in Lynnwood, Washington. The data centers operate and are monitored 24-hours a day, capturing 100% of data transmitted. The data centers provide services to handle data, voice, network, program management, and financial management services. This IT infrastructure is designed to be secure, highly available, redundant, and scalable in both data centers. Should disaster strike the local Vermont office, Consumer Direct staff can access the necessary information from multiple offices across the country and will be able to maintain operation with little interruption.

Continuation of critical business operations, protection and security of data

In the event of a system outage, all files will be maintained in a secure and confidential manner and for the required period of time as mandated by applicable federal, State, and

DAIL rules and regulations. Additionally, procedures are in place to prevent Health Insurance Portability and Accountability Act (HIPAA) security breaches. In the event of an inadvertent security breach, executed processes will report, document, and recover from the breach. Information is stored on multiple secured servers in different geographical locations to protect the information in the event of a disaster. Information is secure yet easily accessible by authorized personnel in the event of an inquiry or audit. We commit to making any participant or employee records requested by DAIL available and to transferring the files securely via our secure File Transfer Protocol (FTP) site.

4. Annual Updates on Disaster Recovery Plan and Testing Process

Consumer Direct updates our Business Continuity Plan annually, and will continue to do so in a format as approved by DAIL. In the event of contract award, we will incorporate our local Vermont program office, and any associated systems or business affiliates providing critical network or infrastructure support, into the documented procedures. As with all other companies, we will designate internal and external staff for these locations to plan for continuous systems and business operations specific to DAIL's Waiver and Medicaid program, in the event of an emergency. The full Business Continuity Plan will reaffirm our testing processes and illustrate consistency in file security and recovery throughout unforeseen disasters. We will submit results of our testing to the state. Should the state request any changes to testing frequency or update formats, we will provide such.

W. Evaluation and Performance Measures

Consumer Direct constantly re-evaluates our processes. We welcome feedback, both internal and external, in our ongoing quest to improve our services, and improve the success of participants to self direct their care as an employer of their in-home care employees.

W.1. Accuracy and timeliness of payroll and billing practices

Ongoing data review allows us to continually improve our overall performance both in existing and new companies. Our QI department works with other Consumer Direct departments such as F/EA, claims, and payroll to guarantee respective files meet all company, state, contractual, and federal requirements.

In our 27-year history, we have successfully and consistently met payroll deadlines. We have procedures in place to ensure accuracy and timeliness in payroll processing. On occasion, we are requested to run an off-cycle payroll. We understand the fundamental importance of ensuring that employees are paid, and will do what is necessary to get a payroll payment to that employee. No self directed participant will be successful if his or her worker is not paid accurately and on time.

W.2-3. Success with participant and employer education, including cultural sensitivity

Assessing our success with participants and employer training begins with knowing that participants understand their role as employers, and embrace the responsibilities that come with that role. When participants and employees are submitting timesheets successfully, we can be confident that enrollment and training procedures are on track.

We survey participants annually. The full Customer Satisfaction Survey is included as [Enclosure F](#). Within that survey are questions relating to payroll timeliness and accuracy, cultural competency of our staff, and overall satisfaction with the program.

W.4 Stakeholder and community expectations

Consumer Direct strives to maintain open and transparent communications with all parties. We are proud of the relationships we have established with state partners through the country, and will look forward to learning more about Vermont's programs, their participants, and how to help grow self direction in the Green Mountain State.

One of the ways we maintain stakeholder engagement is through our Peer Network. We engage a nationwide group of participants to obtain feedback on our customer service and user experience. The Peer Network is comprised of participants from around the country who use our self-directed services, and is facilitated by our Community Relations Coordinator, Darren Larson, who is also a user of self-directed care in Montana. Feedback and ideas generated from the Peer Network's ongoing blog communications and quarterly conference calls are delivered to our Executive team, and considered in ongoing program operations around the country.

Vermont's participants will be invited to join the Peer Network. Participation is voluntary. For those who enjoy offering feedback and visiting with people across the country, the Peer Network offers a unique opportunity for participants.

W.5 Ability to identify errors/fraud/hours exceeding authorized limits

As has been detailed in sections relating to time entry and payroll processing, participant profiles are created or modified based on authorizations. Time entry auditors monitor time entered against the profile on whether the participant submits timesheets through the portal or with a paper timesheet. Errors can be identified at every stage of the process prior to time being accepted, prior to payroll being processed, prior to claims being submitted.

Given the complexity of Vermont's programs, when we set up each program within our system, we will create business rules for processing time. This both ensures payroll accuracy, and prevents fraudulent time submission.

On occasion, we will find some participants who either are unable or unwilling to follow program guidelines and rules in how to complete and submit timesheets. On those



occasions, we will consult with DAIL and VDH to determine the best strategy and outcome for that participant.

iv. Reporting Requirements

Consumer Direct meets diverse agency reporting needs for all of our agency partners. Available customized reports include on-demand reporting of payroll and vendor checks, current and historical spending utilization, and any other report required for Medicaid, the IRS, and state tax commissions.

Reports are available online to stakeholders 24 hours a day, 7 days a week online through our portal. Reports are also available in paper and electronic formats, and can be mailed or transmitted through secure FTP, email, or electronic portable media. Reports can be customized to DAIL's and VDH's specifications, made available in real time or as archived data depending on your preference.

Consumer Direct monitors budget utilization regularly and notifies participants of any budget concerns. Our personnel are available to support participants and DAIL or VDH staff with questions or to assist.

We maintain all participant, surrogate and employee information in our sophisticated CRM system to allow us to produce utilization reports based on any criteria. Several reports have been mentioned and indicated in the RFP.

We have included:

- Spending summary report, Figure 6, page 40
- Payroll detail report, Figure 7, page 40
- Vendor payment report, Figure 11, page 54
- Sick time summary report, Figure 12, page 56

Consumer Direct is accustomed to working with the state when particular reporting needs arise. We look forward to working with DAIL and VDH to develop other reports of special interest to the state.



v. Certificate of Compliance

RFP/PROJECT: F/EA Self Directed Services for DAIL and VDH

DATE: September 5, 2017

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CERTIFICATE OF COMPLIANCE

For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.

- A. **NON COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.
- B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.
- C. **FORM OF PAYMENT:** Does Bidder accept the Visa Purchasing Card as a form of payment?
 ___ Yes No

D. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds \$250,000.00.

Self-Reporting. Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

Consumer Direct has nothing to report.

Summary of Detailed Information	Date of Notification	Outcome

Subcontractor Reporting. Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.



RFP/PROJECT: F/EA Self Directed Services for DAIL and VDH

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E. Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification

Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
 - Energy Star® Certification
 - LEED®, Green Globes®, or Living Buildings ChallengeSM Certification
 - Other internationally recognized building certification:
 - 100 Consumer Direct Way, Missoula, MT, 59808. Consumer Direct headquarters for approximately 200 staff. Building opening May 15, 2017.
 - ✓ Energy Star Certification application in process (requires 12 month utility bills to complete)
 - ✓ Green Globe – application pending

2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:
 - ✓ Northwestern Energy – Efficiency Plus for high efficiency cooling equipment in new construction

Please Check all that apply:

 - Bidder can claim on-site renewable power or anaerobic-digester power (“cow-power”). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
 - Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
 - ✓ Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
 - Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? _____
 - Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc..
 - Bidder offers employees an option for a fossil fuel divestment retirement account.
 - Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:

4. Please list any additional practices that promote clean energy and take action to address climate change:

Consumer Direct building at 100 Consumer Direct Way in Missoula includes recycling program, lighting system with occupancy indicators (automatically turns off lighting), high efficiency appliances, and ground water cooling system.



RFP/PROJECT: F/EA Self Directed Services for DAIL and VDH

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F. Acknowledge receipt of the following Addenda:

Addendum No.: RFP Fiscal Agent Employer V10 Addendum Dated: 7/18/17

Addendum No.: Fiscal Employer Agent RFP Questions 1 Dated: 8/15/17

Addendum No.: RFP Fiscal Employer Agent Addendum UPDATE TO TIMELINE Dated: 8/22/17


Addendum No.: Fiscal Employer Agent RFP Questions 2 Dated: 8/22/17

Bidder Name: Consumer Direct Care Network Vermont Contact Name: Ben Bledsoe

Address: 100 Consumer Direct Way Fax Number: 406.541.7058

Missoula MT 59808 Telephone: 406.532.2001

E-Mail: benb@consumerdirectcare.com

By:  Name: Ben Bledsoe
Signature of Bidder (or Representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCE

vi. Price Quotation/Proposed Reimbursement

Per Participant Per Month Cost Proposal

Consumer Direct proposes \$80 per participant per month to meet the required scope of work for each of the DAIL and VDH programs in this RFP.

Background checks or DMV records requests will be billed to the state at cost.

Additional Work

Depending on the request and type of personnel required to complete the request, we will collaborate with the state to determine a fair and reasonable price. For instance, we have built a provider directory for the State of Colorado, and were able to come to an agreed-upon rate for our services.

Cash Flow

At this time, Consumer Direct does not foresee any cash flow requirements.

Preferred: Electronic Visit Verification and Secure Documentation Solution

Consumer Direct delivers electronic timekeeping and electronic service delivery data capture through a custom web portal and a variety of EVV platforms, and does so in states with characteristics similar to Vermont in that they have both urban centers and rural areas with limited or no internet access. We recognize Vermont's interest in moving purposefully toward the 21st Century Cares Act implementation date while being sensitive to traditional participants who will require a highly-intuitive and accessible system for successful implementation, and the needs for payers to collect critical service delivery information. Our solution delivers to those needs now, with a comprehensive and flexible platform that addresses Vermont's specific requirements.

The system we have in place provides online services to participants/surrogates, workers, case managers, support coordinators, and administrators. Access to our system is role-based, meaning every user is associated with a specific role, and that role has access to only certain types/amounts of information. For instance, a case manager would have access to their participants' information, while a participant's access would be restricted to their information.

Secure Access Through Multiple Methods

Our multi-tiered, secure web portal provides more than basic time entry/time approval functionality. The portal supports participant and employee communications including employee documentation with narrative opportunities in which the employee may describe services performed during the time periods indicated on the employee's timesheet. The portal also allows mileage entry/approval, service delivery documentation (tasks, notes, and comments), a secure messaging center, access to reports and forms, and electronic visit verification (EVV) integration. The portal is compatible with popular accessibility software including JAWS, DRAGON, and ZoomText.

Consumer Direct's web portal and financial processing systems are capable of interfacing with many of the existing EVV solutions currently on the market, including FirstData's AuthentiCare, Sandata, and CellTrak, for example. Since EVV platforms vary in complexity, features, and (especially) cost, our approach to EVV integration is to provide a flexible interface to any EVV service and, at a minimum, consume the transactions from that platform, and then beyond that, to integrate features such as scheduling, eligibility verification, utilization tracking, etc., to the extent possible, depending on the features/capabilities of that particular EVV platform. At a minimum, EVV platforms must address the Cures Act requirements and capture type of service performed, the individual receiving the service (the employer), the date of service, the location of service delivery, the individual providing the service (the employee), and the time the service starts and ends.

The service delivery transactions entered via EVV, the web portal, or through paper timesheets are subjected to the unique business rules for the particular program and payer involved. These workflows can be complex, such as requiring task information by shift, or applying plan-of-care constraints. Business rules are run in real time, checking for service authorization, available budget, participant and employee eligibility, and approved pay/bill rates. The portal workflows are designed to ease entry by employee (enter, save, submit, copy schedule forward) and ease approval by participant (approve, reject with note). The goal in the time entry/approval process, regardless of the entry point, is to optimize the accuracy and security of the transaction in an easy-to-use interface. We have worked with our participants using early versions of our portal to improve user-friendliness and accessibility, thereby continually improving the user experience.

Cures Act Compliance Today

Consumer Direct supports Cures Act-compliant EVV today. As desired by DAIL and VDH, we offer flexibility and adaptability in the selection of an EVV platform. Our portal is flexible in its configuration of the timekeeping workflows, and flexible in optimizing the user experience. We look forward to working collaboratively with DAIL and VDH to initiate operations with EVV in operation (using our platform), or in developing that capability and workflow by adopting a DAIL- and VDH-preferred EVV platform.

Consumer Direct is continually improving the web portal and adding functionality. We have recently added four major features, all improving the customer service experience:

- Plan of Care: capability to shape the service delivery experience by defining the time (day of week, time of day) specific services can be delivered (or not delivered), and their approved amount.
- Custom workflows: configurable workflow to incorporate configurable task entry, shift notes, custom attestations (both employee and participant), and hospitalization periods.
- Messaging Center: a powerful platform for exchanging data with portal users, inside the portal's security boundary, allowing PHI and confidential information to flow without risk of disclosure.
- Notification capability: a workflow to send notices to portal users (via the Messaging Center or to personal email/text) about transaction processing activity/results that initiated in the portal, or in other backend systems (such as payroll).
- Planned initiatives for the web portal include delivering more information for workers and participants (via the Messaging Center), integrating vendor payments (from transaction entry to payment), and more extensive EVV integration (as EVV service providers expand capabilities).

Delivering an optimal user experience in the web portal is a continual challenge. Users want a quick and seamless process; payers and policy makers want more data and more controls. Those two factors don't necessarily mix well, but they can be addressed with success, as demonstrated in the Consumer Direct web portal. In addition, users are demanding more functionality be delivered on a mobile device, especially a smart phone, which highlights the need to capture necessary functionality in a lightweight interface.

Our portal is flexible and adaptable and has a track record in a number of states with urban/rural characteristics including Arizona, Idaho, New Mexico, Michigan, Texas, and Wisconsin. For instance, in New Mexico, there are large sections of the Navajo Nation that have minimal internet service. In rural areas, it more likely a participant and their employee will rely on a portable device. In addition to employing our own portal capabilities in New Mexico, we also working with EVV vendor FirstData in that state.

Our portal is HIPAA compliant, encrypted, secure, and confidential. We understand there are participants, family members and others who may have concerns about ease of use of a web-based technology. We will assist and train all users to the portal, and are accustomed to working with people who may have some reluctance to learn it. We will work with those participants and surrogates and bring them to a place of comfort with a technology-based time keeping solution.

A key feature of the Consumer Direct web portal is the capability to collect a broad set of service delivery documentation. The web portal can capture program-specific task information (occurrences per day or check-off), service delivery information conforming to program-specific questions (narrative descriptions of service event), or comments per shift. The following screenshots highlight the flexibility and configurability of the Consumer Direct web portal in collecting service documentation.

Role-Based Access

The web portal uses a role-based access framework to shape the information and services exposed to a portal user. The screenshot below shows the self-service registration screen for the portal, with the dropdown box for role selection opened. Users can register at their convenience using an email address as the user identifier and setting a unique password. User accounts are verified by Consumer Direct before activation.

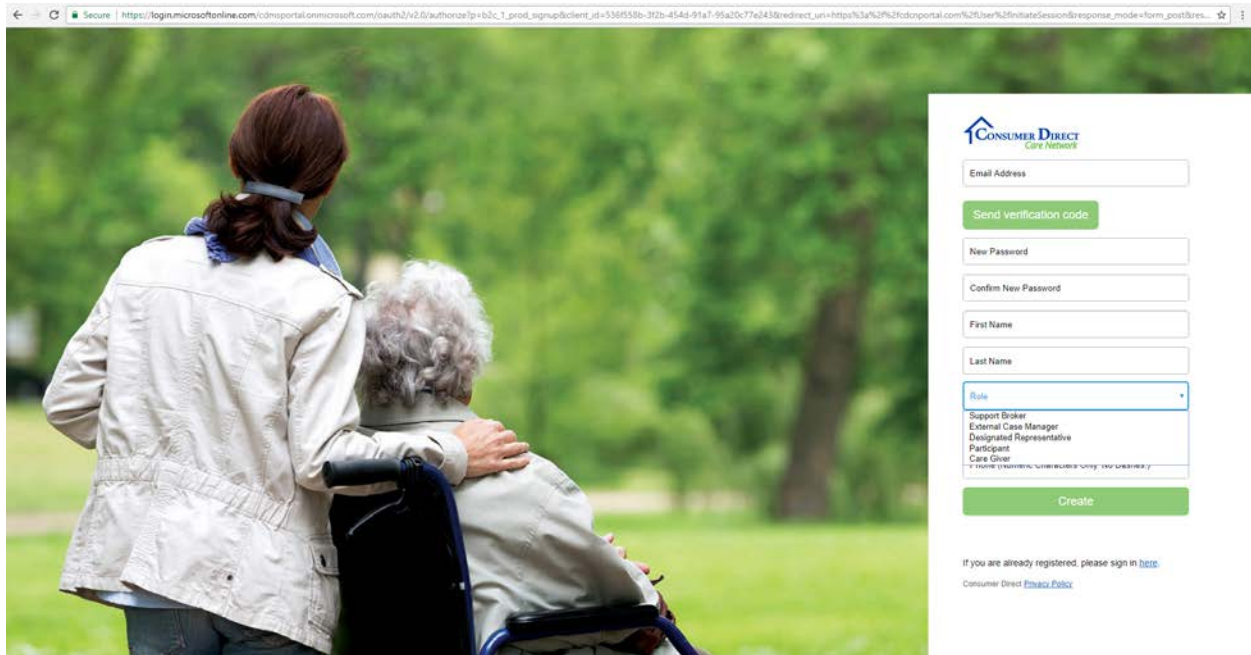


Figure 15: Registration with Roles

A user's role is maintained in the user profile, as highlighted in the screenshot below.

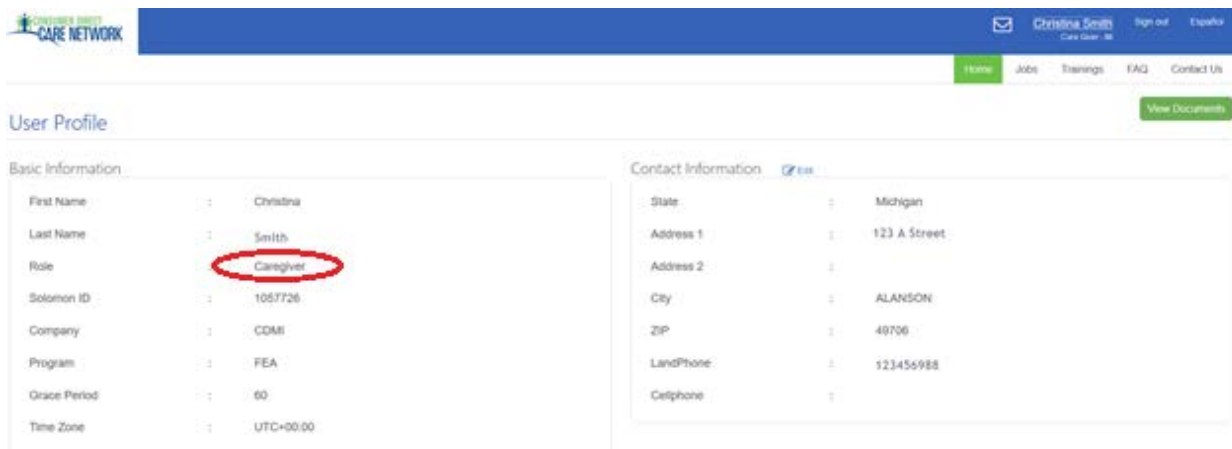
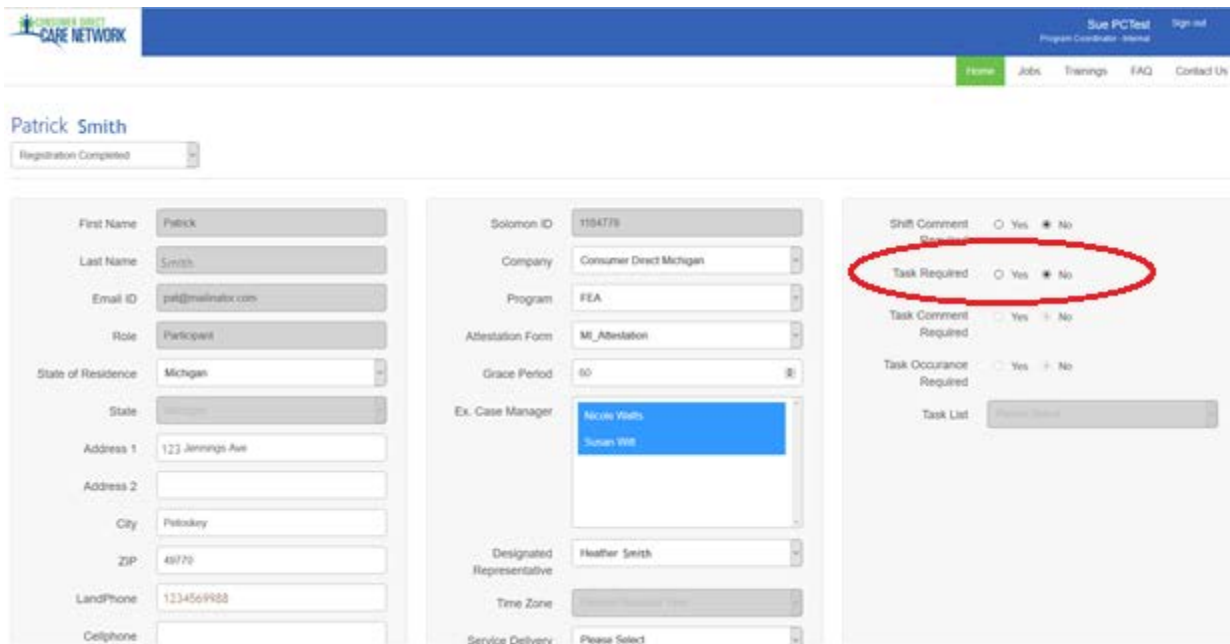


Figure 16: Roles seen in User Profile

Service Documentation Options

A key process requirement in many Medicaid programs is the capture of task information for the service delivery event. Consumer Direct delivers a configurable task framework in the portal to address this diverse need. Tasks can be required as part of the time-entry process, or they can be omitted. Tasks can be recorded in the number of instances of a task performed (such as meal-prep conducted 2 times), or they can be recorded as a check-off (delivered yes/no). Task workflows and task descriptors are configured

uniquely by program and payer. The following screen shot highlights the user profile specification that, for user Sue PCTest, tasks are required.



Patrick Smith
Registration Completed

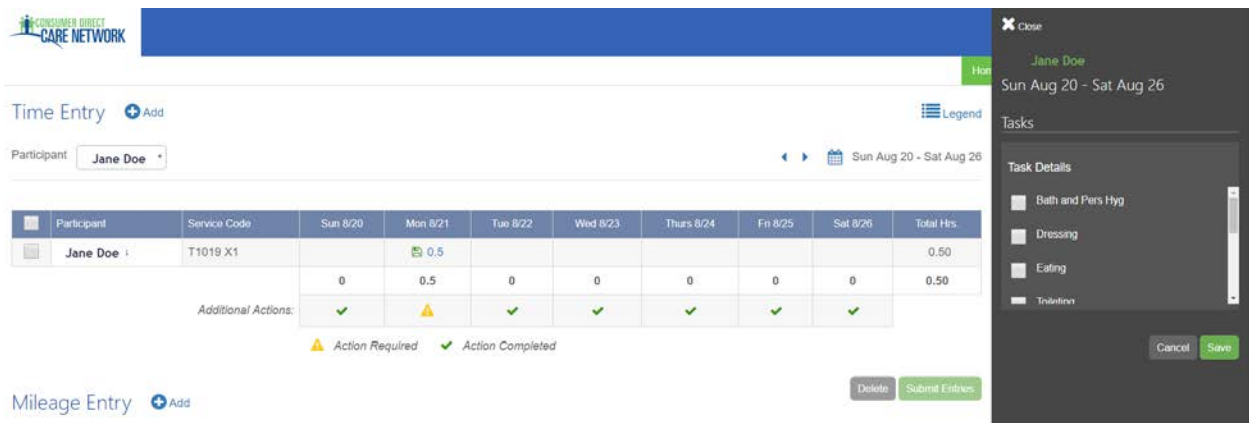
First Name: Patrick
Last Name: Smith
Email ID: pat@malinax.com
Role: Participant
State of Residence: Michigan
Address 1: 123 Jennings Ave
City: Petoskey
ZIP: 49770
LandPhone: 1234567890

Solomon ID: 1194778
Company: Consumer Direct Michigan
Program: FEA
Attestation Form: MI Attestation
Grace Period: 60
Ex. Case Manager: Nicole Wells, Susan Will
Designated Representative: Heather Smith
Time Zone: Eastern Standard Time
Service Delivery: Please Select

Shift Comment Required: Yes No
Task Required: Yes No
 Task Comment Required: Yes No
 Task Occurrence Required: Yes No
 Task List: Please Select

Figure 17: Example of Task Setup Options

The recording of task information is performed during entry of a service delivery event (shift). The following screenshot demonstrates the user interface for recording a task list configured as a ‘check-off’ list. The task entry panel (charcoal-colored segment) in the time entry screen is a ‘fly-in’ that appears only when task recording is required.



Time Entry + Add
Participant: Jane Doe
Sun Aug 20 - Sat Aug 26

Participant	Service Code	Sun 8/20	Mon 8/21	Tue 8/22	Wed 8/23	Thurs 8/24	Fri 8/25	Sat 8/26	Total Hrs.
Jane Doe	T1019 X1	0	0.5	0	0	0	0	0	0.50
Additional Actions:		✓	⚠	✓	✓	✓	✓	✓	

Legend: ⚠ Action Required, ✓ Action Completed

Mileage Entry + Add

Task Details:
 Bath and Pers Hyg
 Dressing
 Eating
 Toileting

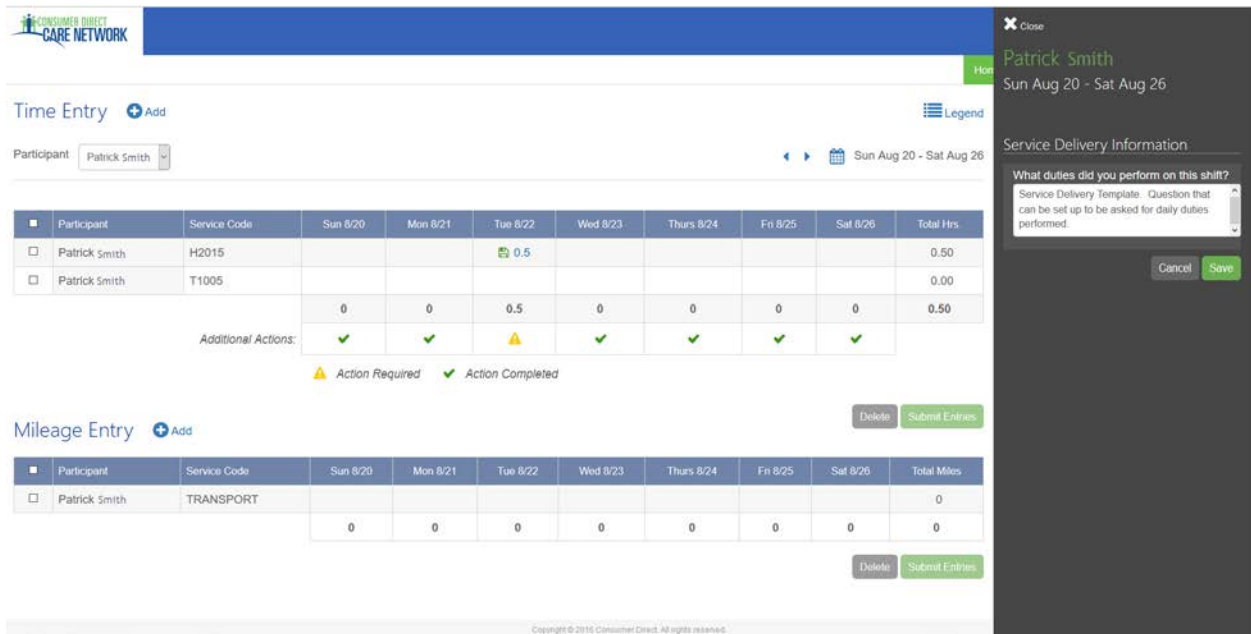
Buttons: Delete, Submit Entries, Cancel, Save

Figure 18: Example of Task List

Service Delivery Questions

Service delivery documentation can include the capture of narratives for specific and configurable questions. For example, the following screenshot requires a response to the question of “What duties did you perform on this shift?” These service delivery questions

can be required or omitted from time entry processes, and multiple questions can be listed. The question/answer entry panel (charcoal-colored segment) in the time entry screen is a ‘fly-in’ that appears only when service delivery questions are required.



Time Entry + Add Legend

Participant: Patrick Smith Sun Aug 20 - Sat Aug 26

Participant	Service Code	Sun 8/20	Mon 8/21	Tue 8/22	Wed 8/23	Thurs 8/24	Fri 8/25	Sat 8/26	Total Hrs
Patrick Smith	H2015			0.5					0.50
Patrick Smith	T1005								0.00
		0	0	0.5	0	0	0	0	0.50
Additional Actions:		✓	✓	⚠	✓	✓	✓	✓	

⚠ Action Required ✓ Action Completed

Mileage Entry + Add Delete Submit Entries

Participant	Service Code	Sun 8/20	Mon 8/21	Tue 8/22	Wed 8/23	Thurs 8/24	Fri 8/25	Sat 8/26	Total Miles
Patrick Smith	TRANSPORT								0
		0	0	0	0	0	0	0	0

Delete Submit Entries

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Figure 19: Example of Service Delivery Questions

Plan of Care Specification

The Consumer Direct web portal provides the capability to ‘shape’ the service delivery process through definition of a plan-of-care (POC). The POC is specific to a participant and can control the entry of shift information to certain days of the week, to certain times of the day, and in certain amounts. The following screenshot depicts the variables used to define a POC.

Participant: Jeannie Smith

Plan of Care Template: M POC

Plan of Care Description: Test MPOC

Start Date: 01-August-2017

End Date: 31-August-2017

Max Hours Weekly: 40

Max Hours Monthly: 960

Core Hours Enable

Day	Start Time	End Time
Sunday	8:00 AM	5:00 PM
Monday	8:00 AM	5:00 PM
Tuesday	8:00 AM	5:00 PM
Wednesday	8:00 AM	5:00 PM
Thursday	8:00 AM	5:00 PM
Friday	8:00 AM	5:00 PM
Saturday	8:00 AM	5:00 PM

Allow override with comments

When Service Code Can be used + Add Rule Enable

Service Code: ServiceCode1

Start Time: 8:00 AM

End Time: 5:00 PM

Max. Hours: 40

Figure 20: Plan of Care Template

Our service documentation solution approach provides a powerful set of features for DAIL and VDH to leverage in efforts to address program integrity vulnerabilities. Combined with a low-cost EVV solution, the Consumer Direct solution delivers a Cures Act-compliant system that is user-friendly and rich in service delivery data.



Enclosure A: Resumes of Key Personnel

Ben Bledsoe | President and Chief Executive Officer (CEO)



Ben developed his expertise in home and community-based services through education, experience, and hard work. After obtaining his bachelor's from the University of Virginia, Ben successfully completed two-years of Peace Corps service in Tonga, and went on to receive a master's in health administration. Starting out at Consumer Direct as a caregiver in 2004, Ben quickly applied his compassion for people and interest in business efficiencies to roles across the company including human resources and program management. Five years after being named CEO, Ben remains committed to ensuring all individuals have choice and control over the lives they lead.

Having worked his way up from an entry-level caregiver to president and CEO of Consumer Direct, Ben has a comprehensive understanding of service provision that is rare in today's healthcare industry. In 2006, Ben served as manager of Consumer Direct Care Network's program in Arizona, then returned to Consumer Direct's Missoula headquarters in 2009 to be vice president and eventually president and CEO. Ben's international, executive, and practical field experience has helped Consumer Direct thrive as today's self-direction services industry leader.

Education

- M.S. Health Administration, Kennedy Western University | 2006
- B.A. Sociology, University of Virginia | 1999

Current Position

President/CEO | Consumer Direct Management Solutions | 2012-Present

- Directs vision and goals for national family of home-based care companies
- Responsible for finances and operations of nineteen (19) companies in thirteen (13) states with cumulative annual revenues of more than \$225 million
- Maintains relationships with federal, state, and local government officials, appointees, and staff
- Collaborates with national and local managed care organizations on partnerships and new services
- Presents company initiatives and opportunities at large and small scale events
- Makes and approves policy, personnel, investment, and strategic decisions
- Supervises team of high-level executives
- Reports to owners and board of advisors



Employment History

Vice President | Consumer Direct Management Solutions | 2009-2012

- Managed quality assurance measures for twelve (12) affiliated companies
- Responsible for operations of nine (9) companies in multiple states
- Implemented internal review procedures and tools
- Developed fraud prevention program
- Tracked and trended complaints, compliments, incidents and system issues
- Supervised electronic documentation systems and reports
- Supervised risk management, human resources and program development departments
- Lead responses to requests for proposals (RFPs) and identified new business opportunities
- Chaired quality improvement committee
- Oversee special projects

Program Manager | Consumer Direct Personal Care | 2006-2009

- Developed self-directed models of personal care in Pima, Santa Cruz, and Maricopa Counties
- Initiated FMS services for several counties
- Communicated and collaborated with local and state program officials
- Assisted in securing contracts around the State
- Maintained operations and cohesion of Arizona offices including financial, procedural, regulatory (local, state, and federal), and human resources components
- Managed and supervised office supporting more than 350 employees
- Extensive knowledge of Medicaid's Personal Care programs

HR Associate | Nightingale Nursing and Caregiving | 2004-2006

- Trained in hands-on personal care of over 50 developmentally, physically, mentally, and emotionally disabled client.
- Conducted company orientation for all new employees
- Handled newspaper and online advertising of open job positions
- Audited timesheets for Medicaid payment
- Responsible for emergency, on-call tasks
- Safety committee member
- Skilled at general office equipment and computer use

Beth Peterson | Chief Operating Officer (COO)



Beth joined Consumer Direct in 2010 as a program manager, and has since managed the operational implementations of several new state programs along with ongoing supervision of operations in 14 states and across 20 service companies. She began her career working to improve the care of individuals with a developmental disability. She has more than 15 years' experience managing financial management and supports broker services. She is a certified trainer for person-centered planning. Her FMS experience includes management of service delivery, billing, accounts payable, and payroll. Beth received her bachelor's in psychology from College of St. Benedict and advanced studies from St. Catherine University.

Education

- Bachelor of Science, College of St. Benedict | 1987-1991
- Post-Baccalaureate Education, St. Catherine University | 1993-1994

Current Position

Consumer Direct Management Solutions | 2013-present| Chief Operating Officer

- Oversee program operations of companies providing services in 13 states
- Develop and implement policies and procedures
- Service development and implementation
- Customer Service & relations
- Training and development of person centered planning techniques and philosophies

Employment History

Consumer Direct Management Solutions | Regional Director

- Supervised program operations of companies providing services in four states
- Service development and implementation to diversify funding
- Develop and implement policies and procedures
- Customer Service & relations
- Training and development of person centered planning techniques and philosophies

Consumer Direct Management Solutions | Program Manager

- Lead reviewer for contract with Department of Human Services to recertify Fiscal Management Agencies for State of Minnesota
- Program lead on special projects related to Accounts Receivable, document management and maintenance as well as system efficiencies
- Customer Service & relations



Partners in Community Supports | 2005-2010 | Director of Services – Fiscal Management Agency

- Supervised all business operations of organization with annual revenue exceeding \$16 million.
- Provided service to over 600 families within six programs
- Developed and implemented policies and procedures for organization
- Provided training to all employees about service delivery, participant directed services and person-centered service

Dakota Communities Inc. | 1991-2005 | Support Services Supervisor-Developmental Disabilities

- Supervised services and employees providing participant care
- Service development and implementation
- Training and development of employees
- Managed budget and operations of over 20 different homes
- Provided Support Broker services to over 20 families using consumer directed services

Daryl Holzer | Chief Financial Officer (CFO)



Daryl joined Consumer Direct in 2003 as a systems director and devoted himself to improving companywide accounting, payroll, accounts receivable, accounts payable, data entry, information technology and cash management processes. In 2013 he became the company's Chief Analytics Officer, then in 2016 was named Chief Financial Officer. Prior to joining Consumer Direct, Daryl worked as a controller of St. Patrick Hospital in Missoula for seven years, and as an accounting manager for Alexander & Alexander of Texas for five years. Daryl concurrently earned a bachelor's degree in business administration and a bachelor of science in computer science from the University of Montana. Daryl is certified as both a public accountant and a management accountant.

Education

- Bachelor of Science, Business Administration, University of Montana

Current Position

Consumer Direct Management Solutions | 2003-present | Chief Financial Officer (formerly Chief Analytics Officer)

- Works to increase efficiency and develop and analyze future needs and business models for Consumer Direct.
- Serves as a companywide resource regarding program fiscal analysis and data support to show programmatic changes and trends. Daryl and his Analytics team serve as a foundational support system for the operations of Consumer Direct nationwide.
- Oversees the analytics team and provides any supporting data or analysis required to ensure programs continues to operate efficiently.

Employment History

Alexander & Alexander of Texas | Analytics | 1993-1998

- Analyzed client profitability and worked with account manager to determine rolling financial forecast.
- Designed a Forecast/Income Tracking System, reducing time required by each manager to project their rolling forecast.

Electronic Data Systems | Analytics | 1985-1993

- Improved Accounting Processes

Texas Oil & Gas | Accountant | 1983-1985

- Improved Accounting Processes

Certifications

- Certified Public Accountant, State of Montana

Jeff Harriott | Chief Information Officer (CIO)



Jeff joined Consumer Direct in 2012 as IT director. He came to us with 30 years of IT consulting, service delivery, and management experience. Prior to joining us, Jeff was a senior manager at Microsoft's consulting services organization. In that role, Jeff led major technology initiatives for Microsoft's enterprise customers across the U.S. Jeff's experience also includes six years with KPMG Peat Marwick where he was a manager in the Government Services Practice that focused on planning, development, and implementation of Medicaid Management Information Systems (MMIS) for state Medicaid agencies. Jeff received his master's in business administration from Arizona State University and his bachelor's from the University of Montana. His professional certifications include Microsoft Certified Systems Engineer (MCSE), Certified Technology Specialist (MCTS), and Certified Professional (MCP). Jeff also holds a Project Management Professional (PMP) certification from the Project Management Institute.

Education

- M.B.A., Arizona State University, 1979
- B.S. in Business Administration, University of Montana, 1978

Current Position

Consumer Direct Management Solutions | Chief Information Officer | November 2012-present

- Lead and manage information technology operations for the Consumer Direct family of companies.
- Scope of operations covers network infrastructure for data, video and voice, data center operations, custom application development, application support and maintenance, help desk support for over 500 employees.
- Strategic planning for technology services across the enterprise.

Employment History

Miller Creek Partners | Principal and CIO | April –November 2012

- Led and managed a start-up consulting group focused on services to design and implement cloud-based business management information solutions.
- Managed entire project lifecycle and customer experience for mid-market companies moving ERP, CRM, and e-commerce computing services to the cloud.

Microsoft Corporation | Principal Project Manager | September 2001- April 2012

- Managed consulting services projects for Microsoft's largest customers in the western US, with a focus on large-scale e-commerce and messaging implementations.



- Responsible for \$4 million consulting revenue a year, management and development of technical resources, and the entire service delivery lifecycle for customer engagements.
- Led major projects for Costco, Target, Western Union, Russell Investments, Benefit Cosmetics, and Boeing Employees Credit Union.

IBM Corporation | Principal | August 1999-August 2001

- Directed operations for a 70-person consulting and development group focused on e-commerce and system integration using Microsoft technologies.
- Led recruiting and marketing efforts.
- Sold and led major development projects for Paccar, California Casualty Management Company, and Seattle FilmWorks.

Excell Data Corporation | Managing Consultant | December 1996-August 1999

- Responsible for account development, account management and service delivery in a strategic planning and infrastructure development practice for a regional Microsoft Solution Provider.
- Sold and led major Windows and Exchange projects for US WEST, AT&T Wireless, Frank Russell Company, and Boeing Employees Credit Union in a practice with 30 consultants and \$8 million per year revenue.

Swedish Medical Services | Chief Information Officer | April 1994-August 1995

- For a start-up administrative services organization, I directed implementation of a new data center, including all planning, design, product procurement, system testing, and implementation.
- Directed implementation of system services across fourteen remote sites.

Mickey Ogg | Chief Commercial Officer (CCO)



2017 marks Mickey Ogg's 10th year at Consumer Direct Care Network. He joined Consumer Direct shortly after obtaining his master's in business administration from the University of Montana. Mickey started out developing business plans and implementing document management systems as a special projects coordinator in 2007. As a result of Mickey's quick and thorough mastery of project implementation, he advanced to Quality Improvement Manager in 2009 and to Chief Commercial Officer in 2014. Since becoming CCO, Mickey has overseen implementation of our Colorado, Michigan, and Washington D.C. programs, and has successfully directed us through our first companywide rebranding initiative.

Education

- Master of Business Administration, University of Montana, 2007
- Bachelor of Arts, History, University of Washington, 1999

Current Position

Chief Commercial Officer | Consumer Direct Management Solutions | 2014-present

- Oversees internal quality assurance reviews for over twenty (20) distinct state Medicaid, Medicare, and Private Pay funded programs.
- Manages the policy analysis, new business development, marketing, and community relations departments for all companies.
- Oversees new business opportunity coordination, RFP development, and implementation of new programs nationwide.

Employment History

Chief Compliance Officer | Consumer Direct Management Solutions | 2011-2014

- Managed the quality assurance team.
- Worked closely with all eleven state directors and program managers in annual audits and ongoing regulatory compliance review.
- Developed a comprehensive understanding of state regulations and program operations in multiple state environments.

Quality Improvement Manager | Consumer Direct Management Solutions | 2009-2011

- Guided internal reviews and compliance efforts across multiple state programs.
- Monitored existing policies, procedures, and state rules and regulations to ensure programmatic operations were compliant.

Special Projects Coordinator | Consumer Direct Management Solutions | 2007-2009

- Developed business plans and implemented a document management system.

Legal Researcher | Ogg Law Offices & McCann Law Firm | 2001-2007



Enclosure B: Letters of Reference

Community Link, Inc.

formerly CCCW, ContinuUs, & WWC

August 24, 2017

Letter of Recommendation for Consumer Direct

Consumer Direct has been a contracted Fiscal Management provider for the three Managed Care Organizations(MCO) that I have worked for since 2008. I have worked closely with their local management team in developing scope of services to meet our MCO requirements. The Consumer Direct staff have been very responsive and have partnered in developing their systems to meet our needs. They have been very customer focused both for the MCO and also for the consumers they are serving. Consumer Direct has also been a leader in developing and using technology to provide the right tools so that consumers can be successful in directing their supports. They manage payroll and provide the necessary reports to monitor consumer spending. Consumer Direct staff also stay current on any Federal and State rule changes to maintain compliance and serve as a resource when new changes are implemented.

Consumer Direct has expanded their presence as a leading Fiscal Management provider in the state of WI and have built capacity to serve the many individuals who want to manage their supports. I personally have worked with the WI Consumer Direct team and have always received great customer service and have no reservations about recommending them as a Fiscal provider.

Sincerely,

Lynne Brux

Lynne Brux
SDS Specialist, | Community Link, Inc. | formerly ContinuUs
303 Stein Drive | Site 1, | Claire, WI 54601
Phone: 715.944.1414 | Fax: 715.944.1414
www.continuousdr.com

To Whom It May Concern,

Please accept this reference and letter for recommendation on behalf of Xerox-New Mexico Government Healthcare Solutions. As the Deputy Account Manager of the New Mexico Self Directed and Long Term Care Program overseeing the New Mexico Medicaid Waiver programs as the Financial Management Agency, I have had the pleasure of working directly with Consumer Direct in multiple roles since 2010. In my current role, I oversee the Home and Community based Waiver's Self-Directed Supports Financial Management Program serving all New Mexicans of all ages with Developmental Disabilities. In this capacity I work closely with Consumer Direct in ensuring program quality, efficiency and overall participation satisfaction. In supporting individuals to thrive in their own communities and homes, facilitation self-determination and choice is a constant pursuit. New Mexico's Home Self-Directed Community Benefit (SDCB) and Mi Via program is built on this concept, and currently supports over 3000 members across the state to employ their own caregivers and remain in control of their supports with assistance from their support broker or consultant agencies.

In the years since Consumer Direct has been a part of this integral team, it has assisted in development and refinement of a number of tools central to the program's success, including new member enrollment orientation and employer education materials. Consumer Direct has always managed to provide a person-centered responsibility to ensure that the member feels validated and secure in their program as self-directed. State guided requirements with new regulations to ensure that the population of membership understands the goal.

Consumer Direct continues to provide New Mexico a model of professional services in a best-practice environment. The New Mexico Government Healthcare Solutions has concluded that our partnership with Consumer Direct to be invaluable, and we strongly recommend this organization. As an industry leader they continue to set the standard for quality, innovation and customer service.

Sincerely,



Kim Shipman
Deputy Account Manager
New Mexico Medicaid Project
Government Healthcare Services

This letter of recommendation was written at Sandra Woodward's request in November 2016. It turned out we didn't use it, but are keeping on file for future use.

Before using this for future RFP responses, please confirm with Sandra that we have Kim's permission

Coco Ballew
May 18, 2017

3349 Church Street, Suite 1, Stevens Point, WI 54481

Phone: (715) 345-5968

Toll-Free: (877) 622-6700

Fax: (715) 345-5725

August 22, 2017

Good day,

The following letter of reference and provision is to recognize the outstanding partnership that Community Link Inc. has with Consumer Direct. Effective in 2008, our organization began partnership with Consumer Direct to support the empowerment to members through use of self-directed supports. This pivotal moment in time was crucial in recognizing the current success that occurred because of this collaboration. Throughout the years, Consumer Direct has surpassed our expectations of their Fiscal Management Agency through sustenance, customer service and continual positive feedback from our members utilizing self-directed supports through their agency. They have aided in sustaining the growth and successfulness of members choosing to self-direct all or some of the services in their life.

Community Link Inc. (CLI) is the Managed Care Organization contracted and certified by the State of Wisconsin to provide eligible residents of 51 counties throughout the state, benefits, services and goods associated with the Family Care program. The mission at CLI is to coordinate quality, cost-effective, and individualized long-term care supports available through Wisconsin's Family Care program that support member strengths, needs, and the development of meaningful community connections that lead to full citizenship in their communities.

Since inception of self-directed supports within the Family Care system, Consumer Direct has been a beacon of sustained improvement and quality for our organization and the members we work with. With over 2,000 of our members using the self-directed supports option, Consumer Direct has the largest percentage of member utilizing their fiscal agency, in comparison with other competitors. Consumer Direct has been known to do whatever is necessary to provide the most efficient and effective services possible with positive innovative ideas. They aim for excellence in all services that they provide for our organization and it shows in the satisfaction of the member's feedback of Consumer Direct. They continue to excel on all levels surrounding fiscal management provision and we can personally attest that Consumer Direct strives to support all stakeholders from the initial intake meeting for services throughout their journey of self-determination. Their willingness to provide insight on ways to maintain individualized services that preserve member empowerment through choice, flexibility, control and independence is distinguished.

If you aim to work with a superior fiscal management agency that is committed to excellence, I would recommend you partner with Consumer Direct.

For any other additional details or insight, please do not hesitate to contact me at any time.

Sincerely,



Tricia Lazare

Community Resource Manager | Community Link Inc.

1401A East Main Street | Merrill, WI 54452

Phone: (715) 539-0520 | Fax: (715) 539-0501

tricia.lazare@communitycarecw.org



Enclosure C: Informational Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Missoula Office PayneWest Insurance, Inc. P.O. Box 4386 Missoula, MT 59808	CONTACT NAME Janice Boland PHONE (A/C, No, Ext) FAX (A/C, No)
	E-MAIL ADDRESS jboland@paynewest.com
INSURER(S) AFFORDING COVERAGE	
INSURER A Columbia Casualty Co.	NAIC # 31127
INSURER B Philadelphia Indemnity Insurance Company	18058
INSURER C Trumbull Insurance Company	
INSURER D	
INSURER E	
INSURER F	

INSURED
 Consumer Direct Holdings, Inc
 "Informational Certificate"

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	[REDACTED]	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMPI/OP AGG \$ 3,000,000
							\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	03/15/2017	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	[REDACTED]	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[REDACTED]	07/01/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACC DENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab			[REDACTED]	10/01/2016	10/01/2017	Each Occurrence 1,000,000
A	Professional Liab			[REDACTED]	10/01/2016	10/01/2017	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
"Informational Certificate" If contract awarded, certificate of insurance will be issued with Consumer Direct Care Network, LLC listed as Named Insured.
CNA71818XX (09-15) Additional Insured, Primary Non-contributory - CNA71861XX (03-13) Waiver of Subrogation

CERTIFICATE HOLDER

CANCELLATION

Vermont Dept of Disabilities, Aging and Independent Adult Services Division
280 State Dr
Waterbury, VT 05671-2070

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Enclosure D: CDCN Idaho Policies and Procedures



FISCAL EMPLOYER AGENT

POLICIES AND PROCEDURES

IDAHO CONSUMER DIRECT PERSONAL CARE, LLC.
(CONSUMER DIRECT or CDID)

March 2016

Please Note:

This Policy and Procedure Manual is for Idaho Consumer Direct Personal Care, LLC doing business in Idaho as Idaho Consumer Direct.

Where the terms “Participant” or “Individual” are used, it refers to program participants and includes the participant’s legal guardian, if applicable.

This manual is updated minimally once a year by the Program Manager. Staff and Participants are notified in writing of a change in policy or procedure as applicable. The manual is available electronically.



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I. CUSTOMER SERVICE

Philosophy of Self-Direction and Self-Determination

POLICY: Consumer Direct incorporates the philosophies of Self-Direction and Self-Determination into service delivery.

PROCEDURE:

1. Consumer Direct staff are trained to Self-Direction and Self-Determination at hire. A module on the philosophy is part of the Self Directed Competency Based Training all employees receive.
2. The Training Checklist is kept with HR in the personnel file of all employees.
3. Consumer Direct promotes the following philosophy:

Self-directed services, developed in response to advocacy groups for people with disabilities and the elderly, provide people receiving services more choice, control, and independence. People with disabilities and the elderly make decisions about the services and supports they receive, assume risk, and accept responsibility for the outcome of their health care. With this model, the individual is more satisfied with services, improves the quality of his or her life, and stays in their home and community.

Providing more choice and control over the services received promotes self-determination. The individual is living the life he or she wants and is fully responsible for the choices made.

The participant is responsible for:

- Recruiting, interviewing, and hiring their employee(s)
- Training their employee to their individual needs
- Deciding what tasks the employee should perform
- Scheduling
- Managing employees
- Authorizing payment for employees
- Dismissal of an employee
- Selecting other services and supports as needed (e.g., Meals on Wheels)
- Designing Emergency and Back-up Plans with emergency numbers, contacts, and people who they will use to provide services when their normally scheduled employee or other supports are unavailable
- Reporting changes in health and living status
- Reporting satisfaction with services
- The outcome of their decisions regarding their care

The Agency is responsible for:

- Fiscal Management Activities (payroll, taxes, billing)
- Orienting and training of recipient to self-direction and agency policy and procedures
- Providing employee/employer forms to participant
- Reporting abuse, neglect, exploitation, and Medicaid Fraud
- Following all Federal and State Medicaid rules and regulations
- Providing monthly expenditure summaries

Customer Service System

POLICY: Consumer Direct will provide a customer service system to respond to all inquiries from Participants, workers, agencies, and vendors.

PROCEDURE:

1. Upon hire, the Operations Director/Program Manager will provide new staff with training regarding customer service, with an emphasis on self-direction. The Program Manager provides the new employee with Consumer Direct's training modules related to customer service and self-direction. This information is reviewed with the new employee, and the employee completes the quizzes related to customer service and self-direction that are included at the end of the training modules.
2. Idaho Consumer Direct (CDID) ensures that CDID personnel are available during regular business hours, 8:00 AM to 5:00 PM Time, Mountain Time, Monday through Friday, excluding weekends and state holidays.

The local Idaho office is open during the business hours listed above and is staffed during these hours. Staff schedule staggered lunches and breaks to ensure that the office is open across business hours. If a staff person is out of the office to complete enrollments, attend meetings, or accomplish other necessary activities, other staff remain in the office to respond to phone calls, emails, faxes, and individuals who come into the office.

3. Provision of translation and interpreter services (i.e., American Sign Language and services for persons with limited English proficiency).

Consumer Direct utilizes the following procedures to provide translation and interpreter services:

- a. Consumer Direct employs multiple methods to provide language assistance for participants. Language assistance is made available to participants upon request to complete specific activities (e.g., enrollment) or understand specific information (e.g.,

- how to complete time sheets). Written materials are provided in alternative formats upon request.
- b. Consumer Direct assures the competence of language assistance services by using local or telephone interpretation services or local translation services whose staff are professionally trained and accredited with verifiable language and/or interpreting credentials.
 - c. When Consumer Direct uses bilingual staff to provide language assistance when they are proficient in the language of the participant, experienced in cross-cultural communication and the dynamics of serving as an interpreter, and whenever possible, have completed additional training regarding interpretation.
 - d. Consumer Direct offers information regarding staff acting as an interpreter such as: Sevilla Matir, J and Willis, D, "Using Bilingual Staff Members as Interpreters", Family Practice Management, Vol. 11 (7), July/August 2004 and "Guidelines for Working with Medical Interpreters," a article available through The Provider's Guide to Quality and Culture, <http://erc.msh.org>.
 - e. If needed, Consumer Direct hires an interpreter locally to provide language assistance for participants (e.g., for participants who use American Sign Language and for persons with Limited English Proficiency).
 - f. The participant may choose to use a family member or friend to interpret. If the participant prefers to use a family member or friend for interpretation, CDID staff members will use this person only if it will not compromise the participant's rights, access to information, effectiveness of information exchange, or the participant's right to confidentiality.
4. Provide prompt and consistent response to verbal and written communication.
- a. All voice mail messages responded to within one (1) business day. If a staff person is out of the office for a length of time, his/her phone message reflects the length of time he/she will be gone and instructs the caller about what to do if immediate assistance is needed.
 - b. All written and electronic correspondence responded to within five (5) business days. If a staff person is out of the office for a length of time, an automated response is set on their email.
5. Consumer Direct has established and maintains a toll free customer service line for use by participants, employees, agencies, and vendors during regular business hours of 8:00 am to 5:00 pm Monday through Friday, excluding state and federal holidays. In addition, Consumer Direct's phone system allows individuals to contact specific staff directly and to leave voice mail after hours on a 24/7 basis.
- Local Phone: (208) 898-0470
Toll Free: (888) 898-0470

Consumer Direct implements the following procedures related to the operation of the toll free customer service line:

- a. Calls on the local and 800 line are answered by staff as they come in.
- b. Messages left of the local or toll free line are automatically sent to the general email inbox and forwarded to the appropriate staff member.
- c. All calls and messages received on the general line will be forwarded to the appropriate staff member.
- d. Appropriate staff will contact the callers who left a voice mail message, if caller requests a return call, within one business day.
- e. All inbound and outbound calls to participants, employees, agencies, and vendors will be documented.
- f. In addition to returning calls, staff will identify any action steps that may be required by each call and, when necessary, will route the call to the appropriate person.
- g. Staff will document all action steps that are taken in association with the appropriate participant or employee record.

Consumer Direct also maintains local and toll-free fax lines.

Local Fax: (208) 898-0417

Toll Free Fax: (888) 898-0417

6. Consumer Direct provides FEA materials and information regarding FEA processes and procedures and online at: www.ConsumerDirectID.com
7. All Consumer Direct staff have a company email address. Email is viewed as a written form of communication and are responded to within five (5) business days. Staff are trained in the company's email procedures at hire and are expected to adhere to the email etiquette guidelines.

INTERNAL CONTROL: Program Manager responsible for making sure the office is staffed during business hours. Program Manager/Operations Director reviews written documentation and monitors staff schedules on a random basis.

II. COMPLAINT RESOLUTION AND TRACKING SYSTEM

Internal Complaint Resolution

POLICY: Consumer Direct will identify, document, and resolve all applicable complaints regarding Consumer Direct services, systems, procedures, or administrative decisions.

PROCEDURE:

1. Information for Participants regarding the complaint process is provided in the Employer Manual.
2. When feedback from consumers, caregivers, state agencies, contractors, case managers, etc. is received, staff will determine if the feedback meets Consumer Direct's definition of a complaint.
3. A complaint is defined as a verbal or written expression of dissatisfaction about fiscal employer agent services and must meet at least one of the following criteria:
 - a. The issue is something within Consumer Direct's reasonable control. (e.g. enrollment procedures, handling of payment issues, web portal concerns, etc.) AND the issue needed to be escalated from a Program Coordinator to a Regional Coordinator, Supervisor, or Program Manager/Director for resolution.
 - i. Examples of issues that are not in Consumer Direct's reasonable control are customer service hours, budget amounts, delayed pay due to incorrect information or weather, etc. These would not be considered a complaint.
 - b. The person giving the feedback explicitly states, "I want to file a complaint."
 - c. The person completes and submits a Feedback Form.
4. If the feedback meets the definition of a complaint, then the Program Coordinator will log the complaint using Consumer Direct's Customer Relationship Management (CRM) software. The Program Manager will be advised that a complaint was received.
5. Program Manager will generate and post the Complaint Log to the SFTP site within 24 hrs
6. Program Manager will investigate and resolve the Complaint in a timely manner. The PM's investigation will involve:
 - a. Compilation and review of all pertinent facts
 - b. Contacting the complainant(s) to discuss the situation and gain further insight
 - c. Conduct a Root Cause Analysis to determine the fundamental cause of the complaint, consulting with the Operations Director and others as deemed necessary
 - d. Determination of an effective resolution to the immediate problem/concern
 - e. Development of a Corrective Action as appropriate
 - f. Communicate the Resolution and Corrective Action (if appropriate) to the complainant

- g. Document all review, analysis, data, and communications activity and materials
 - h. Close Complaint Feedback in Sugar
7. Program Manager will update the Complaint Log to reflect the resolved complaint and post to the SFTP site.
 8. Program Manager will include the Complaint in the next Quarterly Evaluation.
 - a. Program Manager will evaluate all complaints received in a quarter to determine if any systemic issues are apparent and generate Corrective Actions as appropriate.
 - b. Program Manager will post the Quarterly Evaluation to the SFTP site by the 10th of the month following the end of the quarter.
 9. Program Manager will coordinate and implement any corrective actions determined from analysis of any single complaint or quarterly complaint review.
 1. The Quality Improvement Manager (QIM) is notified of the complaint for review and analysis.

INTERNAL CONTROL: All data and analysis stored electronically. Program Manager will routinely monitor that complaints are documented and appropriately resolved. The Quality Improvement Department will review complaint data during internal reviews.

III. PERSONAL AND CONFIDENTIAL INFORMATION

Maintaining Participant and Employee Files in a Confidential and Secure Manner (e.g., HIPAA Compliant When Required)

POLICY: Consumer Direct has established and maintains participant and employee files for the employer in a confidential and secure manner (e.g., HIPAA compliant when required). All paper files, electronic data transmissions, and electronic data are subject to this requirement.

PROCEDURE:

1. Follow existing Consumer Direct office procedures established in compliance with the Data Privacy Act and HIPAA standards. (See HIPAA attachments: *Consumer Direct Data Privacy Statement* and *Notice of Privacy Practices*).
2. Upon initial hire, all Consumer Direct staff receive training on Health Information Privacy and Confidentiality and Data Privacy - HIPAA Procedures. This training is verified by Supervisors and signed documentation is in all staff files.
3. All staff are trained on the proper storage and disposal of sensitive documents and this is reinforced by supervisors as needed.
4. All files are electronic files and are maintained on encrypted, password protected systems with access granted on a need-to-know basis. Consumer Direct employees are assigned a unique username and password at hire and are required to change their password regularly.
5. Access to electronic files is granted with "permissions" approved by the IT Department.
6. Information is only released to authorized personnel with proper identification, i.e. social security number, tax ID number, and when required, a Release of Information form.
7. Consumer Direct retains information for a minimum of five years. This includes all documentation about the individual and their work and/or services received.
8. Consumer Direct stores archived paper files in locked, temperature controlled storage and with Consumer Direct Management Solutions. Electronic documents are archived.
9. When records are disposed, a staff person and witness record the name of the individual, the date and method of disposal on the Record Disposal Log.
10. Violations of HIPAA are recorded on a Disclosure Log and reviewed monthly by the HIPAA Compliance Officer.

INTERNAL CONTROL: Supervisors verify training received by employees and signed documentation is in all employee files. Administrative staff audit all Consumer Direct employee files. The Quality Improvement Manager or their designee completes additional review of these files and conducts an annual internal program review to ensure that materials are kept confidential.

Health Insurance Portability and Accountability Act (HIPAA)

POLICY: Consumer Direct complies fully with all federal and state security protection laws and regulations. Protection of electronic Protected Health Information (ePHI) is of paramount importance to this organization. Violations of any of these provisions will result in severe disciplinary action, potentially including termination of employment and possible referral for criminal prosecution.

PROCEDURE:

Effective Date: *This policy is in effect as of April 20, 2005*
Expiration Date: *This policy remains in effect until superseded or cancelled*
Security Official: *Greer Woody, Executive Director*

The following information is: a) Reviewed with Consumer Direct employees at hire; b) Provided for employees in a HIPAA Training Handbook; c) Addressed in a quiz that all Consumer Direct employees must pass at time of hire; d) Consistently reviewed at staff meetings; and e) Reviewed with Participants at enrollment. Violations of HIPAA are recorded on a Disclosure Log and reviewed monthly by the HIPAA Compliance Officer.

1. Assigning Privacy and Security Responsibilities

It is the policy of Consumer Direct that specific individuals within our workforce are assigned the responsibility of implementing and maintaining the HIPAA Privacy and Security Rule's requirements. Furthermore, it is the policy of Consumer Direct that these individuals will be provided sufficient resources and authority to fulfill their responsibilities.

2. Risk Analysis

It is the policy of Consumer Direct that a risk analysis has been completed and is periodically updated to assess potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI. It is the policy of Consumer Direct that the risk analysis includes a review of the critical nature of ePHI and related applications or business processes with a subsequent ranking or prioritization (criticality analysis).

3. Risk Management

It is the policy of Consumer Direct that security measures are in place and maintained sufficient to reduce risks and vulnerabilities to a reasonably appropriate level to:

- 1) Ensure the confidentiality, integrity, and availability of all ePHI that this organization creates, receives, maintains, or transmits
- 2) Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI
- 3) Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted by HIPAA or applicable state law

- 4) Ensures that all members of the workforce are aware of these requirements and comply with them

4. Sanctions

It is the policy of Consumer Direct that sanctions will be applied to workforce members who fail to comply with the security policies and procedures.

5. Information System Activity Review

It is the policy of Consumer Direct that information system activity records are regularly reviewed, including security incident tracking reports.

6. Supervision

It is the policy of Consumer Direct that an authorized, knowledgeable person must supervise maintenance personnel whenever work is being done on a system that contains or processes ePHI. It is also the policy of this organization that access authorization for maintenance personnel must be set appropriately for the jobs assigned to each.

7. Personnel Clearance

It is the policy of Consumer Direct that personnel be cleared before access to ePHI is allowed.

8. Training and Awareness

It is the policy of Consumer Direct that all employees and contractors receive training in security awareness and in the security procedures to be followed during the performance of their duties. It is the policy of Consumer Direct that periodic reminders and training will be provided to the workforce.

9. Protection from Malicious Software

It is the policy of Consumer Direct that it will implement and maintain procedures for detecting, reporting, and guarding against malicious software. It is the policy of Consumer Direct that all members of the workforce will be periodically reminded and trained regarding this policy.

10. Login Monitoring

It is the policy of Consumer Direct that login attempts and discrepancies will be monitored to the extent practicable.

11. Password Management

It is the policy of Consumer Direct that a written procedure will be followed to create and assign passwords, which will include safeguarding of passwords.

12. Security Incident Policy

It is the policy of Consumer Direct that all Security Incidents (suspected or actual) will be documented in writing. It is the policy of Consumer Direct that these incidents will be promptly investigated and harmful effects or violations will be mitigated to the extent practicable. All responses and follow up actions will be documented.

13. Contingency Plans

It is the policy of Consumer Direct that a contingency plan is in place and maintained. The contingency plan includes procedures for data backup, disaster recovery, including restoration of data, and emergency mode operations. It is the policy of this organization that the contingency plan includes a procedure to allow facility access in support of restoration of lost data and to support emergency mode operations in the event of an emergency. It is the policy of this organization that access control will include procedures for emergency access to ePHI.

14. Testing

It is the policy of Consumer Direct that all security controls and measures in place be periodically tested to ensure proper functioning. It is also the policy of this organization that all procedures adopted to protect the confidentiality, integrity, and availability of information and information services be tested to ensure that important security considerations have not been overlooked. It is also the policy of this organization that contingency plans be implemented and followed to maintain readiness in the event of a contingency.

15. Evaluation

It is the policy of Consumer Direct that a periodic technical and non-technical evaluation will be conducted to audit the effectiveness of the security controls and measures in place in consideration of environmental or operational changes.

16. Audit

It is the policy of Consumer Direct that audit controls are in place to record and examine the activity of all information systems that contain or use ePHI. This organization will maintain procedures to protect ePHI from improper alteration or destruction and to routinely authenticate that ePHI retains its integrity (including but not limited to version control and read only privileges).

17. Authentication

It is the policy of Consumer Direct that all information system users be authenticated before access to information processing resources is allowed. Specifically, each user must have his or her own system account and passwords must never be shared.

18. Authorization and Termination

It is the policy of Consumer Direct that authority to access ePHI be granted or supervision be provided to users who will work with ePHI. When these users no longer require their access or are terminated, all authorization will cease including the revocation and deletion of passwords, user IDs, and system privileges.

19. Access to Protected Health Information

It is the policy of Consumer Direct that all access control mechanisms must be configured to allow access only to the information and information processing functions needed by each employee or contractor to perform their assigned duties. It is also the policy of this organization that proper

procedures must be followed whenever access to health information is authorized, established, or modified and that records of access authorizations must be maintained. Access will be granted and maintained to the extent possible at a system level, role or job function (and application software) level, and workstation or device level. It is the policy of this organization that access control will include unique user IDs to identify and track user identity. It is the policy of this organization that access controls will include automatic log offs for unattended computer sessions.

20. Device and Media Access Control

It is the policy of Consumer Direct that reusable media, such as tapes, zip disks or diskettes, flash drives, or hardware that contains ePHI must be securely erased or otherwise destroyed before being discarded to prevent unauthorized access to ePHI. This policy extends to media that will be re-used by another party. It is the policy of this organization to safeguard the receipt and removal of all hardware and media containing ePHI.

21. Physical Access Control

It is the policy of Consumer Direct that areas limit physical access to electronic information systems (including diagnostic equipment that maintains ePHI) to those properly authorized. It is also the policy of this organization that appropriate safeguards are in place to protect these systems and the ePHI they contain from tampering, theft, or destruction. It is the policy of this organization to review and supervise any repairs or modifications to the facility that could compromise security.

22. Workstation Use Guidelines

It is the policy of Consumer Direct that workstations be positioned in such a manner as to avoid accidental, unauthorized exposure of health information. It is the policy of this organization that displays be locked when unattended. It is the policy of this organization that access to workstations be restricted to authorized users. This workstation policy extends to desktop computers, laptop computers, PDA's, electronic diagnostic equipment, and all storage media connected or stored in the immediate environment.

23. Secure Data Transmission

It is the policy of Consumer Direct that data communications that contain ePHI must be encrypted or transmitted using a secure transmission protocol if they traverse public networks such as the Internet. It is also the policy of this organization that all data transmission methods must incorporate data integrity and authentication controls.

24. Configuration Management

It is the policy of this Consumer Direct that proper procedures be followed for the installation or removal of all hardware devices or software programs. It is also the policy of this organization that the hardware/software inventory must be kept current and that the configuration must be documented in sufficient detail to be rebuilt in the case of an emergency.

25. Business Associates

It is the policy of Consumer Direct that business associates must be contractually bound to protect ePHI as required in applicable federal regulations. It is also the policy of this organization 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. It is the policy of this organization that any business associate agreement that cannot be terminated, and has not corrected the violation will be reported to the Secretary of the Department of Health and Human Services.

26. Document Retention, Availability, and Currency

It is the policy of Consumer Direct that these policies and all related procedures be retained for six years from the date of its creation or the date when it was last in effect, whichever is later. It is also the policy of this organization to make this documentation available to those persons responsible for implementing the related procedures and that this documentation and policy will be kept current in response to relevant environmental or operational changes or changes in law.

Added 6/2010: Red Flag Rule -

If staff are not familiar with a caller wanting to discuss protected information, they will ask the caller to reveal identifying information (e.g. birth date, address, etc).

If a disclosure occurs, it is recorded on the Disclosure Log and reported to the HIPAA Compliance Officer. The officer and Program Manager decide if the disclosure should be reported to the Customer. If so, the notification is recorded in the Participant's file.

IV. OBTAINING FEDERAL AND STATE APPROVAL TO BE A FEA

Applying for and Obtaining an FEIN for Consumer Direct to Operate as a Fiscal Employer Agent (FEA)

POLICY: Consumer Direct maintains a separate Federal Employer Identification Number (FEIN) for the sole purpose of filing and paying federal employment taxes for Participants.

PROCEDURE:

1. The Accounting Analyst (AA) will complete Form SS-4.
2. The AA will submit the Form SS-4 to the IRS via fax or electronically.
3. The AA will obtain the EIN from the IRS via telephone or electronically.
4. The IRS will send a notification letter regarding the EIN.
5. The AA will copy, scan and file all relevant documentation into CDMS software (e.g., copy of the IRS Notice of FEIN).
6. The AA will notify the state Program Manager and Vice President of the number once obtained.

Note: This is a one-time task.

INTERNAL CONTROL: Printed copies of the FEIN number

V. PROCESSING FEA PROGRAM ENROLLMENT DOCUMENTS

Processing New Employer and Employee Enrollment Forms

POLICY: Employer and Employee Enrollment Forms will be processed within two days of receipt of a complete packet at the CDID office

PROCEDURE:

Employer Forms

1. All State, Federal, and Programmatic employer enrollment forms are reviewed for completeness by the Program Coordinator following the New Participant Checklist.
2. Once a complete set of documents has been obtained and verified, the participant is assigned a Consumer Direct ID number and the documentation package is scanned into DocuWare for subsequent processing by the Authorization Department and the FEA Department.
3. All State and Federal employer forms are processed in accordance with the CDMS FEA Manual. Please refer to this manual for detailed processing information.

Employee Forms

1. All New Employee documents are reviewed for completeness by the Program Specialist following the New Employee Checklist.
2. Once a complete set of documents has been obtained, audited, and the electronic record in Sugar has been created, the employee packet is scanned to DocuWare for subsequent processing by the Caregiver Entry Department. This process occurs in one (1) business day from the receipt of a complete packet.
3. The Caregiver Entry Department enters data from the forms (i.e., wages, tax status, etc.) into the CDMS computerized accounting/information and payroll system.
4. Entry of the information from the employee forms into the CDMS computerized accounting/information system occurs within one (1) business days of the completed forms being received by CDMS.
5. Electronic copies of the employee forms and Employment Agreement are retained in the employee's file in DocuWare.
6. CDID encourages the participant to keep copies of the forms in their Employee Records Folder and will provide copies if needed.

Note: The electronic file in DocuWare is considered the active record. Hard copy forms are not kept in the local office. When a hard copy is received, it is scanned to our general email and given back to the person dropping off. Hard copies received in the mail follow the same procedure but are immediately achieved for off-site storage rather than giving back to the person that dropped them off.

INTERNAL CONTROL: Proficiency Tracker shows that all forms are complete.

Enrollment Meeting

POLICY: Consumer Direct will conduct face-to-face enrollment meetings to orient participants to the program so that they understand the roles and responsibilities of participation in consumer-directed services and the policies and procedures of Consumer Direct.

PROCEDURE:

1. Consumer Direct conducts a face-to-face enrollment/orientation, called a Guide Training, with the Participants. The Guide Training is scheduled once referral information is obtained from the Medicaid Care Manager or Case Coordinator and is typically conducted in coordination with the required Medicaid training. The purpose of the Guide Training is to orient the participant to their self-directed program, review Consumer Direct processes and forms, and complete all required State, Federal, Program, and Company forms. A standard presentation is used during the Guide Training to ensure that all necessary materials are covered.
2. The following tasks are covered at the Guide Training:
 - a. What is a Fiscal Employer Agent
 - b. Review, sign, and date the Participant Enrollment Packet
 - c. Vendor Payments
 - d. Employee Packet
 - e. Where to find forms
 - f. Where to get the Employer Manual
 - g. Fraud Prevention
 - h. Timesheets and payroll schedule
 - i. Budget Reports
 - j. Contact Information
 - k. Feedback
 - l. Consumer Direct contact information
3. An electronic copy of the Employer Manual can be found online at www.ConsumerDirectID.com. Hard copies are provided upon request. The Employer Manual contains the following:

Employer Packet

- a. Description of the packet, its organization, and a brief description of the forms
- b. New Participant Checklist
- c. Participant Data Form
- d. Fiscal Employer Agent Service Agreement
- e. Monthly Reports Preference Form – Selection of monthly report format
- f. IRS Form SS-4: Application for Employer Identification Number (EIN)
- g. IRS Form 2678: Employer/Payer Appointment of Agent – Authorizes Consumer Direct to withhold taxes from employee checks and deposit those taxes with the IRS

- h. IRS Form 56: Notice Concerning Fiduciary Relationship – This Form only needs to be completed if the participant has a guardian representing them [Adult Packet Only]
- i. IBR-1: Idaho Business Registration Form – This is used to secure Idaho unemployment and withholding numbers (on behalf of the participant)
- j. EFO00104: Idaho Tax Commission Power of Attorney – Gives Consumer Direct permission to speak to and receive information from the Idaho Tax Commission regarding State withholding and unemployment taxes.

Note: In addition to the blank forms, the Employer Packet includes completed examples and a shadow box version of each form with instructions for how to complete the forms.

Note: CDID receives a “Pre-Enrollment Data Form” and pre-populates the actual program enrollment documents prior to conducting the Guide Training. This is done to ensure the information is complete, correct, and to facilitate acceptance of the forms by the IRS and the State of Idaho. The pre-populated documents include items b through j in the list above. The blank copies in the Employer Packet are strictly for reference by the participant and family.

Employee Packet

- a. Description of the packet, its organization, and a brief description of the forms
- b. New Employee Checklist
- c. Employee Data Form – Demographics sheet
- d. I-9 Employment Eligibility Form – with example
- e. W-4 Employee Withholding Allowance Certificate
- f. Pay Selection Form – Selection of Direct Deposit, etc.
- g. Description of the Focus PayCard
- h. Employment Relationship Disclosure
- i. Medicaid – Community Support Worker Agreement
- j. Participant – Community Support Worker Employment Agreement
- k. Criminal History Check Waivers

Support Broker Packet

- a. Forms b – h of employee packet
- b. Medicaid – Support Broker Agreement
- c. Participant – Support Broker Employment Agreement

Paying for You Supports

- a. Description of the packet, its organization, and a brief description of the forms
- b. Instructions for Paper Time Sheets
- c. Paper Time Sheets
- d. Request for Vendor Payment form
- e. Instructions for Mileage Reimbursement
- f. Paper Mileage Reimbursement forms

- d. Status Change Form
- e. Employee Termination Form
- f. Feedback Form
- g. Examples of Paper Timesheets and instructions for completion
- h. Payroll Calendar

Agencies & Independent Contractors

- g. Description of the packet, its organization, and a brief description of the forms
- h. Instructions for Hiring an Agency
- i. Instructions for Independent Contractor
- j. Participant – Agency / Community Support Worker Employment Agreement
- k. Participant – Independent Contractor Work Agreement
- l. Criminal History Check Waivers
- m. W-9: Request for Taxpayer Identification Number and Certification
- n. IRS Guidance Regarding the Employee vs. Independent Contractor Designation

Additional Information & Forms

- a. Pay calendar
- b. Web portal instructions
- c. Notice of Privacy Practices
- d. Contact information
- e. Feedback form - QI and customer service response form
- f. Employee Termination Form
- g. Service codes
- h. Secure email instructions
- i. Wages and Cost to You – This provides a quick reference to the fully loaded cost of an employee's base wage.

In addition to the information and forms in the Employer Manual, the following items are provided at the Guide Training:

- A copy of the brochure describing the FEA program
- Fraud brochures – for the participant and their employees
- Notice of HIPAA Privacy Practices
- Printout of PowerPoint presentation
- CDID business card
- CDID pen

Note: All of the information and forms for the Employer Manual are available on the CDID shared Y: drive.

Note: Forms can be found online at www.ConsumerDirectID.com

Note: Following completion of the Guide Training, the FEA Enrollment Packet is scanned as a PDF file and stored on CDIDs shared Y: drive until all required enrollment documents have been acquired or for 8 months, whichever occurs first. Signatures on Enrollment Packets are only valid for 8 months for IRS purposes. After 8 months, the signed enrollment packet file is deleted and a note is made in Sugar. A new enrollment packet will have to be completed if the participant decides to use self-directed services. The original hard copy document is archived for storage.

INTERNAL CONTROL: Completed enrollment packets

Auditing Checklists

PROCEDURE:

1. Auditing Checklists are used by CDID staff to review every New Participant Packet, New Employee Packet, New Support Broker Packet, or FDS to Adult SD Transition Packet. Use of the checklists ensures that all packets and initial setup procedures are complete prior to being queued for processing.
2. The Program Coordinator or Program Specialist initials and dates each item once reviewed and determined to be complete
3. The checklist is scanned into DocuWare as part of the Participant or Employee's file

INTERNAL CONTROL: Completed checklist in electronic file during internal review

Participant Data Form

POLICY: The processing of FEA enrollment forms will be closely tracked

PROCEDURE:

1. The Participant Data Form is partially completed when the pre-populated enrollment packet is generated. Following the Guide Training, other sections of the checklist are completed. Once the approved SSP has been received and it is determined that there is a complete New Participant packet, the Participant Data Form is completed by the Program Coordinator.
2. The new Participant's electronic and hard copy records are reviewed for completeness by the Program Coordinator using a New Participant Checklist. Once the records are determined to be complete and all initial setup activities have been accomplished, the record is "Released" into Solomon, Consumer Direct's ERP system, generating a system ID. The entire New Participant

packet, including the Participant Data Form, approved spending plan, guardianship documents, CFH documents, etc. is scanned into DocuWare for processing, along with the completed New Participant Checklist.

3. The FEA Coordinator takes all information from the Participant's forms, which are located in the Client Cabinet in DocuWare, and fills out the home office checklists. Information missing from the Participant's packet can be requested from the Program Coordinator who initialed the Participant Data Form and completed the New Participant Checklist.
 - If the FEA Coordinator determines that there are required forms(s) or information missing, an email is sent to the Program Coordinator who initialed the Participant Data Form requesting the missing form(s) or information. A note is placed on one of the electronic forms in DocuWare from the Participant's packet using the Text Annotation Tool (Thumb Tack Icon). The FEA Status field for the annotated form should read 'Remote Office'.
4. The FEA Coordinator then reviews all documents that are included in the Participant's packet in DocuWare, completes and files them with the various agencies as appropriate. If any information is incorrect or requires manual adjustments, the document is electronically adjusted to correct the mistake and fill in the correct information. Both the adjusted and original documents are retained.

INTERNAL CONTROL: Completed Participant Data Form and Home Office Checklists in DocuWare

Legal Guardianship

POLICY: Consumer Direct reviews and copies court appointed legal guardianship papers for all individuals identifying themselves as such for a Participant wanting to self-direct his/her care.

PROCEDURE:

1. If an individual represents themselves as a legal guardian for a Participant, the Program Coordinator requests to review and copy the Legal Guardianship papers.
2. Guardianship papers must be copied and filed in the Participant's file per IRS regulation.
3. If the Legal Guardian cannot produce Court Appointed Legal Guardianship papers, the Participant must sign all Federal and State Tax forms.

Note: A Power of Attorney (POA) does not substitute for a court appointed guardianship. In the case of a POA without guardianship, the Participant must sign all Federal and State forms.

INTERNAL CONTROL: A copy of the Legal Guardianship papers is in DocuWare along with a completed Form 56 if the guardianship was in place when the enrollment documents were signed

PLEASE REFER TO THE CDMS PROCEDURES FOR DETAILS ON THE SYSTEMATIC PROCESSES FOR FILING FEDERAL AND STATE FORMS AND PROCESSING PAYROLL

FEDERAL FORMS

[Registering Employer for Federal Employer Identification Number \(FEIN\) – SS-4: Application for Employer Identification Number](#)

POLICY: Consumer Direct (CD) registers employer for a Federal Employer Identification Number (FEIN), as soon as employer has wages paid, in accordance with Internal Revenue Service (IRS) regulations, guidelines, and procedures.

PROCEDURE:

1. Prior to attending the Guide Training, the Participant completes and submits a Data Form to Consumer Direct. This form includes all information necessary to properly complete the enrollment packet, including information on any previously assigned EIN. The Program Coordinator pre-populates the enrollment packet, which is then signed during the face-to-face Guide Training. If there is a previously assigned EIN, the EIN will be populated into the appropriate fields of the SS-4.
2. If there is not a previously assigned EIN, the Participant/Guardian signs and dates Form SS-4 as part of the enrollment paperwork processed during the Guide Training.
3. The Program Coordinator reviews Form SS-4 to ensure that the signature on the form matches the Participant's name or the Guardian's name if they are completing the enrollment forms on behalf of the Participant.
4. The accurate Form SS-4 is scanned to DocuWare along with the other enrollment documents.

5. Prepare any and all documentation required to register employer for a FEIN in compliance with IRS regulations, guidelines and procedures.
 - a. Type set Form SS-4 if applicable
 - b. Go to <https://sa2.www4.irs.gov/modiein/individual/index.jsp>
 - c. Click Begin Application
 - d. Check Sole Proprietor and then click Continue
 - e. Check Household Employer and then click Continue
 - f. Click Continue
 - g. Fill in requested information per Form SS-4 and click Continue
 - i. If IRS's system states Social Security Number (SSN) and Name do not match in their system, print Issue Page
 - a) Email Local Office (LO) request for SSN/Name and Other Name(s) verification
 - b) Update EIN Status to 'Errors-See Notes' and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
 - c) Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) and write issue on Home Office Checklist (state specific)
 - d) Upon receipt of correct SSN/Name (possibly copy of Social Security Card (SSC)), correct SS-4 and begin online FEIN application again
 - e) Save LO email on FEA Y drive @ Y:\\MHS\Accounting\FEA\state specific) Correspondence\Emails as *Correspondence – Employer Name* (if applicable) – *(P) Participant Name**
 - f) Scan Issue Page into participant's electronic file (DocuWare) as *SS-4 Rejection Letter*
 - ii. If IRS's system provides a Reference Number, print Reference Number Page
 - a) Email LO request for SSN/Name & Other Name(s), previously assigned FEIN, and/or prior Fiscal Vendor Agent (state specific) verification
 - b) Update EIN Status to 'Errors-See Notes' and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
 - c) Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) and write issue on Home Office Checklist (state specific)
 - d) Upon receipt of correct SSN/Name (possibly copy of SSC), correct SS-4 and begin online FEIN application again
 - e) Save LO email on FEA Y drive @ Y:\\MHS\Accounting\FEA\state specific) Correspondence\Emails as *Correspondence – Employer Name* (if applicable) – *(P) Participant Name*

- iii. Upon receipt of previously assigned FEIN, enter FEIN in EIN field (received from LO), update Status field to 'Complete, and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
 - a) If received through LO email, save on FEA Y drive @ Y:\MHS\Accounting\FEA\ (state specific) Correspondence\Emails as *Correspondence – Employer Name (if applicable) – (P) Participant Name*
 - b) If received by IRS Confirmation in LO email, print and scan into DocuWare as *EIN Confirmation Ltr*
 - c) Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) and Prior FEIN) on Home Office Checklist (state specific)
- iv. Upon knowledge of previously assigned FEIN but number is unknown, save LO email on FEA Y drive @ Y:\MHS\Accounting\FEA\ (state specific) Correspondence\Emails as *Correspondence – Employer Name (if applicable) – (P) Participant Name*
 - a) Fax Form SS-4 to IRS
 - b) Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) on Home Office Checklist (state specific)
 - c) Enter FEIN in EIN field (received from IRS fax), update Status field to 'Complete', and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
- v. Scan IRS fax into DocuWare as *EIN Fax Confirmation*
 - a) Enter FEIN in EIN field (received from Ltr 4288C – *EIN Confirmation Letter*), update Status field to 'Complete' and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
- vi. Scan Ltr-4288C – *EIN Confirmation Letter* into DocuWare as *EIN Confirmation Ltr*
 - a) Initial and date appropriate section (Prior EIN) on Home Office Checklist (state specific)
- vii. Upon knowledge of prior Fiscal Vendor Agent, save LO email on FEA Y drive @ Y:\MHS\Accounting\FEA\ (state specific) Correspondence\Emails as *Correspondence – Employer Name (if applicable) – (P) Participant Name*
 - a) Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) on Home Office Checklist (state specific)
 - b) Contact prior Fiscal Vendor Agent to receive previously assigned FEIN

- c) Enter FEIN in EIN field (received from prior Fiscal Vendor Agent), update Status field to 'Complete', and enter note in 'Notes/Attachments' in Microsoft Dynamics SL
 - d) Initial and date appropriate section (Prior EIN) on Home Office Checklist (state specific)
- viii. Scan Reference Number Page into DocuWare as *SS-4 Rejection Letter*
6. Check I am a third party applying for an EIN on behalf of this household employer and click Continue
 7. Check Yes and then click Continue
 8. Check Yes, I agree to, and am in compliance with, the above statements. and click Continue
 9. Fill in requested information per information found on type-set Form SS-4 (if applicable)
 10. Review Summary Page
 11. Print Summary Page and then click Continue
 12. Print EIN Confirmation Page
 13. Enter FEIN in EIN field (received from EIN Confirmation Page) in Microsoft Dynamics SL and update Status field to 'Complete'
 14. Click Continue
 15. Click Continue
 16. Initial and date appropriate section (Form SS-4: Application for Employer Identification Number) on Home Office Checklist (state specific)
 17. Upon receipt of CP 575, change FEA Status of SS-4 to 'Final' in participant electronic file (DocuWare)
 18. Scan Notice CP 575 into participant's electronic file (DocuWare) as *EIN Confirmation Ltr*

INTERNAL CONTROL: FEA Coordinator registers employer for a FEIN, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

FEIN Reporting Requirement Removal

POLICY: When the Participant is discharged/terminated, Consumer Direct requests removal of employer Federal Employer Identification Number (FEIN) reporting requirements, after FEIN final filing has been filed, in accordance with Internal Revenue Service (IRS) regulations, guidelines, and procedures.

PROCEDURE:

1. When the Program Coordinator receives information from the Participant or his/her Care Manager/Case Coordinator that a Participant has withdrawn or been discharged (terminated) from the Self-Direction Program, the Program Coordinator will complete a Participant Termination Form along with termination forms for all current employees.
2. The Program Coordinator will scan the Participant and Employee Termination Forms to DocuWare:
 - a) The Participant Termination Form will be processed by the FEA Coordinator
 - b) The Employee Termination Forms will be processed by Caregiver Entry
3. Ensure FEIN final filing has been filed with IRS
4. Prepare any and all documentation required to remove employer FEIN reporting requirements in compliance with IRS regulations, guidelines and procedures.
 - a) Complete '*EIN Reporting Requirement Removal Letter*' found on FEA Y drive @ Y:\\MHS\\Accounting\\FEA\\Termination Forms\\(state specific) Templates
 - b) Save '*EIN Reporting Requirement Removal Letter*' on FEA Y drive @ Y:\\MHS\\Accounting\\FEA\\Termination Forms\\(state specific) Templates\\Letters Submitted as '*EIN Reporting Requirement Removal Letter – Employer Name (if applicable) – (P) Participant Name*'
 - c) Print and fax '*EIN Reporting Requirement Removal Letter*' to IRS
 - d) Initial and date appropriate section (EIN Reporting Requirement Removal Letter) on Termination Checklist (state specific)
 - e) Update EIN Status to 'RRR' in account management system (Microsoft Dynamics SL)
 - f) Scan '*EIN Reporting Requirement Removal Letter*' into participant's electronic file (DocuWare) as '*FEIN Report Rmv Letter*'
 - g) Scan fax confirmation into DocuWare as '*FEIN Report Rmv Fax Confirmation*'

INTERNAL CONTROL: FEA Coordinator requests removal of employer FEIN reporting requirements, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Employer/Payer Appointment of Agent – Form 2678 – Internal Revenue Service (IRS)

POLICY: For each Participant to establish Consumer Direct as the Participant’s agent for filing payroll reports on their behalf, Consumer Direct (CD) files Form 2678, upon receipt of FEIN, in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prior to attending the Guide Training, the Participant completes and submits a Data Form to Consumer Direct. This form includes all information necessary to properly complete the enrollment packet. The Program Coordinator pre-populates the enrollment packet which is then signed during the face-to-face Guide Training.
2. The Participant/Guardian signs and dates Form 2678 during the Guide Training as part of enrollment paperwork.
3. The Program Coordinator reviews the 2678 to ensure that the Participant has completed the form according to directions (per standard).
4. If the 2678 is completed correctly, it is scanned into DocuWare as part of the complete New Participant Enrollment Packet.
5. Prepare any and all documentation required to file Form 2678 in compliance with IRS regulations, guidelines, and procedures.
 - a) Type-set (if applicable) and print Form 2678
 - b) Mail completed Form 2678 to IRS
 - c) Initial and date appropriate section (Form 2678: Employer/Payer Appointment of Agent) on Home Office Checklist (state specific)
 - d) Scan 2nd page of Form 2678 into participant’s electronic file (DocuWare) as *2678 Signature Page*
 - e) Scan Ltr 1997C into DocuWare as *Ltr 1997C-2678 Conf Letter*

INTERNAL CONTROL: FEA Coordinator provides Form 2678 to IRS, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Employer/Payer Appointment of Agent – Revoking Form 2678 – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) revokes Form 2678, after FEIN reporting removal request filed, in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. When the Program Coordinator receives information from the Participant or his/her Care Manager/Case Coordinator that a Participant has withdrawn or been discharged (terminated) from the Self-Direction Program, the Program Coordinator will complete a Participant Termination Form.
2. The Program Coordinator will scan the Participant Termination Form to DocuWare where it will be processed by the FEA Coordinator.
3. Prepare any and all documentation required to revoke Form 2678 in compliance with IRS regulations, guidelines, and procedures.
 - a) Complete '*Form 2678 Revocation*' found on FEA Y drive @ Y:\\MHS\\Accounting\\FEA\\Termination Forms\\(state specific) Templates
 - b) Save '*Form 2678 Revocation*' on FEA Y drive @ Y:\\MHS\\Accounting\\FEA\\Termination Forms\\(state specific) Templates\\Forms Submitted as '*Form 2678 Revocation – Employer Name (if applicable) – (P) Participant Name*
 - c) Mail completed '*Form 2678 Revocation*' to IRS
 - d) Initial and date appropriate section (2678 Revocation: Employer/Payer Appointment of Agent) on Termination Checklist (state specific)
 - e) Scan '*Form 2678 Revocation*' into participant's electronic file (DocuWare) as '*2678 Revocation*'
 - f) Scan *LTR 4288C – 2678 Revocation Confirmation Letter* into DocuWare as '*2678 Revocation Conf Letter*'

INTERNAL CONTROL: FEA Coordinator provides revoked Form 2678 to IRS, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

OPTIONAL OR RARELY USED FEDERAL FORMS

Notice Concerning Fiduciary Relationship – Form 56 – Internal Revenue Service (IRS)

POLICY: Form 56 is completed for all Participants who have legal guardians at the time of enrollment. Consumer Direct (CD) notifies IRS of fiduciary relationship in accordance with IRS regulations, guidelines, and procedures (only necessary if fiduciary signs tax paperwork on behalf of employer & state specific).

PROCEDURE:

1. Form 56 is included in the Enrollment Packet. It is only applicable if a guardianship is involved.
2. The Program Coordinator obtains a copy of the court appointed guardianship papers.
3. The guardianship papers are scanned into the Participant's electronic file along with the completed Form 56.
4. If the guardian does not have court appointed documents, Participant must sign all Federal and State forms.
5. The Program Coordinator will scan Form 56 to DocuWare where it will be processed by the FEA Coordinator
6. Prepare any and all documentation required to file Form 56 in compliance with IRS regulations, guidelines, and procedures.
 - a) Type-set (if applicable) and print Form 56
 - b) Mail Form 56 with court-appointed guardianship paperwork to IRS
 - c) Initial and date appropriate section (Form 56: Notice Concerning Fiduciary Relationship or Notes (state specific))

INTERNAL CONTROL: FEA Coordinator provides Form 56 to IRS, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Power of Attorney and Declaration of Representative – Form 2848 – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) submits Form 2848 to receive employer previously assigned Federal Employer Identification Number (FEIN) when unable to receive from submitted Form SS-4 and/or Form 8821 in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to submit Form 2848 in compliance with IRS regulations, guidelines, and procedures
 - a. Initial and date appropriate section (Form SS-4: Application for Employer Identification Number or Notes) on Home Office Checklist (state specific)
 - b. Generate Form 2848 found @ IRS website and email to Local Office (LO) Program Coordinator (PC) for employer signature
 - c. Upon receipt of signed Form 2848 by email, provide to CD Authorized Representative for signature
 - d. CD Authorized Representative calls IRS to received previously assigned FEIN
 - e. Enter previously assigned FEIN in EIN field (received from submitted Form 2848) and update Status field to 'Complete' in account management system (Microsoft Dynamics SL)
 - f. Initial and date appropriate section (Prior EIN) on Home Office Checklist (state specific)
 - g. Scan Form 2848 into participant's electronic file (DocuWare) as *Form 2848* and *2848 Signature Page*

INTERNAL CONTROL: FEA Coordinator ensure Form 2848 is complete before Authorized Representative submits to IRS, enters previously assigned FEIN into Microsoft Dynamics SL, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Power of Attorney and Declaration of Representative – Revoking Form 2848 – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) revokes Form 2848, if previously submitted, in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to revoke Form 2848 in compliance with IRS regulations, guidelines, and procedures (no need to revoke if expired).
 - a. Print Form 2848 found in participant's electronic file (DocuWare)
 - b. Write 'REMOVAL' above Form 2848 title
 - c. Provide '*Form 2848 Revocation*' to Authorized Representative(s) for signature by 'REMOVAL' language
 - d. Mail completed '*Form 2848 Revocation*' to IRS
 - e. Initial and date appropriate section (2848 Revocation: Power of Attorney and Declaration of Representative) on Termination Checklist (state specific)
 - f. Scan '*Form 2848 Revocation*' into DocuWare as '*2848 Revocation*'

INTERNAL CONTROL: FEA Coordinator provides revoked Form 2848 to IRS, scans all corresponding information into DocuWare, and follows with all future IRS requirements and correspondence.

Tax Information Authorization – Form 8821 – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) submits Form 8821 to receive employer previously assigned Federal Employer Identification Number (FEIN) when unable to receive from Form SS-4 in compliance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to submit Form 8821 in compliance with IRS regulations, guidelines, and procedures.
 - a. Send email request to Local Office (LO) Program Coordinator (PC) for employer signature on Form 8821
 - b. Initial and date appropriate section (Form SS-4: Application for Employer Identification Number or Notes) on Home Office Checklist (state specific)
 - c. Upon receipt of Form 8821 in DW (scanned by Local Office (LO)), type-set (if applicable) and call IRS to receive previously assigned FEIN
 - d. Enter previously assigned FEIN in EIN field (received from submitted Form 8821) and update Status field to 'Complete' in account management system (Microsoft Dynamics SL)
 - e. Initial and date appropriate section (Prior EIN) on Home Office Checklist

INTERNAL CONTROL: FEA Coordinator ensures Form 8821 is complete before submitted to IRS, enters previously assigned FEIN into Microsoft Dynamics SL, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Tax Information Authorization – Revoking Form 8821 – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) revokes Form 8821, if previously submitted, in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to revoke Form 8821 in compliance with IRS regulations, guidelines, and procedures.
 - a. Print Form 8821 found in participant’s electronic file (DocuWare)
 - b. Stamp ‘REVOKE’ above Form 8821 title
 - c. Sign and write current date by ‘REVOKE’ stamp
 - d. Mail completed ‘*Form 8821 Revocation*’ to IRS
 - e. Initial and date appropriate section (8821 Revocation: Tax Information Authorization) on Termination Checklist (state specific)
 - f. Scan ‘*Form 8821 Revocation*’ into DocuWare as ‘*8821 Revocation*’

INTERNAL CONTROL: FEA Coordinator provides revoked Form 8821 to IRS, scans all corresponding information into DocuWare, and follows through with all future IRS requirements and correspondence.

Change of Address or Responsible Party – Business – Form 8822(B) – Internal Revenue Service (IRS)

POLICY: Consumer Direct (CD) files Form 8822(B), when necessary, in accordance with IRS regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to file Form 8822(B) in compliance with IRS regulations, guidelines, and procedures.
 - a. Enrollment: When requesting employer previously assigned Federal Employer Identification Number (FEIN) by Form SS-4, Form 2848, or Form 8821 submittals and employer mailing address wasn't updated to CD's by IRS agent processing Form submittals.
 - i. Send email request to Local Office (LO) Program Coordinator (PC) for employer signature on Form 8822-B
 - ii. Upon receipt of Form 8822-B in participant's electronic file (DocuWare – scanned by LO), type-set if needed and print
 - iii. Mail Form 8822-B to IRS
 - iv. Initial and date appropriate section (Notes) on Home Office Checklist (state specific)
 - b. Termination: Update employer address for employer's where Form 8822 was previously scanned into DocuWare
 - i. Type-set and print Form 8822
 - ii. Mail Form 8822 to IRS
 - iii. Initial and date appropriate section (8822: Change of Address) on Termination Checklist (state specific)

Documents will be transferred from FEA Y drive to participant's electronic file (DocuWare)

IDAHO STATE FORMS

Registering Employer for Idaho (ID) State Income Tax Account (SIT) - Form IBR-1: Idaho Business Registration

POLICY: Consumer Direct (CD) registers employer for an ID SIT (WH) account, as soon as employer has wages paid, in accordance with ID State Tax Commission (ISTC) regulations, guidelines, and procedures to get a State Withholding account and State Unemployment Insurance account.

PROCEDURE:

1. Prepare any and all documentation required to register employer for a SIT account in compliance with ISTC regulations, guidelines, and procedures.
 - a. Type-set (if applicable) Form IBR-1
 - b. Go to <https://labor.idaho.gov/ibrs/ibr.aspx>
 - c. Click I am ready to apply for permits and accounts.
 - d. Click I have the required information and am ready to proceed.
 - e. Click Create a new account in *Begin New Registration Application or Update Accounts:* box
 - f. Create Username (employer's first name initial & last name) and Password (FEA2014*employer's initials)
 - g. Fill in requested information per Form IBR-1
 - h. Save online registration confirmation on FEA Y drive @ Y:\MHS\Accounting\FEA\Idaho Correspondence\Idaho Online Reg Conf Pages as *IBR reg conf (Employer Name if applicable) (P) Participant Name**
 - i. Remove 'PENDING' from W/H # field, update Status field to 'Applied For', and enter WH filing frequency (Reporting Frequency tab) in account management system (Microsoft Dynamics)
 - j. Initial and date appropriate section (Form IBR-1: Idaho Business Registration) on 'ID Home Office Checklist'
 - k. Enter WH account in State W/H # field (received from *IBR State Withholding Confirmation*) and update Status to 'Complete' in Microsoft Dynamics SL
 - l. Initial and date appropriate section (Form IBR-1: Idaho Business Registration) on 'ID Home Office Checklist'
 - m. Scan *IBR State Withholding Confirmation* directly to Tax Reporting Specialist's email
 - n. Scan *IBR State Withholding Confirmation* into participant's electronic file (DocuWare) as *IBR State Withholding Confirmation*

INTERNAL CONTROL: FEA Coordinator registers employer for an ID SIT account, provides Tax Reporting Specialist SIT account upon receipt, scans all corresponding information into DocuWare, and follows through with all future ISTC requirements and correspondence.

Retiring Idaho (ID) State Income Tax (SIT) Account

POLICY: Consumer Direct (CD) retires employer's ID SIT (WH) account, after SIT final filing has been filed, in accordance with ID State Tax Commission (ISTC) regulations, guidelines, and procedures.

PROCEDURE:

1. Ensure SIT final filing has been filed with ISTC
2. Prepare any and all documentation required to retire employer's SIT account in compliance with ISTC regulations, guidelines, and procedures.
 - a. Go to <http://tax.idaho.gov/i-1095.cfm>
 - b. Check Cancel my withholding permit/account and enter taxdept email address
 - c. Fill in requested employer information per information found in account management system (Microsoft Dynamics SL)
 - d. Print Business Taxpayer Self-Service page and then click Enter
 - e. Print Idaho State Tax Commission Business Taxpayer Self-Service page
 - f. Initial and date appropriate section (Withholding Account Inactivation) on 'ID Termination Checklist'
 - g. Update Status to 'Closed Inactivity' in Microsoft Dynamics SL
 - h. Scan Business Taxpayer Self-Service page into participant's electronic file (DocuWare) as '*Withholding Account Termination*'
 - i. Scan Idaho State Tax Commission Business Taxpayer Self-Service page into DocuWare as '*Withholding Account Term Conf*'

INTERNAL CONTROL: FEA Coordinator ensures Tax Reporting Specialist has filed final filing, retires employer's ID SIT account, scans all corresponding information into DocuWare, and follows through with all future ISTC requirements and correspondence.

Power of Attorney (POA) – Form EFO00104 – Idaho State Tax Commission (ISTC)

POLICY: Consumer Direct (CD) files Form EFO00104, upon receipt of SIT (WH) account, in accordance with ISTC regulations, guidelines, and procedures to give CD permission to act as the Participant’s POA for their Withholding and Unemployment Insurance accounts.

PROCEDURE:

1. Prepare any and all documentation required to file Form EFO00104 in compliance with ISTC regulations, guidelines, and procedures.
 - a. Type-set (if applicable) and print Form EFO00104 to temp folder on FEA Y drive
 - b. Fax Form EFO00104 to ISTC
 - c. Initial and date appropriate section (Form EFO00104: Idaho Tax Commission – Power of Attorney) on ‘ID Home Office Checklist’
 - d. Save fax confirmation on FEA Y drive @ Y:\MHS\Accounting\FEA\Idaho Correspondence\Email\ISTC\WH EFO Fax Conf as *WH POA Fax Conf – (Employer Name, if applicable – (P) Participant Name)*

INTERNAL CONTROL: FEA Coordinator provides POA to ISTC, scans all corresponding information into DocuWare, and follows through with all future ISTC requirements and correspondence.

Power of Attorney (POA) – Revoking Form EFO00104 – Idaho State Tax Commission (ISTC)

POLICY: Consumer Direct (CD) revokes Form EFO00104, after SIT (WH) account has been retired, in accordance with ISTC regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to revoke Form EFO00104 in compliance with ISTC regulations, guidelines, and procedures.
 - a. Print Form EFO00104 found in participant's electronic file (DocuWare)
 - b. Stamp 'REVOKE' above Form EFO00104 title
 - c. Sign, write current date and title by 'REVOKE' stamp
 - d. Save completed '*Form EFO00104 Revocation*' to temp FEA folder and fax to ISTC
 - e. Initial and date appropriate section (Form EFO00104 Revocation:) on 'ID Termination Checklist'
 - f. Scan '*Form EFO00104 Revocation*' into participant's electronic file (DocuWare) as '*WH POA Revocation*'
 - g. Scan fax confirmation into DocuWare as '*WH POA Revocation Fax Conf*'

INTERNAL CONTROL: FEA Coordinator provides revoked POA to ISTC, scans all corresponding information into DocuWare, and follows through with all future ISTC requirements and correspondence.

Registering Employer for Idaho (ID) State Unemployment Tax Act (SUTA) Account – Form IBR-1: Idaho Business Registration

POLICY: Consumer Direct (CD) registers employer for an ID SUTA (UI) account, as soon as employer has reached liability requirements, in accordance with ID’s Department of Labor (DOL) regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to register employer for a SUTA account in compliance with ID DOL regulations, guidelines, and procedures.
 - a. Form IBR-1 & online registration are dual applications/registrations (ID Home Office checklist previously initialed and dated for WH registration)
 - Remove ‘PENDING’ from SUTA # field, update Status field to ‘Applied For’, enter Liability Date (beginning date 1st quarter (QR) liability reached), and enter SUTA filing frequency (Reporting Frequency tab) in account management system (Microsoft Dynamics SL) if liable
 - Update Status field to ‘Not Subj Yet < \$1000’ if not yet liable
 - b. Enter UI account in SUTA # field (received from *IBR SUTA Confirmation Ltr*) and leave Status as is
 - c. Initial and date appropriate section (Form IBR-1: Idaho Business Registration) on ‘ID Home Office Checklist’
 - d. Scan *IBR SUTA Confirmation Ltr* directly to Tax Reporting Specialist email for notification of received UI account
 - e. Verify employer liability, notify DOL of non-liable employers, and update Microsoft Dynamics SL a week or two before end of each quarter
 - f. Scan *IBR SUTA Confirmation Ltr* into participant’s electronic file (DocuWare) as *IBR SUTA Confirmation Ltr*

INTERNAL CONTROL: FEA Coordinator registers employer for an ID SUTA account, provides Tax Reporting Specialist SUTA account upon receipt, scans all corresponding information into DocuWare, and follows through with all future ID DOL requirements and correspondence.

Retiring Idaho (ID) State Unemployment Tax Act (SUTA) Account

POLICY: Consumer Direct (CD) retires employer's ID SUTA (UI) account, after SUTA final filing has been filed, in accordance with ID's Department of Labor (DOL) regulations, guidelines, and procedures.

PROCEDURE:

1. Ensure SUTA final filing has been filed with DOL
2. Prepare any and all documentation required to retire employer's SUTA account in compliance with ID DOL regulations, guidelines, and procedures
 - a. Complete '*IDCLD – UI Inactivation Letter*' found on FEA Y drive @
Y:\MHS\Accounting\FEA\Termination Forms\ID Termination Templates
 - b. Save '*IDCLD – UI Inactivation Letter*' on FEA Y drive @
Y:\MHS\Accounting\FEA\Termination Forms\ID Termination Templates\Letters Submitted as '*IDDOL – UI Inactivation Letter – (Employer Name, if applicable)(P) (Participant Name)*'
 - c. Print and save completed '*IDDOL – UI Inactivation Letter*' to temp FEA folder
 - d. Fax '*IDDOL – UI Inactivation Letter*' to DOL
 - e. Update Status to 'Closed Inactivity' in account management system (Microsoft Dynamics SL)
 - f. Initial and date appropriate section (Unemployment Account Inactivation letter) on 'ID Termination Checklist'
 - g. Scan '*IDDOL – UI Inactivation Letter*' into participant's electronic file (DocuWare) as '*UI Account Termination*'

INTERNAL CONTROL: FEA Coordinator ensures Tax Reporting Specialist has filed final filing, retires employer's ID SUTA account, scans all corresponding information into DocuWare, and follows through with all future ID DOL requirements and correspondence.

Power of Attorney (POA) – Form EFO00104 – Idaho Department of Labor (IDDOL)

POLICY: Consumer Direct (CD) files Form EFO00104, after SUTA (UI) account receipt and employer liability, in accordance with IDDOL regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to file Form EFO00104 in compliance with IDDOL regulations, guidelines, and procedures.
 - a. Type-set (if applicable) and print Form EFO00104 to temp folder on FEA Y drive
 - b. Fax Form EFO00104 to IDDOL
 - c. Initial and date appropriate section (Form EFO00104: Idaho Tax Commission – Power of Attorney) on 'ID Home Office Checklist'
 - d. Scan fax confirmation into participant's electronic file (DocuWare) as *UI POA Fax Conf*

INTERNAL CONTROL: FEA Coordinator provides POA to IDDOL, scans all corresponding information into DocuWare, and follows through with all future IDDOL requirements and correspondence.

Power of Attorney (POA) – Revoking Form EFO00104 – Idaho Department of Labor (IDDOL)

POLICY: Consumer Direct (CD) revokes Form EFO00104, after SUTA (UI) account has been retired, in accordance with IDDOL regulations, guidelines, and procedures.

PROCEDURE:

1. Prepare any and all documentation required to revoke Form EFO00104 in compliance with IDDOL regulations, guidelines, and procedures.
 - a. Print Form EFO00104 found in participant's electronic file (DocuWare)
 - b. Stamp 'REVOKE' above Form EFO00104 title
 - c. Sign, write current date and title by 'REVOKE' stamp
 - d. Save completed '*Form EFO00104 Revocation*' to temp FEA folder and fax to IDDOL
 - e. Initial and date appropriate section (Form EFO00104 Revocation:) on 'ID Termination Checklist'
 - f. Scan '*Form EFO00104 Revocation*' into participant's electronic file (DocuWare) as '*UI POA Revocation*'
 - g. Scan fax confirmation into DocuWare as '*UI POA Revocation Fax Conf*'

INTERNAL CONTROL: FEA Coordinator provides revoked POA to IDDOL, scans all corresponding information into DocuWare, and follows through with all future IDDOL requirements and correspondence.

Documents will be transferred from FEA Y drive to participant's electronic file (DocuWare)

VI. GENERAL FEA TASKS

Criminal History Background Check (CHC)

POLICY: Either a successful Idaho Criminal History Unit background check or an appropriately executed CHC Waiver must be on file with Consumer Direct for all employees of any FEA program participant

PROCEDURE:

When a Participant is hiring a new Employee, there is a mandatory requirement to perform a Criminal History Check (CHC) unless the Participant and their Support Broker has signed a CHC Waiver for the Community Support Worker (Employee). Consumer Direct has a contractual requirement to verify that any potential employee selected by a Participant in either the adult or children's FEA program has either a satisfactory CHC or a valid waiver on file. Any potential employee with a failed CHC and no waiver cannot receive payment under the Idaho FEA program.

Participant and Applicant Responsibilities

1. The Participant will instruct the Employee (Applicant) to contact the Idaho Department of Health and Welfare (DHW), Criminal History Unit, register, and set up an appointment. The applicant should reference agency identification number 1710. This will register the applicant, their application status, and their CHC results under the Idaho Self Direction Program.
2. Under the Idaho FEA program rules, the cost of the CHC is born by the applicant at the time their fingerprints and identification information are taken by the DHW.

Consumer Direct Responsibilities

1. Upon receipt of a New Employee Packet requiring a successful CHC report, the CHC report should be pulled. The results should be available approximately two(2) weeks following the applicant's meeting with the DHW.
2. Go to the Criminal History Unit's web site: www.chu.dhw.idaho.gov
3. Log On to the site:
 - 3.1. Enter the User Name (assigned by the Idaho Medicaid program)
 - 3.2. Enter the Password (assigned by the Idaho Medicaid program)
 - 3.3. Log On as Employer
4. From the home screen you can search by first name, last name, or SSN of applicant.
5. Double click the applicant's name when it appears.
6. Click the Print Clearance Letter Button.
 - 6.1. Print the CHC report as a PDF file
 - 6.2. Barcode and place a copy of the form to be scanned with the New Employee Packet
7. Procedure for notifying Participant/Employer of a satisfactory CHC

- 7.1. Consumer Direct notifies the Participant immediately by email (or US mail if necessary) that the Applicant has received a satisfactory CHC and their Employee Enrollment can be completed.
8. Procedure for notifying Participant/Employer of failure of Applicant to pass CHC
 - 8.1. Consumer Direct notifies the Participant and Support Broker immediately by email (or US mail if necessary) that the Applicant has not passed the CHC or has not had a CHC performed and their Employee Enrollment cannot be completed.
 - 8.1.1. Participant has the option to sign a CHC Waiver or a Waiver of Failed Criminal History Check to complete the enrollment process.
 - 8.2. Consumer Direct will not complete enrollment of the Applicant unless a signed CHC Waiver is received or a satisfactory CHC has been completed.
9. Document the results of the CHC in the Consumer Direct systems and file the documentation in the Applicant's file.

INTERNAL CONTROL: Either a successful CHC Notification or a completed and signed CHC Waiver is in the employee's files

Office of Inspector General (OIG) Check

POLICY: Evaluate each prospective employee for any exclusion that would prevent them from being employed through the Idaho FEA program, such as: Convictions for program-related fraud and patient abuse, licensing board actions, and default on Health Education Assistance Loans.

PROCEDURE:

1. CDID staff goes to the website for the OIG search (<http://exclusions.oig.hhs.gov/>) and enters the prospective employee's last name and then first name. If they have indicated a maiden name or "other" name on the I-9 form, click on "Search for Multiple Individuals" and enter their maiden name or other names in the appropriate boxes. Click Search
2. The search results will appear. For a person with no exclusions, the screen will read: "No results were found for last name, first name and the date."
 - a. Print the screen, barcode, and place in the employee's file to be processed
3. If the name matches one in the OIG system, the website will request the employee's social security number as a secondary verification of a match.
 - a. If exclusions ARE found:
 - i. Print the screen
 - ii. Notify the employee and Participant that, at this time, this person is not eligible for employment.
 - b. If the social security number is NOT found to be a match:
 - i. Print the screen, barcode, and scan with the New Employee Packet

- ii. Enter the OIG review date in the CHC portion of the contact software
4. An initial OIG check will be performed at the time of hire
5. The OIG report will be checked electronically on a monthly basis for all active employees.

INTERNAL CONTROL: OIG check in personnel file dated prior to initial processing by Consumer Direct

Idaho State Medicaid Exclusion List Check

POLICY: Consumer Direct will screen each prospective employee for exclusion from participation in Medicaid funded health care programs due to inclusion on the Idaho Medicaid Provider Exclusion List

PROCEDURE:

WEB LOCATION: Idaho Department of Health and Welfare <http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/tabid/214/default.aspx>

1. Go to the website for the Idaho Department of Health and Welfare.
2. Go to the Provider Exclusion List section part way down the page. Open this report by clicking on the hyperlink.
3. Search the list of excluded providers for the name of the potential employee, including any other names as listed on the I-9 form
4. If the potential employee DOES NOT appear on the exclusion list:
 - a. Complete the **Medicaid Exclusion List Verification** form, checking the box indicating that the potential employee WAS NOT included on the exclusion list
 - b. Record the revision date of the Medicaid Exclusion List on the form
 - c. Record the date and the Exclusion List was checked on the form Record the date checked in the Criminal History section in Sugar
 - d. Include the Medicaid Exclusion List Verification form to be scanned with the New Employee Packet
5. If the potential employee DOES appear on the exclusion list:
 - a. Complete the **Medicaid Exclusion List Verification** form, checking the box indicating that the potential employee WAS included on the exclusion list
 - b. Record the revision date of the exclusion list on the form
 - c. Record the date and the Exclusion List was checked on the form
 - d. Notify participant and support broker that at this time, the prospective employee is not eligible for employment under a Medicaid funded program. The participant is to be notified immediately by telephone, email or in writing via US mail.

- e. In the case of a failed exclusion list check, there will not be a DocuWare file created for the individual. In this case, make a note in Sugar under the participant and employee record and include the completed Medicaid Exclusion List Verification with the note.

Note: A report must be generated for Idaho Medicaid following each payroll run depicting those Participants and their employees that have had background checks waived, those that have required the background checks, any reference numbers for the background checks, OIG check date, and Medicaid Exclusion List check date.

INTERNAL CONTROL: Printed Verification in DocuWare

Certified Family Home (CFH) Certifications

POLICY: Consumer Direct will retain CFH certificates on file for all participants residing in home that is not their own (such as their parent or guardian's home) and the homeowner is being paid to provide supports in the home

PROCEDURE:

A Certified Family Home certification is required by the State when a participant resides in a home that is not their own (such as their parent or guardian's home) and the homeowner is being paid to provide supports in the home.

1. Consumer Direct will include the CFH certificate is on file with the participant's records if the certificate is received with the participant's approved Support and Spending Plan.
2. Without the CFH certification the homeowner can only receive compensation for services conducted outside of the home. Employment agreements are only active for the duration of the plan year. If the certificate is not received with the annual plan the employee will not be able to bill for services in the home until a new agreement and certificate is submitted.

INTERNAL CONTROL: CFH certificate is on file in DocuWare, employee agreements are active for the duration of the current plan.

Monitoring Service Delivery

POLICY: All health and safety concerns related to the Participant are reported to the Care Manager or Case Coordinator and to protective services as appropriate

PROCEDURE:

1. Consumer Direct staff will immediately report any concerns about the health and safety of a Participant including:
 - Allegations of abuse, neglect, and/or exploitation
 - Health, safety, and welfare
 - Non-delivery or extended breaks in service
 - Noncompliance with employer responsibilities
2. The call, action steps, and resolution will be documented in Sugar.
3. If Consumer Direct suspects that a Participant is being harmed or a danger to self or others, the concern will be reported to protective services.

INTERNAL CONTROL: Sugar documentation

Documentation of Services Delivered

POLICY: Consumer Direct documents all contact related to Participant service delivery in Sugar and maintains time sheets in accordance with Federal and State law

PROCEDURE:

1. All contact with the Participant is documented in Sugar
2. The majority of time and mileage submitted for payment is entered online by the employee and approved by the Participant using Consumer Direct's Web Portal: www.MyDirectCare.com
3. For any Participant utilizing paper time/mileage sheets, the Participant or employee emails, faxes, mails, or drops off the time sheets on the due date identified on the payroll calendar. Any time sheets received after midnight on the due date are considered late. Time sheets are reviewed by the administrative staff for:
 - Participant and Employee ID numbers
 - Participant and Employee signatures and dates
 - Legibility
 - Valid in/out times or mileage
 - Valid service codes

- Service Dates
 - Use of the correct form
4. Paper time/mileage sheets are scanned and entered into DocuWare. The time sheet is kept electronically for five years.
 5. The time/mileage sheet is read by Optical Character Recognition software and entered into the payroll system.
 - a. If there are errors on the timesheet such as missing am/pm, end time before start time, overlapping time, or service codes the employee is not authorized to use, payment for those entries is held and the Program Coordinator contacts the participant and/or support broker. The employee will be paid when resolution is achieved.
 6. All communication with the participant or their employees is documented in Sugar. Follow-up with the participant may occur based on the nature of the conversation.
 7. Any corrections to documentation will be conducted by:
 - Make one line through the error
 - Initial and date the correction
 - Or
 - Submit a new form

See payroll processes below for more detail.

INTERNAL CONTROL: Electronic records found in Service Log and copies of Time/Mileage Sheets in DocuWare.

Training Administrative Staff (includes Program Coordinator, Program Specialist, Office Coordinator, and Program Manager)

POLICY: All administrative staff are trained for the positions they are hired into so they are fully prepared to perform the required tasks of the job

PROCEDURE:

1. All staff must complete the Consumer Direct self-directed training curriculum within six months of hire. The majority of the curriculum is completed within three months. The curriculum is comprised of separate topic modules.
2. Once a module is complete it is noted on the Program Coordinator or Administrative Checklist. The supervisor tracks the completion of the modules. Any questions the new employee has about the training materials are discussed with the supervisor.
3. The tests for federal and state training are scanned to InfoHR and filed in their personnel file.
4. The completed checklist is scanned to InfoHR

5. Additionally, staff participate in ongoing training activities during regular staff meetings as well as conferences, classes, and in-services as appropriate. All training is documented in the personnel file retained by HR.

INTERNAL CONTROL: Training records retained in Human Resources

VII. PAYMENT PROCESS

Collecting Employee Time

POLICY: Idaho Consumer Direct collects employee time on a bi-weekly basis to ensure that payroll is processed accurately and consistently

PROCEDURE:

The payroll schedule is issued to the Participant at enrollment and the Employee upon hire. Current payroll schedules can be found on the Consumer Direct website at www.consumerdirectID.com.

- 1. Online Entries via Web Portal:** www.MyDirectCare.com
 - a. The majority of all time and mileage records are entered online using the MyDirectCare (MDC) website.
 - b. All employees and Participants have their own unique credentials on MDC.
 - c. An employee enters their time and mileage records into MDC on a schedule determined with their employer, typically on a weekly or bi-weekly basis.
 - d. Once the employee's time has been entered, the Participant can log into the MDC site, review their employee's entries, and approve their time/mileage for payment.
 - e. The MDC site eliminates the use of unauthorized service codes, incorrect or illegible time entries, and overlapping time issues. Thus, once the time/mileage has been approved, it is automatically queued for processing with the next regular payroll.
 - f. All online time must be entered and approved by Wednesday at midnight on the week marked on the payroll calendar for timesheet submittal in order to be included with the current payroll cycle. Time or mileage approved after that time will be queued for the next regular payroll cycle.
- 2. Paper Time and Mileage Sheets**
 - a. For those Participants who elect to utilize paper time and mileage sheets, the employee records hours worked on a Consumer Direct approved time sheet. Mileage is recorded on an approved mileage sheet.
 - b. The Participant and employee sign and date the time and mileage sheets indicating that the hours the employee has worked and the miles claimed are accurate. The Participant's signature and date authorizes payment.
 - c. Consumer Direct collects all time/mileage sheets from employees per the published payroll schedule via email, fax, mail, or submission at the CDID office.
 - d. The time sheet is date stamped upon receipt. All time and mileage sheets must be received by midnight on Monday of timesheet week or they are considered late and are not guaranteed to be included with the current payroll cycle.
 - e. The time/mileage sheet is reviewed by office staff to ensure:
 - i. It contains the Participant's signature and date
 - ii. The employee has signed and dated

- iii. Entries are legible, complete, and all service codes are valid
- iv. The signature dates are after the last date of service recorded
- f. If the time/mileage sheet is inaccurate, the Participant is contacted to clarify. If the Participant verbally provides necessary information and permission for correction, the CDID staff person makes minor correction(s) and notes the contact on the time/mileage sheet. If necessary, the sheet is returned to the Participant who makes corrections and resubmits the time/mileage sheet.
- g. After time and mileage sheets have been reviewed by the local office, they are scanned to DocuWare for processing and retention.
- h. The time/mileage sheet undergoes a detailed review by Data Entry while creating the service log entries. If the information is correct, all the time is entered and queued for payment. If there are errors, the correct records are entered, the incorrect records are marked, and the timesheet is sent to Remote Office for review and correction by local CDID staff following the procedure outlined in item f above.
- i. Participants and employees are informed at enrollment, on the time sheets, and periodically with newsletters and payroll reminders that errors on time sheets may result in late pay.

INTERNAL CONTROL: 1. All service entries are reviewed, corrected, and paid if possible. 2. Documentation in the electronic records that the Participant has been contacted regarding errors

Preparing Employee's Payroll Checks and Payroll Statement

POLICY: Consumer Direct will accurately, consistently, and reliably prepare employee's payroll checks and payroll statements (check stub)

PROCEDURE:

1. Caregiver Entry and the Payroll Coordinator have previously entered payroll information about each employee into the system, based on forms completed in the enrollment packet (e.g. W-4)
2. Service Log entries are created via the Web Portal or by Data Entry processing paper time/mileage sheets. All appropriate Service Log entries are released to Payroll for processing and payment
3. Data Entry runs Prebill to verify the validity of all Service Log entries.
 - a. If there are any problems such as missing rates, overlapping time, or authorization issues, those errors will be corrected with the assistance of the appropriate departments as needed.

4. Payroll Coordinator runs a “Zero Pay” report indicating if there are missing units, rates of pay, or authorization issues
 - a. If there is missing data, Payroll contacts Data Entry to make corrections
5. Payroll Coordinator processes assigned benefits and payroll deductions
6. Payroll Coordinator verifies that rate of pay multiplied by the hours worked per each pay period is equal to the gross pay by spot checking a random sample during review of the check preview report
7. Payroll Coordinator prepares payroll checks and issues them to employees, either by direct deposit, paper check, or pay card, and also issues payroll statements to each employee.
8. The payroll statement includes:
 - Name of employee/community support worker
 - Average hourly rate of pay
 - Total hours worked
 - Gross pay
 - A list of all deductions (taxes, insurance, garnishments, and other)
 - Net pay
 - Pay period ending date

INTERNAL CONTROL: 1. Transfer Edit Report (all service log entries) will be run prior to preparing the actual payroll to ensure payroll is correct and the computerized accounting/information system is programmed accurately;

2. Review of the check preview for any unusual transactions

Verifying Employee’s Hourly Wage For Regular Pay

POLICY: Consumer Direct verifies that employees’ hourly wage is in compliance with program requirements

PROCEDURE:

1. The Consumer Direct Payroll Department reviews mailed materials received from various taxing authorities and reviews all Federal Department of Labor, State Department of Labor, and any other applicable web sites for changes to the federal and state wage and hour rules on at least a semi-annual basis.
2. The Participant completes the Community Support Worker Agreement with his/her employee at hire and with the participant’s annual plan. This form is included in the Employee Packet and on the Consumer Direct website.
3. Program Coordinator or Program Specialist reviews the proposed wages from the Participant – Community Support Worker Employment Agreement and compares them against “Reasonable and Customary” rates. Any rates of \$15/hr or more require justification for the

enhanced rate and should be included on the Participant's support and spending plan. If needed, wages are verified with the Care Manager/Case Coordinator prior to processing. For the children's program, all rates are verified against the Support and Spending plan. If the rate is not approved on the plan then a corrected wage agreement or plan is needed.

4. Program Coordinator scans the Employment Agreement into DocuWare.
5. Caregiver Entry enters data from the Agreement into the computerized accounting/information system, including entering rates of pay for different services on Employment Agreement.
6. Caregiver Entry notifies the Program Coordinator of any questions related to wages for different services on the Employment Agreement.
7. The Program Coordinator communicates questions to the Participant/employer to clarify wages and services.
8. As necessary, the Program Coordinator obtains a corrected or revised Agreement to ensure that each employee's wage is accurate.
9. The corrected or revised Agreement is scanned into the DocuWare.
10. Caregiver Entry enters revised service codes and related pay rates into the computerized accounting/information system.

INTERNAL CONTROL: The Payroll/FEA Manager randomly reviews a percentage of the employees' pay rates against their Employment Agreement to ensure the pay rate is correct as part of the check preview process

Compute and Deposit State Unemployment Taxes (SUTA) Quarterly for Each Individual Employee of Participant

POLICY: Consumer Direct accurately, consistently, and reliably computes, files, and deposits State Unemployment Taxes for employees of each individual Participant in accordance with Idaho regulations

PROCEDURE:

1. At least semi-annually, review the Idaho Department of Labor website for updates to the rules and regulations for state unemployment and disability insurance taxes.
2. Payroll Coordinator enters rates into the computerized accounting/information system which calculates state unemployment taxes for each Participant based on the amount of wages paid to each employee per quarter.
3. Payroll Coordinator reports unemployment taxes individually for each Participant, but taxes are deposited in the aggregate per state requirements.
4. State unemployment taxes are paid either electronically or manually by the end of the month following quarter end.

5. Confirmation is furnished to the Payroll/FEA Manager and becomes part of the quarterly tax file as support documentation.

INTERNAL CONTROL: 1) All quarterly filings are reviewed by the Payroll/FEA Manager prior to filing; 2) SUTA deposit reflected on report generated by computerized accounting/information system

Computing, Withholding, Filing, and Depositing Quarterly Federal Income Tax for Employees in the Aggregate Using IRS Form 941 and Schedules B and R

POLICY: Consumer Direct accurately, consistently, and reliably computes, withholds, files, and deposits federal income tax for employees on at least a quarterly basis

PROCEDURE:

1. Consumer Direct's computerized accounting/information system computes and withholds federal income tax for employees based upon their earnings, exempt status, and allowances claimed on their W-4
2. The Payroll Coordinator completes Form 941 with Schedules B and R to file payroll taxes (reporting amount of federal income tax withheld and both employee and employer shares of Social Security and Medicare taxes for the reporting period).
3. The Payroll Coordinator deposits federal income tax withholdings via EFTPS with each payroll according to the appropriate schedule listed in Circular E Publication 15.
4. Form 941 with Schedules B and R is signed by a Corporate Officer before filing.
5. Form 941 with Schedules B and R is filed by the Payroll Coordinator on a quarterly basis by the end of the month after quarter end. (See Form 941 and instructions)
6. Confirmation of the deposit is furnished to the Payroll/FEA Manager and becomes part of the quarterly tax file as support documentation.

INTERNAL CONTROL: 1) All quarterly filings are reviewed by the Payroll/FEA Manager prior to filing; 2) Payroll/FEA Manager reviews the tax deposit checklist to ensure deposits were made according to schedule; 3) Withholding payments are reflected on a report generated by the computerized accounting/information system

Filing Social Security and Medicare (FICA) Taxes Quarterly in the Aggregate Using IRS Form 941 and Schedules B and R

POLICY: Consumer Direct files Social Security and Medicare taxes quarterly in the aggregate using the IRS Form 94 and Schedules B and R under the Employer Agent's separate FEIN in accordance with IRS Rev. Proc. 70-6 for employees

PROCEDURE:

1. Consumer Direct maintains a system that computes and withholds Social Security and Medicare taxes for employees and employers.
2. Consumer Direct maintains a payroll system that identifies each Participant's FEIN and can file in the aggregate using Consumer Direct's separate FEIN.
3. Each pay period, the Payroll Coordinator deposits Social Security and Medicare withholding according to the appropriate schedule listed in Circular E Publication 15.
4. The Payroll Coordinator files IRS Form 941 and Schedules B and R quarterly by the end of the month after quarter end. (See Form 941 and instructions)
5. Form 941 and Schedules B and R is signed by a corporate officer before filing.
6. A copy of Form 941, Schedule R, and Schedule B is placed in the quarterly report file.

INTERNAL CONTROL: 1) All quarterly filings are reviewed by the Payroll/FEA Manager prior to filing; 2) Payroll/FEA Manager reviews the tax deposit checklist to ensure deposits are made according to schedule; 3) Payment of FICA taxes is reflected on a report generated by the computerized accounting/information system

Relationship Disclosure Form

POLICY: Consumer Direct maintains a system to ensure that FICA (Social Security and Medicare), FUTA, and SUTA are not withheld or paid for family members who are paid employees and who are exempt from paying into FICA, FUTA, and SUTA in compliance with IRS rules (FICA and FUTA per IRS Publication 15 and SUTA per Publication 926: *Household Employer's Tax Guide*)

PROCEDURE:

1. At least semi-annually, the Payroll/FEA Manager reviews the IRS and Idaho State Tax Commission website, mailed materials from taxing authorities, and electronic communications for updates to the rules and regulations for state unemployment and disability insurance taxes.
2. At the time of hire, the employee completes the Participant – Employee Relationship Disclosure Form contained in the New Employee Packet.
3. The ERD form is scanned into DocuWare with the employee's initial documentation by the Program Specialist.
4. Caregiver Entry staff enter the exemption into the payroll system as indicated by the employee on the ERD form.

5. CDMS' computerized accounting/information system is programmed to identify exempt employees. No deductions are withheld from the pay for any employee so identified in the system.

INTERNAL CONTROL: Reviewed by Payroll/FEA Manager during Quarterly Report filing

Notification to Participants and Employees About Late Payment

POLICY: Consumer Direct notifies Participants and employees if payments will be generated or distributed late

PROCEDURE:

1. Consumer Direct processes all approved time sheets, mileage sheets, and vendor payment request forms as outlined in relevant procedures.
2. All payments will be documented in the computerized accounting/information system that accurately tracks the status of payments.
3. The Payroll Coordinator will research any payroll inquiry and work with the Program Coordinator and Data Entry to resolve any problems.
4. Payment errors, including pay checks and vendor payments, that are Consumer Direct's error will be corrected and manually paid immediately. Notification will be given verbally to the employee and Participant regarding when the payment has been made. Payments will be distributed to individuals using the payment method reflected on their Payroll Selection Form.
5. Payment errors, including time and vendor payments, that are the employee's or Participant's error will be paid during the next scheduled payroll cycle. If late time sheets are a frequent problem, a Corrective Action Plan may be warranted.
6. If errors exist that will delay payment, the Program Coordinator contacts the Participant and employee as soon as the delay in payment is identified. This contact is recorded electronically and associated with the Participant's or employee's records.
7. Consumer Direct scans all documents into the electronic files

INTERNAL CONTROL: Report generated by the computerized accounting/information system of active employees who will not be paid. Payroll inquiries tracked through Sugar.

Lost, Stolen, or Improperly Issued Checks or Improperly Cashed Checks

POLICY: Consumer Direct will re-issue lost, stolen, or improperly issued checks at no expense to the Participant or the Department. Consumer Direct tracks and logs occurrences of improperly cashed or issued checks and shall stop payment on checks when necessary

PROCEDURE:

1. Consumer Direct processes all approved time sheets, mileage sheets, and vendor payment request forms as outlined in relevant procedures.
2. All payments will be documented in a computerized accounting/information system that accurately tracks the status of payments.
3. The Payroll Coordinator/Accounts Payable Clerk will research any payroll inquiry or vendor payment inquiry related to lost, stolen, or improperly issued checks and work with the Program Coordinator and Data Entry to resolve any problems. Any contact with a participant/employee related to these issues is recorded in Sugar.
4. Lost, stolen or improperly issued checks will be reissued within 14 calendar days of when the error occurred, provided Consumer Direct is aware of the situation within that timeframe.
5. If the error is Consumer Direct's, a special payroll is run. Consumer Direct will re-issue lost, stolen, or improperly issued checks at no expense to the Participant.
6. The Payroll Coordinator/Accounts Payable Clerk will stop payment on checks when necessary.
7. Consumer Direct scans all documents related to lost, stolen, or improperly issued checks or improperly cashed checks into the electronic files (DocuWare or Sugar).
8. Checks will be logged on a spreadsheet when it is discovered a check was improperly issued, reissued, or cashed.
 - a. Original check information, check issue, action steps and reissued check information is tracked

INTERNAL CONTROL: Report generated by the computerized accounting/information system of lost, stolen, or improperly issued checks or improperly cashed checks.

Processing All Judgments, Garnishments, Tax Levies, or Any Related Holds on Participant-Employed Support Service Worker's Pay

POLICY: Consumer Direct processes all judgments, garnishments, tax levies, or any related holds on Participant-employed support service workers' pay as may be required by local, state, and/or federal laws.

PROCEDURE:

1. Payroll Assistant logs all judgments, garnishments, and tax levies
2. Payroll Coordinator reviews the garnishments, tax levies, or any related holds; enters data into the employee's electronic payroll file and withholds payment as proscribed.
3. Accounts Payable remits payments timely to the appropriate agency in accordance with the garnishments, tax levies, or any related holds.
4. Payroll Coordinator enters change in computerized accounting/information system to reflect that garnishments are not paid when writs are expired.

INTERNAL CONTROL: General Ledger verifies that the amount withheld from the employee's pay was paid to the appropriate agency. Variance report reflects change in pay and Payroll/FEA Manager confirms garnishment or lack thereof

Processing Vendor Payment Requests

POLICY: Consumer Direct will process vendor payment requests submitted by the program Participants

PROCEDURE:

1. All Vendor Payment Requests (VPR) are date stamped upon receipt at the Consumer Direct office.
2. The Program Coordinator reviews the request for payment form to ensure that it has been completed correctly. A voided receipt, unpaid invoice, or hard quote must also be attached.
3. The Program Coordinator reviews the request, specifically verifying the following:
 - a. Participant Name and ID are on the VPR form
 - b. Vendor Name and Address are on the VPR form
 - c. W-9 is On File or Attached
 - i. A W-9 is required for any vendor providing a service, and for any vendor that is not incorporated (i.e. "Inc" or "Corp" designation)
 - d. Item/Service is Authorized on the Support and Spending Plan (SSP)
 - e. Service Code on VPR Matches the Authorized Service Code on the SSP
 - f. VPR Amount is Approved on the SSP
 - i. Single purchase amount does not exceed the authorized amount
 - ii. Total purchases of item/service do not exceed the authorized amount or total units
 - g. Funds are Available in the Remaining Budget
4. If there are any problems with the Request or documentation, the Program Coordinator

- will contact the Participant by email and/or phone to correct the problem
5. If the Request is determined to be complete, correct, and there are sufficient funds remaining in the budget category, it will be scanned into DocuWare for processing by the CDMS Data Entry and Accounts Payable departments.
 6. The week of payroll, as soon as the payroll processing is complete, Data Entry will enter all the Vendor Payment Requests that have been scanned or corrected and are ready to be processed.
 7. Once entry is complete, Data Entry will notify Accounts Payable to pull all the Vendor Payments on the Tuesday of payroll week.
 8. Vendor Payment checks will be placed in the mail on or before Thursday of the week they are processed.
 9. Consumer Direct issues a check made out to the Vendor, Agency, or Independent contractor. Vendor checks are mailed to the Participant. Agency and Independent Contractor checks are mailed directly to the Agency or I/C unless Consumer Direct has been specifically requested to send the check to the Participant.
 - a. An Agency or Independent Contractor agreement with the Participant must be submitted or on file for the checks to be mailed directly to the provider. In the absence of an Agency or I/C agreement, the provider is considered a vendor and the checks are mailed to the Participant for distribution.
 10. A copy of the processed VPR is maintained as an electronic file in DocuWare.
 11. Only expenses specifically approved on the Participant's Support and Spending Plan will be paid.
 12. Per Idaho Code restrictions, Consumer Direct will not reimburse the Participant for any expenses. All Vendor Payment Requests must be prior to payment for the goods or services.

INTERNAL CONTROL: 1. When Accounts Payable prints a check, the check number and issue date are recorded on the VPR form in DocuWare. 2. Report in the computerized accounting/information system documenting all vendor payments on behalf of a Participant

Reporting all New Employee Hires to the State

POLICY: Consumer Direct reports all new hires as required by the State. Per direction from Idaho Medicaid, Consumer Direct reports all newly hired employees to the Idaho Department of Health and Welfare on a monthly basis. The Department then transmits the information to the Idaho Department of Labor.

PROCEDURE:

1. New employee completes a W-4 at the time of hire.

2. The new employee's paperwork, including the W-4, is submitted to Consumer Direct.
3. Program Specialist reviews the new hire packet, then scans the completed paperwork, including the W-4, into the CDMS computerized accounting/information system.
4. Caregiver Entry enters the W-4 into the computerized accounting/information system.
5. A report is generated each month identifying all new hires based on which individuals had employment start dates during the previous two month period, but have not yet been reported.

Note: The two month period is monitored to account for individuals who started working, but did not submit their paperwork to Consumer Direct in a timely manner.

INTERNAL CONTROL: 1. Computerized accounting/information system generates report of new hires. 2. A CDID staff member audits the new hire list which is then posted to the SFTP site by the 10th of the month

Paying Employees by Direct Deposit

POLICY: Consumer Direct offers direct deposit to all employees

PROCEDURE:

1. The employee completes a Direct Deposit Form, included in New Employee Packets, and provides a voided check or a document from their bank indicating the routing and account numbers.
2. The Program Coordinator or Program Specialist reviews the Direct Deposit Form to make certain it is completed correctly and completely.
3. If the form is completed correctly, the Program Coordinator or Program Specialist scans the Direct Deposit Form to DocuWare.
4. If there is missing information or an error on the Direct Deposit Form, the CDID staff member contacts the employee to obtain the missing or corrected information.
5. Caregiver Entry staff enter the employee's bank routing and account numbers into the computerized accounting/information system as part of the employee's electronic record.
6. The Payroll Coordinator will verify the employee's bank account information by submitting the bank routing and account information to his/her bank as a pre-note with the next regular payroll run.
7. Payroll receives a report from the bank indicating the status of the pre-note:
 - a. If the pre-note was successful, the employee's electronic record in the CDMS system is marked to indicate the account information has been successfully pre-noted and direct deposit is authorized.
 - b. If there is any problem with the pre-note information uploaded to the bank, the Payroll Coordinator will either correct the problem or contact CDID for assistance. The Program Coordinator will then contact the employee to verify and correct the

information, the corrected document(s) will then be scanned to DocuWare for processing and pre-noting, starting with step 5 above.

8. The employee will receive a paper check until their bank account is successfully pre-noted.
9. Once successfully pre-noted, the Payroll Department will disburse employee pay through direct deposit until cancelled by the employee.
10. If problems are encountered with direct deposit, e.g. bank is sold, routing numbers change, account is closed, etc., a paper check is sent to the employee until direct deposit has been reestablished.

INTERNAL CONTROL: A file for direct deposit is created and uploaded to the federal ACH system. Once uploaded, the totals are verified against the internal ACH report by the Payroll Coordinator and a Direct Deposit Bank Report is printed from the bank website. A senior financial staff member reviews and releases the ACH batch at the bank website. The Payroll Coordinator verifies that each ACH batch has been released. Payroll/FEA Manager monitors the process.

Maintaining Information in Payroll Records and Internal Service Log

POLICY: Consumer Direct maintains a system that accurately contains information in payroll records for a minimum of five (5) years as required by the state.

PROCEDURE:

1. Employee payroll information that is retained includes:
 - Name and address
 - Occupation
 - Date of hire
 - Social security number
 - Rate of pay
 - Bank information
 - Employer of record
 - Tax filing status
 - Amount paid each pay period
 - Deductions (taxes, insurance, etc.)
 - Beginning and ending hours worked each day (Service Log)
 - Termination date
2. All relevant hard copy documentation, including, but not limited to, employment paperwork, time sheets, and vendor payments is scanned into DocuWare and associated with the Participant's and/or Employee's electronic records, as appropriate.
3. Files are audited annually for all relevant documentation.
4. Records are retained for a minimum of five years after the employee terminates employment.

INTERNAL CONTROL: Payroll Coordinator maintains information in the payroll records. Information is verified by the Payroll/FEA Manager

VIII. END OF YEAR PROCESSING

Preparing Annual IRS Form W-2: Wage and Tax Statement for Employees

POLICY: Consumer Direct prepares, files, and distributes IRS Forms W-2: *Wage and Tax Statement* for employees in accordance with IRS instructions and regulations for agents. Consumer Direct files electronically in the aggregate.

PROCEDURE:

1. Payroll Coordinator summarizes quarterly payroll reports to ensure the total amounts from the quarterly reports equals the annual W-2's generated.
2. W-2s are printed annually for each employee
3. W-2's for all employees are mailed each year by date designated by the IRS.
4. Payroll/FEA Manager files the necessary electronic information (W-2s) with the State of Idaho by February 28th.

INTERNAL CONTROL: Annually Payroll Coordinator prepares a spreadsheet to reconcile the W-2's to the quarterly reports. The Payroll/FEA Manager reviews the spreadsheet prior to W-2's being printed.

Preparing Annual IRS Form W-3: Transmittal of Wage and Tax Statements

POLICY: Consumer Direct prepares and files IRS Form W-3: *Transmittal of Wage and Tax Statements* for Participants in accordance with IRS instructions and regulations for agents. Consumer Direct files electronically in the aggregate.

PROCEDURE:

1. Payroll Coordinator summarizes the annual W-2's
2. Payroll Coordinator prepares Form W-3, including related W-2s, for each Participant
3. Payroll follows procedures outlined in Circular E to prepare and file Form W-3
4. Payroll files the necessary electronic information (W-3) with the Social Security Administration by February 28th.

INTERNAL CONTROL: Annually Payroll Coordinator prepares a spreadsheet to reconcile the W-2's to the quarterly reports/Forms 941. The Payroll/FEA Manager reviews the spread sheet. A copy of the W-3 and spreadsheet are provided to the General Ledger Accountant for reconciliation to financial statements.

Filing Federal Unemployment Insurance (Form 940)

POLICY: Consumer Direct accurately, consistently, and reliably computes, deposits, and files federal unemployment insurance taxes (FUTA) in the aggregate on a quarterly basis under Consumer Direct's FEA FEIN. IRS Form 940 and Schedule R: *Employer's Annual Federal Unemployment (FUTA) Tax Return* are filled annually in accordance with IRS regulations related to FEA responsibilities.

PROCEDURE:

1. Consumer Direct's computerized accounting/information system computes federal unemployment insurance taxes (FUTA) for community support workers with each payroll.
2. On an annual basis, the Payroll Coordinator produces an aggregate report showing wages paid for the year and FUTA due under the FEA program.
3. The Payroll Coordinator completes form 940 by January 31st each year (See Form 940 and instructions).
4. A corporate officer signs the form before filing.
5. Federal unemployment insurance taxes (FUTA) due are deposited upon completion of the annual Form 940 and Schedule R. Deposits are computed and made quarterly as necessary based on the appropriate limits.
6. A hard copy of the IRS Form 940 and Schedule R is filed in the "Aggregate File" for future reference.
7. Any payment remitted requires approval from the Payroll/FEA Manager.
8. Confirmation of the deposit is furnished to the Payroll Lead Coordinator and becomes part of the quarterly tax file as support documentation.

INTERNAL CONTROL: 1) All documents are reviewed by the Payroll/FEA Manager prior to filing; 2) Payroll/FEA Manager reviews the tax deposit checklist to ensure deposits are made according to schedule; 3) Withholding payments are reflected on a report generated by the computerized accounting/information system.

Refunding Workers for Over Collected FICA Taxes (Employee's Contribution)

POLICY: Consumer Direct refunds workers for over-collected FICA taxes (employee's contribution) when the community support worker has not earned the threshold wage amount for paying FICA in accordance with the Household Worker Medicare and Social Security Tax (FICA) wage threshold.

PROCEDURE:

1. After the final payroll in December, Payroll runs a report summarizing wages earned year-to-date by each employee (including terminated employees) to identify all employees who have not earned the threshold wage amount for the year. The Household Worker Medicare and Social Security Tax (FICA) wage threshold changes from time to time and is updated each year according to the annual *Publication 15 (Circular E), Employer Tax Guide*.
2. For each over-collected employee, both current and terminated, the full amount of the over collection is refunded. Payroll will file an amendment with Form 941X as necessary.
3. Payroll scans and files all relevant documentation in the company's electronic records system.

INTERNAL CONTROL: 1) Schedules/reports are reviewed by the Payroll/FEA Manager prior to payments being disbursed. 2) Summary schedules are prepared by Payroll/FEA Manager and are reviewed by the Accounting Department. 3) Form 941X matches the summary schedules

Refunding the State for Over Collected FICA Taxes (Employer's Contribution)

POLICY: Consumer Direct refunds the State for over collected FICA taxes (employer's contribution) when the Participant's Participant-employed community support worker has not earned the threshold wage amount for paying FICA in accordance with the Household Worker Medicare and Social Security Tax (FICA) wage threshold set each year the annual IRS *Publication 15 (Circular E): Employer Tax Guide*.

PROCEDURE:

1. Payroll identifies amounts that have been over collected from Participant's budgets for FICA taxes (employer's contribution) on behalf of employees who have not earned the threshold

wage amount for paying FICA in accordance the Household Worker Medicare and Social Security Tax (FICA) wage threshold set each year in the annual IRS *Publication 15 (Circular E): Employer Tax Guide*.

2. Payroll summarizes, by Participant, the amount of the FICA refund due.
3. Accounts Payable issues a check to the State for each Participant's account in compliance with instructions provided by the State. A cover letter and copies of the Internal Revenue Service refund checks are included.
4. Payroll and Accounts Payable scan and file all relevant documentation in the company's electronic files.

INTERNAL CONTROL:

- 1) Refunds to the State are not issued until the Company has received funds back from the filing of 941X with the Internal Revenue Service.
- 2) Refund amounts from the Internal Revenue Service are agreed back to the form 941X filed with the Internal Revenue Service by Payroll.

IX. PARTICIPANT SURVEY

Participant Satisfaction Survey

POLICY: Consumer Direct will complete an annual Participant satisfaction survey

PROCEDURE:

1. Once annually, Consumer Direct will distribute a Participant Satisfaction Survey. The Satisfaction Survey will gather information about the Participant's satisfaction regarding his/her experience with, the information from, and assistance provided by Consumer Direct.
2. The Survey will contain questions regarding Participant's satisfaction; type of assistance and support received; usefulness of assistance and materials; and suggestions for changes to the process and materials.
3. Information from responses to the Participant Satisfaction Survey are compiled, analyzed, and summarized by the CDMS Quality Improvement Department.
4. The results are submitted to the Executive Management Team and the Consumer Direct Advisory Council for review. Strengths and areas of concern are addressed.
5. Alternate methods are provided for Participants to respond to surveys if they choose to respond by methods other than by mail. These alternate methods include, but are not limited to, telephone interview and use of technology such as online surveys.
6. In addition, Participants whose primary language is other than English will be offered alternate methods to provide information regarding their satisfaction with Consumer Direct and FEA services. Where 10% of the population speaks another language as their primary language, Consumer Direct translates materials into the alternate language. For example, the satisfaction survey has been translated into Spanish. For Participants speaking other languages, Consumer Direct uses interpreters available through TeleInterpreters, a company that provides on-demand language services for 170 different languages, or a local interpreter to gather responses to the satisfaction survey verbally.
7. If the data indicates that concerns exist, the Consumer Direct Compliance Director works with the Operations Director and Program Manager to develop a corrective action plan to address concerns. As this plan is implemented, data collection, analysis, and review continue to assess the effectiveness of the corrective action steps.
8. A Summary Report and scans of the actual surveys are posted to the SFTP site on or before December 15th per the requirements of Idaho code.

INTERNAL CONTROL: Consumer Direct's Compliance Director obtains copies of the satisfaction surveys and the data compilation, analysis, and summary. A product review of the report by the Compliance Director documents completion of the report.

X. REPORTS AND DOCUMENTS

Required Payroll, Monthly, and Quarterly Reports

POLICY: CDID will issue all reports required or committed to under Idaho code, Provider Contract, or Medicaid request. Participants will be issued a monthly Spending Summary report and a Detailed Spending report via mail or online (www.MyDirectCare.com) to track spending

PROCEDURE:

The following reports will be generated and issued as indicated:

1. **Account Summary Statements** – This report provides an overview of each participant’s budget and includes the budgeted amount, amount spent fiscal year to date, remaining amount, and the amount currently pending. This information is broken down by service type and is displayed both graphically and numerically. The report is automatically generated by program and region (i.e. 14 reports total).
 - **Payroll Reports:**
 - Method: Posted to SFTP site
 - Frequency: Bi-weekly following each payroll
 - **Monthly Reports:**
 - Method: Sent via USPS to participants as requested
 - Frequency: Monthly by the 10th of the month
2. **Detailed Spending Reports** – This report provides a detailed breakdown of each participant’s spending activities during the period reviewed. The report is subtotaled by employee or vendor and shows each individual service log entry. The report is automatically generated by program and region (i.e. 14 reports total).
 - **Payroll Reports:**
 - Method: Posted to SFTP site
 - Frequency: Bi-weekly following each payroll
 - **Monthly Reports:**
 - Method: Sent via USPS to participants as requested
 - Frequency: Monthly by the 10th of the month
3. **Demographic Reports** – This report provides general client demographics along with current employee counts for each participant. The report is automatically generated by program (i.e. 2 reports total).
 - Method: Posted to SFTP site
 - Frequency:
 - Bi-weekly following each payroll
 - Monthly by the 10th of the month

4. **Medicaid Billing Report** – This report provides details on all the items processed by Consumer Direct, billed thru the Molina system, and paid by Idaho Department of Health and Welfare during the reporting period, broken out by Participant. The Finance Unit of Idaho Medicaid compares this report to their records of program expenditures and forms the basis for ongoing and quarterly reconciliation between DHW and Consumer Direct. A single report is automatically generated combining the adult and children’s programs.
 - **Payroll Reports:**
 - Method: Posted to SFTP Site
 - Frequency: Bi-weekly following each Payroll
 - **Monthly Reports:**
 - Method: Posted to SFTP Site
 - Frequency: Monthly by the 10th of the month
 - **Quarterly Reports:**
 - Method: Posted to SFTP Site
 - Frequency: Quarterly by the 10th of the month following quarter’s end
5. **Report for Waiver 372 – CMS Expense Report** – This report captures all of the year to date expenditures associated with the particular program per Consumer Direct’s records. The Finance Unit of Idaho Medicaid compares this report to their chart of program expenditures and it is then forwarded to CMS for proper reimbursement. The report is automatically generated by program (i.e. 2 reports total).
 - **Payroll Reports:**
 - Method: Posted to SFTP Site
 - Frequency: Bi-weekly following each Payroll
 - **Monthly Reports:**
 - Method: Posted to SFTP Site
 - Frequency: Monthly by the 10th of the month
6. **Criminal History Check Report** – This report provides a breakdown, by participant, indicating which employees the participant has waived the background check on, which employees passed or failed the background check, the criminal history reference number, the date the background check was submitted, the date the Medicaid Exclusion List was reviewed, and the date the OIG report was checked. A single report is generated which combines the adult and children’s FEA programs.
 - Method: Posted to SFTP site
 - Frequency: Bi-weekly following each payroll
7. **Quality Management Analysis Report** – This report provides a quality management analysis review of the CDID operations. The review is manually conducted by the Program Manager or their designee and the report is automatically generated based upon the review information.
 - Method: Posted to SFTP site
 - Frequency: Quarterly by the 25th of the month following the quarter
8. **Quarterly Financial Statements** – This report includes the quarterly Balance Sheet and Income Statement for CDID. The report is generated by the CDMS financial group and reviewed by the Chief Financial Officer prior to release as an unaudited draft version.
 - Method: Secure email to the Medicaid Financial Unit, Sr. Financial Specialist

- Frequency: Quarterly by the 25th of the month
- 9. **Complaint Log** – This document is an electronic log of complaints and resolutions as required by Idaho code. The report is manually generated by the Program Manager whenever a complaint is received or the status of a complaint investigation has changed.
 - Method: Posted to SFTP site
 - Frequency: Within 24 hrs of receiving a new complaint or any status change on an existing complaint
- 10. **Complaint Report** – Per Idaho code, CDID is required to “receive, respond to, and track complaints from any source”. This report provides the details and resolution of a complaint received by CDID.
 - Method: Posted to SFTP site
 - Frequency: Upon resolution of any complaint
- 11. **Complaint and Resolution Summary Report** – This report is an analysis of complaints received on a quarterly basis to evaluate the quality of service to participants and identify any corrective actions and/or program improvements needed and implemented. This report is generated manually by the Program Manager and covers all FEA programs.
 - Method: Posted to SFTP Site
 - Frequency: Quarterly by the 10th of the month following the end of quarter
- 12. **New Hire Report** – Consumer Direct reports all FEA program new hires as required by the State. The Idaho Department of Labor has requested that Idaho Medicaid report new hires on a monthly basis. This report is generated manually and covers all FEA programs.
 - Method: Posted to SFTP Site
 - Frequency: Monthly by the 10th of the month
- 13. **Customer Satisfaction Survey** – Per Idaho code, CDID is required to conduct an annual Participant Satisfaction Survey and provide a report on the results to Idaho Medicaid. This report involves several deliverables and a coordinated effort between the QI group and CDID.
 - Approval of Survey:
 - Method: Submitted to Idaho Medicaid via email
 - Frequency: Annually on or before September 9th
 - Conduct Survey:
 - Method:
 - Distributed via USPS
 - Responses via USPS, Online Survey, or Telephone
 - Frequency: Distributed annually starting October 1st
 - Reporting of Survey Results:
 - Method: Posted to SFTP site
 - Frequency: Annually on or before December 15th

INTERNAL CONTROL: All reports generated and posted in a timely manner

XI. QUALITY ASSURANCE

Quality Management Plan for Consumer Direct

POLICY: Consumer Direct operates in full compliance with federal and state standards and the organization's policy and procedure documents

PROCEDURE:

Consumer Direct's Quality Management Plan has several components: A) Expected Standards/Outcomes and Measures for Consumer Direct; B) Policies and Procedures Addressing These Standards/Outcomes; C) Quality Monitoring Strategies; D) Data Analysis and Use; and E) Implementation of Quality Improvement Strategies. Each of these components is described more fully below.

A) Expected Standards/Outcomes and Measures

The Expected Standards/Outcomes for Consumer Direct reflect the services (tasks and activities) that Consumer Direct will complete with Participants and employees. Each expected standard/outcome contains a performance criteria. These standards/outcomes are contained in the table below. Documentation necessary to determine achievement of the performance criterion for each standard/outcome is also outlined in the table.

1. Manage Phone, Fax, Computer Link: Manage toll free telephone line and fax and computer link to answer questions or discuss problems related to financial activities.
Required Level of Expectation: 95% of queries responded to within two(2) business days
2. Assistance to Participants: Provide clear, accurate, and timely information and assistance to Participants.
Required Level of Expectation: 90% positive Participant responses on questions on satisfaction survey (scored 4 or higher)
3. Access to Phone, Fax, Email, Web: Maintain toll free telephone number, fax number, email, and web site access.
Required Level of Expectation: 90% positive responses on questions on satisfaction survey and less than 2% customer complaint
4. Fiscal Support & Consultation: Provide Participants with fiscal support and consultation.
Required Level of Expectation: 95% of calls responded to within one(1) business day and five(5) business days for written correspondence

5. Complaint/Resolution Tracking: Maintain a register of complaints of Participants, employees, and other stakeholders, with corrective action implemented within one(1) day of the complaint.
Required Level of Expectation: 95% responded to within one(1) business day
6. Participant Enrollment Packets: Prepare and distribute enrollment packets to Participants.
Required Level of Expectation: 100% received as documented by signatures on enrollment paperwork
7. Employment Packets: Prepare and distribute employment packets for Participants to complete with each employee hired.
Required Level of Expectation: 100% received as documented by signatures on employee paperwork
8. Enrollment: Each Participant will receive a face-to-face visit (typically via group Guide Training)
Required Level of Expectation: 100% of Guide Trainings will be scheduled within two(2) days of the call.
9. Federal & State Forms Submitted: Prepare and submit **all** required federal and state forms for all Participants and Participant's employees.
Required Level of Expectation: 100% submitted without errors
10. Mandatory Reporting, Withholding, and Payment: Perform all mandatory reporting, withholding, and payment actions according to the compliance requirements of the state or federal agencies.
Required Level of Expectation: 100% submitted within thirty(30) days of quarter end
11. Payroll Checks: Issue payroll checks within the two week payroll cycle, after receipt of completed, approved time
Required Level of Expectation: Less than 2% errors per quarter, given approved time submitted within payroll cycle
12. Distribution of Payments: Distribute payments to Participant's employees in accordance with Participant's Support and Spending Plan
Required Level of Expectation: 99% accuracy
13. Satisfaction Surveys: Distribute a satisfaction survey annually to each active Participant who has received Fiscal Employer Agent services from Consumer Direct within the past year

Required Level of Expectation: Distributed to number greater than or equal to 95% of individuals served annually as documented by a mailing list

B) Program Policies and Procedures Addressing These Standards/Outcomes

Program policies and procedures necessary to accomplish the outcomes/standards for Consumer Direct as illustrated in the previous table are contained in the Consumer Direct FEA Policies and Procedures manual and the Idaho Practice Manual. These manuals outline specific procedures for the tasks and activities that are completed to achieve the outcomes/performance standards. See the respective manuals for more details about these procedures.

C) Quality Monitoring Strategies

The process by which the expected outcomes and performance standards will be monitored is described below. Monitoring strategies include the methods that will be used to collect data/information about different parts of the Consumer Direct program. This data includes:

- Indicators of program performance related to the outcomes/standards
- Information about Participant complaints and resolutions
- Information about Consumer Direct quality improvement activities

Program performance includes information regarding achievement of expected outcomes/standards in services delivered with Participants and employees such as Support Brokers and Community Support Workers. Procedures for monitoring Consumer Direct's accomplishment of expected standards/outcomes include the following:

- Consumer Direct staff and CDMS staff complete tasks and track related data using the computerized accounting/information system and related databases (e.g. Sugar) in accordance with procedures described elsewhere in this manual.
- Data is tabulated, analyzed, and summarized monthly and quarterly by CDMS and Consumer Direct staff for performance standards # 1, and 3 - 12.
- Participant satisfaction data (performance standards # 2 and 13) is tabulated, analyzed, and summarized annually by CDMS staff.
 - If the data indicate that concerns exist, the Consumer Direct Quality Management Director works with the Operations Director and Program Manager to develop a corrective action plan to address concerns.
 - As the corrective plan is implemented, data collection, analysis, and review continue to assess the effectiveness of the corrective action steps and Consumer Direct's performance related to specific standards.

Consumer Direct monitors any complaints very closely and uses the complaint process as a means to improve performance and customer service. Consumer Direct collects information from individuals who call, write, or email with a complaint. The quality management procedure includes:

1. Complaint information is collected and documented in Sugar as a Complaint Feedback.
 - a. All complaints are documented and posted to the SFTP site within 24 hrs
 - b. Complaints are investigated and addressed as quickly as possible
 - c. The resolved complaint and the updated Complaint Log are posted to the SFTP site in a timely manner.
2. A Complaint Resolution and Summary report is generated by the Program Manager on a quarterly basis. This report is also reviewed by the Operations Director. The Complaint Resolution and Summary report is posted to the SFTP site by the 10th of the month following the end of a calendar quarter.

Consumer Direct maintains an ongoing process of Internal monitoring/program reviews which involves:

- 1) Review of Participant electronic files/records
- 2) Review of employee electronic files/records
- 3) Review of processes and procedures by which Consumer Direct accomplishes FEA services.
- 4) Specific procedures include:
 - a) Consumer Direct will complete a file/record review of 20% of randomly sampled active Participant and employee files each quarter.
 - b) As Participant and employee files are reviewed, they are eliminated from the total list of Participants so each review examines different files/records.
 - c) The review is conducted by CDID staff, designated by the Program Manager.
 - d) The file review is a review of all of the documents and tasks that are required to be part of the file in order to demonstrate delivery services with Participants.
 - e) If the review indicates that concerns exist, the Quality Management Committee will work with the Program Manager to develop a corrective action plan.

D) Data Analysis and Use

Data described in (3) will be aggregated across Participants in the program. Descriptive statistics will be calculated to examine frequencies, durations, percentages, and averages. Trend analysis will be completed with specific data sets, depending on the evaluation question. In addition, comparison of actual performance with benchmarks (performance criterion for standards) will be completed. The Quality Management Committee reviews this data and recommends adjustments to policies or corrective actions as appropriate.

E) Implementation of Quality Improvement Strategies

For each activity outlined above, a specific individual(s) is identified who is responsible for accomplishing that particular activity, as well as the timeline within which the activity will be completed. Progress in implementation (comparing activities planned and completed for the period) will be reviewed by the Operations Director monthly. Following this review, quality improvement activities will be implemented as needed. If review and analysis indicates that performance standards and/or planned activities have not been accomplished as planned, appropriate corrective action steps will be implemented by the Operations Director and Program Manager. If necessary, reallocation of resources will occur or activities will be modified. Quarterly, the Operations Director will review the implementation of the quality improvement activities with the Chief Operating Officer and Consumer Direct's Executive Management Team.

XII. DISASTER RECOVERY PLAN

Disaster Recovery Plan

POLICY: Consumer Direct maintains a Disaster-Recovery Plan to mitigate the impacts and damage to computing assets and computing capabilities resulting from natural disaster, theft, or physical plant damage, in order to sustain business operations.

PROCEDURE:

1. The plan covers:
 - a. Listings for key contacts, suppliers, equipment, and materials
 - b. Providing a Recovery Flow Sheet outlining and tracking steps from initial response and damage assessment to restored system and data testing
 - c. Reviewing, testing, and updating (annually or as deemed necessary)
2. Hardware and software will be enterprise and be under current support agreements.
3. Data center location(s) will be equipped adequately to support business continuity through reasonable adverse conditions. Currently, we have a data center we manage in Missoula, MT, and we have a secure location in a COLO facility in Lynnwood, WA. Both sites require 2 fact authentication to gain access.
4. Hardware and software will be configured following best practices for the healthcare purposes.
5. Data will be backed up frequently and regularly. Backup schedule for dynamic data will be more frequent; backups are monitored for general size and growth and tested at least twice a month for validity by restoring a file. Backup system(s) are configured to send alerts to ensure timely response to backup issues. Off-site backups will occur in either the Missoula, MT data center or the Lynnwood, WA data center.
6. Firmware and software updates and security patches will be reviewed and installed as deemed necessary.
7. Network and computer security will require a minimum of distinct user login and password. User accounts will be monitored and managed. Network devices will be monitored and managed.
8. Critical systems existing both in the data centers and in remote sites will have power backup via UPS. Data Center locations will have a minimum of UPS and generator backup.

INTERNAL CONTROL: Planned annual testing of plan documented by IT department

XIII. TRANSFER FROM ONE FEA TO ANOTHER

Transfer from One FEA to Another

POLICY: Consumer Direct will be in full compliance with Federal, State, and program regulations when transferring a Participant from Consumer Direct to another FEA

PROCEDURE:

When notified of a transfer to another FEA, the Program Coordinator negotiates a transfer date. All transfers will occur at the end of a fiscal period. Once an acceptable transfer date is determined, Consumer Direct will:

1. Account, in writing on a Transfer of Accounts Form, the funds allocated in the Participant's budget and:
 - a. Bill Molina for funds in the individual budget that Consumer Direct must bill on behalf of the employer;
 - b. Make payments within the required time frame;
 - c. Submit billing adjustments for prior claims and payments from Molina that will not be paid or deposited by the FEA for accrued funds for deposits, withholdings, and employer and employee contributions, and a pending payment that will transfer to the receiving FEA.
2. The amount of funds remaining will be recorded on the Transfer of Accounts Form and sent to the Participant and Care Manager/Case Coordinator. Date sent is recorded in the contact notes.
3. The form is scanned to DocuWare.
4. The Program Coordinator sends a Status Change Form to the FEA Coordinator that starts the transfer of agent. The FEA Coordinator uses the Transfer Checklist as a guide to track the process. The checklist is held as a paper copy until complete and then scanned into DocuWare.
5. The appropriate departments transfer all employer-related and employer-agent related information and reports applicable to the budget, payroll, accrual amounts, and payables. This is tracked on the CDMS FEA Transfer Checklist. Once complete, it is scanned into DocuWare.

6. A final Monthly Summary will accompany the Transfer of Accounts Form sent to the Participant and Care Manager/Case Coordinator.

When Consumer Direct receives transfers:

1. The Program Coordinator will set up an enrollment meeting. A start date is identified with the Participant and Care Manager/Case Coordinator.
2. All Federal and State forms will be completed according to the specific procedures above and include information requested on the Transfer Checklist.
3. The Program Coordinator will validate the budget with the previous FEA. A Transfer of Accounts Form is completed and scanned to Data Entry.

Internal Control: Scanned Transfer Checklist in participant file cabinet

APPENDICES

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
(406) 532-1900; (888) 532-1907

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, deidentified

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 numbers (406) 532-1900 or (888) 532-1907. Individuals will not be retaliated against for filing a complaint.



HIPAA PRIVACY POLICY STATEMENT

Purpose: *The following privacy policy is adopted to ensure that Idaho Consumer Direct Personal Care, LLC (“Consumer Direct”), complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to Consumer Direct. 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 October 1, 2008; revised March 26, 2013*

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

Privacy Official *Mickey Ogg; Compliance Officer; (888) 532-1907*

Policy Approved: Signature on file March 26, 2013
Ben Bledsoe, President/CEO Date

I. **Uses and Disclosures of Protected Health Information.** Protected health information is individually-identifiable health information transmitted by electronic media, maintained in any electronic media, or transmitted or maintained in any other form or medium. PHI does not include employment records maintained by Consumer Direct in its capacity as an employer.

A. *Permitted use and disclosures.* Consumer Direct will use or disclose protected health information as follows:

1. To the individual
2. For treatment, payment, or health care operations
3. Consistent with a valid authorization, agreement, or as otherwise permitted by HIPAA
4. In connection with incidental uses and disclosures that occur as a by-product of a use or disclosure otherwise permitted, but only to the extent that Consumer Direct has applied reasonable safeguards and implemented the minimum necessary standard, where necessary

B. *Required disclosures of protected health information.* Consumer Direct is required to disclose protected health information as follows:

1. To an individual, when required by applicable provisions of HIPAA

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2. When required by the Secretary of the U.S. Department of Health and Human Services (the "Secretary") to investigate or determine the covered entity's compliance with HIPAA privacy requirements
- C. *Disclosure of minimum necessary information.* When using or disclosing protected health information or when requesting protected health information from another entity, Consumer Direct will make reasonable efforts to limit disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Provided, however, that disclosure of the minimum necessary information does not apply to:
1. Disclosure to or requests by a health care provider for treatment
 2. Uses or disclosures to the individual as permitted, required, or authorized by applicable requirements
 3. Disclosures made to the Secretary
 4. Disclosures required by law
 5. Disclosures required for compliance with HIPAA requirements
- D. *Use and disclosures of protected health information subject to an agreed-upon restriction.* Consumer Direct will not use or disclose protected health information covered by any restriction to which Consumer Direct and individual agree is in violation of such restriction.
- E. *Uses and disclosures of de-identified protected health information.* Consumer Direct may disclose de-identified health information or information necessary to create de-identified information to business associates for such purpose. Business associates are not members of Consumer Direct's workforce and engage in functions involving the use or disclosure of individually identifiable health information.
- F. *Disclosures to business associates.* Consumer Direct may disclose protected health information to business associates and may allow business associates to create or receive protected health information on its behalf if Consumer Direct obtains satisfactory assurance that the business associate will appropriately safeguard the information. Such satisfactory assurances must be documented in the form of a written contract or other written agreement or arrangement with business associates that meet applicable requirements. If Consumer Direct knows of a pattern of activity or practice of a business associate that



constitutes material breach or violation of the business associate's obligation under the contract or other arrangement, Consumer Direct will take reasonable steps to cure

the breach or end the violation. If such steps are unsuccessful, Consumer Direct may terminate the contract or arrangement or, if termination is not feasible, report the problem to the Secretary.

- G. *Deceased individuals.* If under applicable law an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate, Consumer Direct will treat such person as a personal representative with respect to protected health information relevant to such personal representation.
- H. *Personal representatives.* Consumer Direct will treat personal representatives as individuals. Persons authorized to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care are personal representatives, with respect to protected health information relevant to such personal representation. If a parent, guardian, or other person acting *in loco parentis* has authority to act on behalf of an individual who is an un-emancipated minor in making decisions related to health care, Consumer Direct will treat such person as a personal representative unless:
1. The minor consents to such health care services
 2. The minor may lawfully obtain such health care services without the consent of a parent, guardian, or other person acting *in loco parentis*
 3. A court or another person authorized by law consents to such health care services; or a parent, guardian, or other person acting *in loco parentis* assents to an agreement of confidentiality between Consumer Direct and the minor, with respect to such health care services

Consumer Direct may, however, elect not to treat a person as the personal representative of an individual if:

1. Consumer Direct has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
2. Treating such person as the personal representative could endanger the individual, and Consumer Direct in the exercise of professional judgment decides that it is not in the best interest of the individual to treat the person as the individual's personal representative



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- I. *Use and disclosures consistent with notice.* Consumer Direct will not use or disclose protected health information in a manner that is inconsistent with the attached notice.

- J. *Disclosures by staff members who are victims of a crime.* Staff members who are victims of criminal acts may disclose protected health information to law enforcement officials so long as the protected health information disclosed is about the suspected perpetrator of the criminal act and the protected health information disclosed is limited, consistent with applicable requirements.

II. **Uses or disclosures to carry out treatment, payment, or health care operations.**

- A. Consumer Direct may use or disclose PHI for:
1. Its own treatment, payment, or health care operations
 2. The treatment or payment activities of any health care provider
 3. The health care operations of the entity that receives the information either has or had a relationship with the individual who is the subject of the information, the protected health information pertains to such relationship, and the disclosure is:
 - a. For "health care operations," including quality assessment and improvement activities, population-based activities relating to improving health and reducing health care costs, case management and care coordination, conducting training programs and accreditation, licensing or
 - b. Credentialing activities or for the purpose of health care fraud and abuse detection or compliance
- B. *Authorization for uses and disclosures.* Consumer Direct will obtain a valid authorization for uses and disclosures of protected health information, unless the use or disclosure is required or otherwise permitted by HIPAA. When Consumer Direct receives a valid authorization, use or disclosure will be consistent with such authorization. Specific authorization will be required to disclosure of psychotherapy notes, except use by the originator for treatment; in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; use by Consumer Direct to defend a legal action or other proceeding brought by the individual; or for oversight of the originator of psychotherapy notes consistent with applicable requirements.
1. Valid authorizations must include the following:



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- a. A description of the information to be used or disclosed

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- b. The identification of the persons or classes of persons authorized to make the use or disclosure of the PHI
 - c. The identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure
 - d. A description of each purpose of the use or disclosure
 - e. An expiration date or event
 - f. The individual's signature and date
 - g. If signed by a personal representative, a description of his/her authority to act for the individual
 - h. A statement that the individual may revoke the authorization in writing
 - i. A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization or a statement about the consequences of refusing to sign the authorization
 - j. A statement about the potential for the protected health information to be re-disclosed by the recipient
- C. *Uses and disclosures requiring an opportunity for the individual to agree or to object.* Consumer Direct may use or disclose protected health information without the written authorization of the individual, provided that the individual is informed in advance, orally, or in writing of the use or disclosure and has the opportunity to agree to, or prohibit or restrict the disclosure in accordance with applicable requirements. Such permitted uses and disclosures, absent objection, include:

Use of the individual's name, location, and condition described in general terms that do not communicate specific medical information about the individual and the individual's religious affiliation; to maintain a directory of individuals receiving services from Consumer Direct. Such directory information may be disclosed to clergy or to other persons who ask for the individual by name. If the individual is unable to object to this use and disclosure due to emergency circumstances, the information may, nonetheless, be disclosed if consistent with a prior expressed preference



of the individual, if any, that is known to Consumer Direct and in the individual's best interest in the exercise of professional judgment.

Consumer Direct will inform the individual and provide an opportunity to object to uses or disclosures for directory purposes when it becomes practicable to do so.

- D. *Uses and disclosures for involvement in the individual's care and notification purposes.* Consumer Direct may disclose to a family member, other relative, or a close personal friend of the individual; or any other person identified by the individual; protected health information directly relevant to such person's involvement with the individual's care or payment related to the individual's health care. Consumer Direct may also disclose protected health information to notify or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.
- E. *Uses and disclosures with the individual present.* If the individual is present for, or otherwise available prior to, a permitted use or disclosure and has the capacity to make health care decisions, Consumer Direct may use or disclose the protected health information if it obtains the individual's agreement, provides the individual with an opportunity to object to the disclosure, and the individual does not object to the disclosure.
- F. *Limited uses and disclosures when the individual is not present.* If the individual is not present for, or the opportunity to agree or object to the use of disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, Consumer Direct may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. Consumer Direct may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up filled prescriptions, medical supplies, x- rays, or other similar forms of protected health information.
- G. *Use and disclosure for disaster relief purposes.* Consumer Direct may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. The above requirements are applicable to the extent that, in the exercise of professional judgment, they do not interfere with the ability to respond to emergency circumstances.
- H. If the individual is deceased, Consumer Direct may disclose protected health information to family members or other persons involved in the individual's care or payment for health care prior to the individual's death protected health

information of the individual that is relevant to such person's involvement unless inconsistent with prior expressed preferences of the individual.

III. **Uses and disclosures for which an authorization, or opportunity to agree or object is not required.** Consumer Direct will use or disclose protected health information without the written authorization of the individual or the opportunity for the individual to agree or object by informing the individual orally or seeking the oral agreement of the individual, when required, under the following circumstances:

- A. Uses and disclosures required by law
- B. Uses and disclosures for public health activities
- C. Disclosures about victims of abuse, neglect, or domestic violence
- D. Uses and disclosure for health oversight activities
- E. Disclosures for judicial and administrative proceedings
- F. Disclosures for law enforcement purposes
- G. Uses and disclosures about decedents
- H. Uses and disclosures for cadaveric organ, eye, or tissue donation purposes
- I. Uses and disclosures for research purposes
- J. Uses and disclosures to avert a serious threat to health or safety
- K. Use and disclosures for specialized government functions
- L. Disclosures for workers' compensation

IV. **Other requirements related to uses and disclosures of protected health information.**

- A. *De-identification of protected health information.* Health information that does not identify an individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individually identifiable health information and may be disclosed.
- B. Consumer Direct will establish policies and procedures that establish persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties, the category or categories of protected health information to which access is needed, and any conditions appropriate to such access, consistent with the principle that staff will have access to minimally necessary information only.

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- C. When requesting protected health information from others, Consumer Direct will limit any requests to those that are reasonably necessary to accomplish the purpose for which the request is made. For requests that are made on a routine basis, Consumer Direct will develop and implement policies and procedures that limit the protected health information requested to the amount reasonably necessary to accomplish the purpose for which the request is made. Consumer Direct will not use, disclose, or request the entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.
- D. Consumer Direct will use and disclose protected health information for marketing purposes consistent with authorization to use or disclose PHI for marketing purposes. If the marketing involves any direct or indirect remuneration to Consumer Direct from a third party, the authorization will include a statement to this effect. "Marketing" means to make a communication about a product or service that encourages the recipients of the communication to purchase or use the product or service. Marketing, however, does not include promotional gifts of nominal value or face-to-face communication encounters between Consumer Direct and an individual. In addition, marketing does not include communications to individuals about:
1. The participating providers and health plans in a network, the services offered by a provider, or the benefits covered by a health plan;
 2. The individual's treatment; or
 3. Case management or care coordination for that individual; or directions or recommendations for alternative treatments, therapies, health care providers, or settings of care to that individual.
- E. Consumer Direct will use and disclose protected health information for fundraising purposes consistent with applicable requirements.
- F. Consumer Direct will not sell protected health information without authorization and unless it complies with all applicable requirements.
- G. Consumer Direct may use or disclose protected health information to a Business Associate or institution related foundation for the purpose of raising funds for its own benefit, including demographic information, dates of service, treating physician, outcome information and health insurance status consistent with the Consumer Direct's Notice of Privacy Practices.



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- H. Prior to disclosure consistent with this policy and procedure, Consumer Direct will verify the identity of a person requesting protected health information and the

authority of any such person to have access to protected health information, if the identity or authority of such person is not already known to Consumer Direct. Consumer Direct will also obtain any documentation, statement, or representation, whether oral or written, from the person requesting the protected health information when such documentation, statement, or representation is a condition of disclosure consistent with this policy and procedure.

- V. **Notice of privacy practices.** An individual, except for an inmate of a correctional institution, has a right to adequate notice of the uses and disclosures of protected health information that may be made by this organization, and of the individual's rights and Consumer Direct's legal duties with respect to protected health information. The Notice of privacy practices that will be provided to individuals who receive services from this organization is attached to this policy and procedure. Consumer Direct will promptly revise and distribute its Notice whenever there is a material change to the uses or disclosures, the individual's rights, Consumer Direct's legal duties, or other privacy practices stated in the Notice. Except as required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected. If Consumer Direct has a direct treatment relationship with an individual, a copy of this Notice must be provided no later than the date of the first service delivery, including service delivered electronically. Consumer Direct will obtain written acknowledgement of receipt of this Notice. If an individual refuses to sign or otherwise fails to provide an acknowledgement, Consumer Direct will document its good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained. The Notice must also be posted on the premises of Consumer Direct. Consumer Direct will document compliance with the notice requirements by retaining copies of Notices provided, acknowledgements, and documentation of good faith efforts to obtain such acknowledgements.
- VI. **Right of an individual to request restriction of uses and disclosures.** Individuals are permitted to request that Consumer Direct further restrict the uses or disclosures of protected health information to carry out treatment, payment, or health care operations. Consumer Direct is not required to agree to such requested restrictions unless the protected health information pertains solely to health care items or services for which individuals have paid Consumer Direct in full. Restrictions to which Consumer Direct agrees must be documented. Agreements for further restrictions, however, may be terminated under applicable circumstances.



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- VII. **Confidential communications requirements.** Consumer Direct will permit individuals to receive communications of protected health information from Consumer Direct by reasonable alternative means or at alternative locations, but only if the individual clearly states that disclosure could endanger the individual and the request is in writing.

Consumer Direct may condition such reasonable accommodations of individuals' requests on information as to how payment will be handled, and specification of an alternative address or other method of contact. Consumer Direct will not require an explanation of the basis for such requests as a condition of providing communications on the above bases.

- VIII. **Access to protected health information.** Individuals have the right to access, inspect, and obtain copies of protected health information about the individual for as long as the information is maintained in a designated record set, except for psychotherapy notes and information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding in the form and format requested by individuals. Protected health information will be sent to other persons designated by individuals at their requests. Consumer Direct may deny individuals access without providing the individual an opportunity for review under applicable circumstances. Access may be denied with a right of review of the grounds of the denial when:
- A. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is likely to endanger the life or physical safety of the individual or another person
 - B. The information makes reference to another person and access may cause substantial harm to that person
 - C. Information requested by a personal representative is likely to cause substantial harm to the individual

Denials of access requiring review must be examined by a reviewing official, i.e. a licensed health care professional who is designated by Consumer Direct to review the denial and who did not participate in the original decision to deny access. Requests for access must be in writing and Consumer Direct will inform patients of this requirement. Consumer Direct will act on a request for access no later than thirty (30) days after receipt of a request or within sixty (60) days when information requested is not maintained on site. Consumer Direct may take an additional thirty (30) days to respond to requests for access if Consumer Direct provides individuals with written statements of the reasons for the delay and the date by which Consumer Direct will complete its action on the request within the initial thirty (30) day period. Consumer Direct will charge a reasonable, cost-based fee in order to supply copies of information, including the cost of supplies and labor of copying, postage, and preparation of a summary in lieu of supplying the information.

IX. **Denials of access to protected health information.** Denials of requests must be in writing and must include:

- A. The basis of the denial
- B. An explanation of the individual's right to review of the denial, if applicable
- C. A description of how the individual may complain to Consumer Direct or the Secretary
- D. The name, title, and telephone number of the contact person or office at Consumer Direct
- E. Where to direct the individual's request if the information is not maintained by Consumer Direct

Denials must be promptly referred for review, as described, within a reasonable period of time. Individuals will receive written notice of the determinations of reviewing officials.

X. **Right to amend.** An individual has the right to ask Consumer Direct, in writing, to amend protected health information for as long as the protected health information is maintained in a designated record set. Consumer Direct will inform individuals in advance of the requirement that such requests must be in writing and must include a reason to support the requested amendment. Consumer Direct will deny such requests if:

- A. The information was not created by Consumer Direct, unless the individual provides a reasonable basis to believe that the originator is no longer available to act on the requested amendment
- B. The information is not part of the designated record set
- C. The information would not be available for inspection under applicable requirements
- D. The information is accurate and complete

Requests for amendment must be maintained in the individual's designated record set. They must be acted upon within thirty (30) days, except that Consumer Direct may extend the time for such action by no more than thirty (30) days if the individual is provided with a written explanation of the reasons for the delay and the date by which



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Consumer Direct will complete its action on the request within the initial thirty (30) day period. Denials of requests for amendments must be in writing and must include:

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- A. The basis for the denial
 - B. A statement that the individual has the right to submit a written statement disagreeing with the denial and how the individual may file such a statement
 - C. A statement that the individual has the right to submit a request that the request for amendment be included with any future disclosures
 - D. A description of how the individual may file a complaint with Consumer Direct, including the name or title and telephone number of the contact person or office designated, as described above

Consumer Direct will permit the individual to submit a written statement disagreeing with the denial within time limits established by Consumer Direct. Statements submitted by individuals will be included with future disclosures of the information. Consumer Direct may, at its discretion, prepare a written rebuttal to the individual's statement of disagreement. If Consumer Direct accepts the requested amendment, in whole or in part, it must make the amendment, inform the individual, and inform others who have received the protected health information. Consumer Direct will document the titles of persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation, as indicated below.

XI. **Accounting and disclosures of protected health information.**

- A. *Right to an accounting of disclosures of protected health information.* Individuals have the right to receive a written accounting of disclosures of protected health information made by Consumer Direct in the six (6) years; or such shorter time period, at the request of the individual; prior to the date on which the accounting is requested consistent with applicable exceptions, including disclosures made consistent with an authorization and incidental disclosures.

The written accounting shall include:

1. The date of the disclosure
2. The name of the entity or person who received the protected health information
3. The address of the person who received the protected health information, if known
4. A brief description of the protected health information disclosed

5. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of the individual's written authorization or a copy of a written request for disclosure

Accountings must be provided within sixty (60) days of receipt of a request, except that Consumer Direct may extend the time period for providing the accounting by thirty (30) days, so long as Consumer Direct provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will provide the accounting within the initial thirty (30) day time period. Consumer Direct will charge a reasonable, cost-based fee for each request for an accounting after the first request within a twelve (12) month period. Consumer Direct will notify individuals in advance of the fee and provide the individual with an opportunity to withdraw or modify the request in order to avoid or reduce the fee. Consumer Direct will retain copies of written accountings provided to individuals. Consumer Direct will document the titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

XII. **Notification of Breaches.**

A. Definitions.

1. **Breach** means the acquisition, access, use, or disclosure of protected health information in a manner not permitted by this Policy that compromises the security or privacy of protected health information. Breach does *not* include the following:
 - a. Any intentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted by this Policy.
 - b. Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate or organized health care arrangement in which the covered entity participates and the information received as a



result of such disclosure is not further used or disclosed in a manner not permitted by this Policy.

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- c. A disclosure of protected health information in which a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
1. Compromises the security or privacy of protected health information. A use or disclosure of protected health information that does not include identifiers, date of birth, and zip code does not compromise the security or privacy of protected health information.
 2. Unsecured protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance that appears on the HHS website.
- B. Notification to individuals.
1. Consumer Direct will, following discovery or a breach of unsecured protected health information, notify each individual whose unsecured protected health information has been or is reasonably believed by the Provider to have been accessed, acquired, used, or disclosed as a result of such breach.
 2. A breach shall be treated as discovered on the first day on which such breach is known to Consumer Direct or, by exercising reasonable diligence, would have been known to Consumer Direct. Consumer Direct shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of Consumer Direct.
 3. Consumer Direct shall give notice to individuals without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach.
 4. Notification shall be written in plain language and shall include, to the extent possible:
 - a. A brief description of what happened, including the date of the breach and the date of discovery of the breach, if known.

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- b. A description of the types of unsecured protected health information that were involved in the breach, such as whether full name, social security number, date of birth, home address, account

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- number, diagnosis, disability code, or other types of information were involved.
- c. Any steps individuals should take to protect themselves from potential harm resulting from the breach.
 - d. A brief description of what Consumer Direct is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches.
 - e. Contact procedures for individuals to ask questions or learn additional information that shall include a toll-free telephone number, an e-mail address, Web site, or postal address.
5. Notification shall be provided in the following form:
- a. Written notice – Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. If Consumer Direct knows that the individual is deceased and has the address of the next of kin or personal representative, Consumer Direct will give notice to either the next of kin or personal representative of the individual. Notification may be provided in one or more mailings as information is available.
 - b. Substitute notice – If there is insufficient or out-of-date contact information that precludes written notification to individuals, a substitute form of notice reasonably calculated to reach individuals shall be provided. Substitute notice will not be provided when there is insufficient or out-of-date contact information that precludes written notification to next of kin or personal representatives.
 - (1) If there is insufficient or out-of-date contact information for fewer than ten (10) individuals, then such substitute notice may be provided by an alternative form of written notice,
by telephone, or other means.



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- (2) If there is insufficient or out-of-date contact information for ten (10) or more individuals, then such substitute notice shall:

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- (a) Be in the form of either a conspicuous posting for a period of ninety (90) days on the home page of Consumer Direct website or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside.
- (b) Include a toll-free phone number that remains active for at least ninety (90) days that individuals can use to obtain information about whether an individual's unsecured protected health information may be included in the breach.
- c. Urgent notice – In any case deemed by Consumer Direct to require urgency because of possible imminent misuse of unsecured protected health information, Consumer Direct may provide information to individuals by telephone or other means, as appropriate, in addition to notice provided consistent with this Policy.
- C. Notification to the media.
1. If a breach of unsecured protected health information involves more than five hundred (500) individuals in a state or jurisdiction, Consumer Direct shall, following discovery of the breach, notify prominent media outlets serving the state or jurisdiction.
 2. Consumer Direct will provide notice without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach.
 3. The notification shall meet the requirements of Paragraph B.4.
- above. D. Notification to the Secretary.
1. If breaches involve five hundred (500) or more individuals, Consumer Direct will notify the Secretary contemporaneously with notice to individuals in the manner specified on the HHS Web site.
 2. If breaches involve fewer than five hundred (500) individuals, Consumer Direct will maintain a log or other documentation of such breaches. Consumer Direct will notify the Secretary of such breaches within sixty (60) calendar days of the end of the calendar year in which the breaches occurred in the manner specified on the HHS website.

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- E. Notification by business associates.
1. Business associates of Consumer Direct are required to notify Consumer Direct of all breaches of unsecured protected health information within sixty (60) calendar days of discovery.
 2. Business associates shall include, to the extent possible, identification of each individual whose protected health information has been breached in notifications to Consumer Direct.
 3. Business associates shall provide Consumer Direct with information that Consumer Direct is required to provide to individuals when notification is given to Consumer Direct or promptly thereafter as information becomes available.

F. Law enforcement delay.

1. If a law enforcement official states to Consumer Direct or business associate that a notification, notice, or posting required under this subpart would impede a criminal investigation or cause damage to national security, Consumer Direct or business associate shall:
 - a. If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting for the time period specified by the official; or
 - b. If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily for no longer than thirty (30) days from the date of the oral statement, unless a written statement is submitted during that time.

XIII. **Administrative requirements.**

- A. *Personnel designations.* Consumer Direct will designate a privacy official who is responsible for the development and implementation of the policies and procedures of Consumer Direct.
- B. *Training.* Consumer Direct will train all members of its workforce on these policies and procedures and will train all new employees within a reasonable time period after the person joins Consumer Direct's workforce. Consumer Direct will also provide training when there are material changes in these policies



and procedures. Consumer Direct will maintain documentation of training activities.

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- C. *Safeguards.* Consumer Direct will establish and maintain appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information.
1. Complaints to Consumer Direct. Consumer Direct will establish and maintain a process for individuals to lodge complaints concerning these policies and procedures. Such complaints will be documented.
 2. Sanctions. Consumer Direct will discipline members of its workforce for violations of these policies and procedures, consistent with Consumer Direct's policy on progressive discipline.
 3. Mitigation. Consumer Direct will mitigate, to the extent practicable, any harmful effect that is known to Consumer Direct of a use or disclosure of protected health information in violation of these policies and procedures or applicable requirements.
 4. Refraining from intimidating or retaliatory acts. Consumer Direct will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals and others in relation to compliance with HIPAA privacy requirements.
 5. Waiver of rights. Consumer Direct will not require individuals to waive their rights under these policies and procedures.
 6. Policies and procedures. Consumer Direct will maintain these policies and procedures consistent with applicable requirements
 7. Documentation. Consumer Direct will maintain copies of all required written communications in order to demonstrate compliance with applicable standards.
 8. Retention. Consumer Direct will retain required documentation for a period of six (6) years from the date of its creation or the date when it last was in effect, whichever is later.
 9. Submission of compliance reports. Compliance reports will be submitted to the Secretary as required.
 10. Cooperation with complaint investigations and compliance reviews.

Consumer Direct will cooperate with the Secretary if an investigation or compliance review of these policies and procedures and Consumer Direct's practices is undertaken.

11. Access to information. Access by the Secretary will be permitted during normal business hours to facilities, books, records, accounts, and other sources of information, including protected health information, that are pertinent to ascertaining compliance with HIPAA privacy requirements. If the Secretary determines that exigent circumstances exist, Consumer Direct will permit access by the Secretary at any time and without notice.

12. Information in the exclusive possession of others. If information required to be furnished in order to comply with the privacy requirements of HIPAA is in the exclusive possession of others who refuse to provide the information, Consumer Direct will certify that this is the case. The certification will include a description of efforts made to obtain the information.



Enclosure E: CDCN User Timesheet and Instructions

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Symbol Key: **TIME SHEETS DUE** ● Pay Day ○ Daylight Savings ▲ Postal & Bank Holiday





IMPORTANT

Work weeks are Sundays through Saturdays. Time sheets must be received or postmarked no later than **MIDNIGHT every Monday.** Online time entries must be approved on **MONDAY by MIDNIGHT.** Due to office closures and time constraints on holidays, time sheets submitted late or with errors will not be processed until the following pay period.

Form W-2 for time worked in 2016 will be mailed on or before 1/31/2017. On the 2016 calendar we refer to 2015 time worked in accordance with IRS requirements. Please allow sufficient time to process thru the US Postal system. If you have not received your W-2 by mid-February please contact your local office.

Pay Period - Week 1 Sunday through Saturday	Pay Period - Week 2 Sunday through Saturday	Pay Date (for Week 1 and Week 2)
11/27/2016 to 12/03/2016	12/04/2016 to 12/10/2016	12/23/2016
12/11/2016 to 12/17/2016	12/18/2016 to 12/24/2016	01/06/2017
12/25/2016 to 12/31/2016	01/01/2017 to 01/07/2017	01/20/2017
01/08/2017 to 01/14/2017	01/15/2017 to 01/21/2017	02/03/2017
01/22/2017 to 01/28/2017	01/29/2017 to 02/04/2017	02/17/2017
02/05/2017 to 02/11/2017	02/12/2017 to 02/18/2017	03/03/2017
02/19/2017 to 02/25/2017	02/26/2017 to 03/04/2017	03/17/2017
03/05/2017 to 03/11/2017	03/12/2017 to 03/18/2017	03/31/2017
03/19/2017 to 03/25/2017	03/26/2017 to 04/01/2017	04/14/2017
04/02/2017 to 04/08/2017	04/09/2017 to 04/15/2017	04/28/2017
04/16/2017 to 04/22/2017	04/23/2017 to 04/29/2017	05/12/2017
04/30/2017 to 05/06/2017	05/07/2017 to 05/13/2017	05/26/2017
05/14/2017 to 05/20/2017	05/21/2017 to 05/27/2017	06/09/2017
05/28/2017 to 06/03/2017	06/04/2017 to 06/10/2017	06/23/2017
06/11/2017 to 06/17/2017	06/18/2017 to 06/24/2017	07/07/2017
06/25/2017 to 07/01/2017	07/02/2017 to 07/08/2017	07/21/2017
07/09/2017 to 07/15/2017	07/16/2017 to 07/22/2017	08/04/2017
07/23/2017 to 07/29/2017	07/30/2017 to 08/05/2017	08/18/2017
08/06/2017 to 08/12/2017	08/13/2017 to 08/19/2017	09/01/2017
08/20/2017 to 08/26/2017	08/27/2017 to 09/02/2017	09/15/2017
09/03/2017 to 09/09/2017	09/10/2017 to 09/16/2017	09/29/2017
09/17/2017 to 09/23/2017	09/24/2017 to 09/30/2017	10/13/2017
10/01/2017 to 10/07/2017	10/08/2017 to 10/14/2017	10/27/2017
10/15/2017 to 10/21/2017	10/22/2017 to 10/28/2017	11/10/2017
10/29/2017 to 11/04/2017	11/05/2017 to 11/11/2017	11/22/2017
11/12/2017 to 11/18/2017	11/19/2017 to 11/25/2017	12/08/2017
11/26/2017 to 12/02/2017	12/03/2017 to 12/09/2017	12/22/2017
12/10/2017 to 12/16/2017	12/17/2017 to 12/23/2017	01/05/2018
12/24/2017 to 12/30/2017	12/31/2017 to 01/06/2018	01/19/2018

2017 Bank & Post Office Holidays

- **New Year's Day** Monday, January 2, 2017
- **Martin Luther King Day** Monday, January 16, 2017
- **Presidents Day** Monday, February 20, 2017
- **Memorial Day** Monday, May 29, 2017
- **Independence Day** Tuesday, July 4, 2017
- **Labor Day** Monday, September 4, 2017
- **Columbus Day** Monday, October 9, 2017
- **Veterans Day** Friday, November 10, 2017
- **Thanksgiving Day** Thursday, November 23, 2017
- **Christmas Day** Monday, December 25, 2017

2017 Consumer Direct Office Holidays & Closures

- **New Year's Day Observed** Monday, January 2, 2017
- **Martin Luther King Day** Monday, January 16, 2017
- **Memorial Day** Monday, May 29, 2017
- **Independence Day** Tuesday, July 4, 2017
- **Labor Day** Monday, September 4, 2017
- **Thanksgiving Day** Thursday, November 23, 2017
- **Christmas Day** Monday, December 25, 2017

Please consider online time sheet submission through
www.ConsumerDirectWI.com

TIMESHEET INSTRUCTIONS

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting us at <http://consumerdirectwi.com> and clicking on "My Direct Care"! Contact us and we'll help you get started!

Shade circles completely, like this: Not like this:


Fill boxes like this:

A	B	C	1	2	3
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 Not like this:

ABC	12	3
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1. **Employee Name.** Print Employee's name.
2. **Employee ID.** Seven digit employee ID number.
3. **Member Name.** Print Member's name.
4. **Member/Employer ID.** Seven digit member ID number.
5. **Sunday that started your work week.** The date of the Sunday at the beginning of the work week, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 12/18/13, then this would be 12/16/13.
6. **Service Date.** The date that services were provided, in MM/DD format.
7. **Time In.** The time your shift began, in HH:MM format. Round to the nearest 15 min. Choose **AM** or **PM** by filling in the correct circle.
8. **Time Out.** The time your shift ended, in HH:MM format. Round to the nearest 15 min. Choose **AM** or **PM** by filling in the correct circle.
9. **Service Code.** The code for the service you performed this shift. Start your code in the **FIRST** box. Leave any extra boxes empty if needed.
10. **Employee Signature**
11. **Employee Signature Date.** In MM/DD/YY format. This must be dated on or after the last day worked.
12. **Member/Managing Party Signature**
13. **Member Signature Date.** In MM/DD/YY format. This must be dated on or after the last day worked.



Wisconsin TIMESHEET

For the week of service, timesheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. Want to avoid the hassle of paper timesheets? Enter your time the quick, easy, and secure way by visiting us at <http://consumerdirectwi.com> and clicking on "My Direct Care"!

1 Employee Name (Please Print)	2 Employee ID	5 Sunday that started your work week
<input type="text"/>	<input type="text"/>	MM / DD / YY
3 Member Name (Please Print)	4 Member/Employer ID	Please use only BLACK ink.
<input type="text"/>	<input type="text"/>	

Service Date (MM/DD)	Time In	Time Out	Service Code
6 / /	7 : <input type="radio"/> AM <input type="radio"/> PM	8 : <input type="radio"/> AM <input type="radio"/> PM	9 / /
2 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
3 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
4 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
5 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
6 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
7 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
8 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
9 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
10 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
11 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
12 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	
13 / /	: <input type="radio"/> AM <input type="radio"/> PM	: <input type="radio"/> AM <input type="radio"/> PM	

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

10 Employee Signature: _____ **11** MM / DD / YY

I, the Member or Managing Party, certify that the above employee worked the hours listed for this Member, the services were provided in accordance with the care plan, and the Member 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.

12 Member/Managing Party Signature: _____ **13** MM / DD / YY

Toll Free: 1-877-785-9991 • Toll Free Fax: 1-877-785-9992

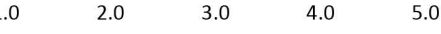


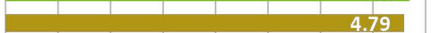

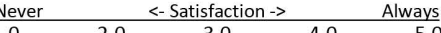


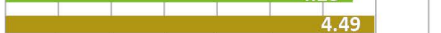

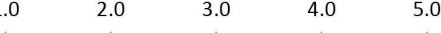
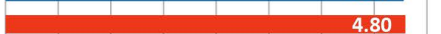


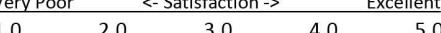




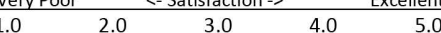










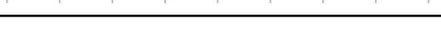
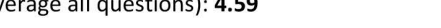
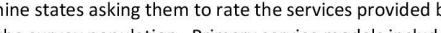
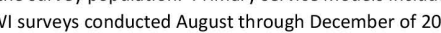
744 Ryan Drive, Suite 201 • Hudson, WI 54016-7984

Revised 7/12/2014 4019



Enclosure F: Customer Satisfaction Survey Results 2016-2017

Average Satisfaction Rating² for Each Survey Question

1. During your most recent home visit (initial enrollment, quarterly visit, etc.) were staff members...		Never	<- Satisfaction ->		Always		
		1.0	2.0	3.0	4.0	5.0	
							N ³
	On time?						1,130
	Respectful?						1,121
	Prepared and Organized?						1,113
	Able to explain the program clearly?						1,111
	Able to answer your questions clearly?						1,106
2. When contacting the Consumer Direct office with a question or concern, staff members...		Never	<- Satisfaction ->		Always		
		1.0	2.0	3.0	4.0	5.0	
							N
	Are respectful?						2,479
	Answer the phone?						2,412
	Return your call within one business day?						2,306
	Clearly answer questions or concerns?						2,423
3. Does Consumer Direct provide you with the resources and support to train your employees to...		Never	<- Satisfaction ->		Always		
		1.0	2.0	3.0	4.0	5.0	
							N
	Follow your plan of care?						844
	Fill out their time sheet?						834
	Follow Consumer Direct policies and procedures?						835
	Meet your health care needs?						842
4. Please rate the help you get with the following:		Very Poor	<- Satisfaction ->		Excellent		
		1.0	2.0	3.0	4.0	5.0	
							N
	Assistance with paperwork						2,330
	Paying your workers on time						2,013
	Paying your workers accurately						1,998
	Paying your vendors on time						563
	Paying your vendors accurately						555
5. Please rate the following Consumer Direct resources and tools.		Very Poor	<- Satisfaction ->		Excellent		
		1.0	2.0	3.0	4.0	5.0	
							N
	Training materials and resource guide						2,058
	Spending Summary						1,182
	MyDirectCare.com (web portal time entry)						1,138
	Consumer Direct website (forms and information)						1,845
6. Does Consumer Direct respect your culture, spiritual beliefs, ethnicity, and sexual preferences?		Never	<- Satisfaction ->		Always		
		1.0	2.0	3.0	4.0	5.0	
							N
							2,213
7. Please rate your overall satisfaction with Consumer Direct:		Strongly Disagree	<- Satisfaction ->		Strongly Agree		
		1.0	2.0	3.0	4.0	5.0	
							N
	I would recommend this program to others						2,558
	Directing my services has improved my quality of life.						2,468
	I have more control over the quality of my services.						2,456
	Overall, I am satisfied with Consumer Direct						2,537
Overall Satisfaction Rating (weighted average all questions): 4.59							

¹ A total of 10,448 surveys were mailed to Medicaid service recipients in nine states asking them to rate the services provided by Consumer Direct. Results based on 2,626 returned surveys or 25.13% of the survey population. Primary service models included Agency with Choice, Fiscal Employer Agent, and Support Broker. ID, FL, NV and WI surveys conducted August through December of 2015. AK, AZ, NM, MT and TX surveys conducted January through May of 2016.

² Weighted average. Numeric 5 point Likert rating scale.



**Enclosure G: Employer Packet Sample from Consumer Direct Care Network
Wisconsin**



MEMBER ORIENTATION AND ENROLLMENT PACKET

Member/FEIN Holder Name	Managing Party Name (if applicable)

Member Training Manual/Resource Guide

- Welcome Letter & Philosophy of Self-Direction
- Brief description of Manual layout
- Training on how to use/find information in the Manual/Resource Guide
- Member Advisory Council
- Complaint/Grievance Process
- Medicaid Fraud—False Claims Act
- Monthly Spending Summary Description

Member Enrollment Packet

Check as completed

- Member Data Form
- Fiscal Employer Agent (FEA) Services and Employer of Record Agreement
 - Review in detail Managing Party Responsibilities
 - Review in detail Consumer Direct Responsibilities
- Employer and Tax Forms
 1. SS-4 Application for Employer Identification Number (EIN)
 2. Guardianship papers (if applicable)
 3. 2678 Employer/Payer Appointment of Agent
 4. A-222 Power of Attorney (WI Dept of Revenue)
 5. UCT-8291 Employer Power of Attorney Assignment (U/I Division)

Employee Enrollment Packets

- New Employee Checklist and related forms
- Employee handbook materials
- Time reporting procedures/payroll schedule
- Review training modules for Employees

Note copies of all signed forms will be mailed to Member/Managing Party

Completed on date: ____/____/____ Time Approx. (from / to): _____ to _____

Program Coordinator: _____
Name Signature

Member or Managing Party: _____
Name Signature

For Office Use Only
Review Date: _____



Member/FEIN Holder Information

Name on Social Security Card _____
First Middle Last

Name in Payer Program _____
First Middle Last

Street Address _____ *(Physical address where services will be provided, No PO Box)*

City _____ State _____ Zip _____ County _____

Phone (____) _____ (____) _____ (____) _____ Email _____
Home Cell Fax

Gender Male Female Date of Birth _____ Social Security # _____ - _____ - _____ ID # _____

Managing Party Information (if applicable)

Name _____
First Middle Last

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ (____) _____ (____) _____ Email _____
Home Cell Fax

Relationship to Member _____

Approving Entity Information

MCO/Entity Name _____ Program _____

External Case Mgr/Care Coordinator Name _____ Phone (____) _____

Address _____ Cell (____) _____

City _____ State _____ Zip _____ Email _____

Prior Relationships/Business Accounts

1. Yes No – Has Member ever received services through another Fiscal Provider? If yes, Provider name: _____
2. Yes No – Is Member switching FEIN holders? If yes, previous FEIN holder name: _____
3. Yes No – Are Prior Business Accounts established? If yes, enter account information below:
 →

FEIN											

 _____ _____ _____
State Unemployment Tax Account # SUTA Rate
 → Yes No – If previous FEIN, does FEIN holder have employees other than caregivers?
4. Yes No – Will a Guardian sign enclosed Federal and State tax forms on the FEIN holder's behalf? If yes, enter Guardian name below and attach court-appointed guardianship paperwork.
 → Guardian Name _____
First (MI) Last
5. Budget/Auth Start Date or Reactivation Start Date _____

Enrollment Questions

The Consumer Direct representative responsible for assisting the Member with enrollment must complete the questions below by interviewing the Member/FEIN holder. If Member/FEIN holder does not know the answer to a question, please write "member doesn't know" on the line next to the question.

1. What name is shown on your most recently received Social Security Card?

2. What number is shown on your most recently received Social Security Card?

3. Have you gone by any other name(s) in the past which aren't shown on your most recently received Social Security Card?

Yes No

a. If yes, please list your other name(s): _____

b. Please list when your other name(s) were used: _____

4. Were you ever previously assigned an FEIN by the IRS for any business previously operated/owned?

Yes No

a. If yes and known:

i. Please list the previously assigned FEIN: _____

ii. What was the business for? _____

iii. Is the business still active? Yes No

5. Were you ever previously enrolled with another Fiscal Agent/Provider?

Yes No

a. If yes and known:

i. Please list the name of the Fiscal Agent/Provider: _____

ii. Please list when you were with the Fiscal Agent/Provider? _____

Consumer Direct Representative Name: _____

Consumer Direct Representative Signature: _____ Date: _____





FISCAL EMPLOYER AGENT SERVICES AND EMPLOYER OF RECORD AGREEMENT

This Fiscal Employer Agent Services and Employer of Record Agreement (“Agreement”) is made and entered into as of _____ (“Effective Date”) between Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (Consumer Direct), and _____ (“Managing Party” or “Employer of Record”) for the care of _____ (Member).

1. The Member is an individual who has a disability or is elderly and who receives services through _____, a managed care company (MCO). Members directing their own care services are also known as the Managing Party under this agreement.
2. The FEIN (Federal Employer Identification Number) Holder will be the Employer of Record and wishes to employ an individual(s) to provide services to the Member in the Member’s home. A Managing Party will be designated to manage the day to day activities. A Managing Party may or may not be the FEIN.
3. Consumer Direct Fiscal Vendor Agent for Wisconsin, LLC (working in conjunction Consumer Direct for Wisconsin, LLC) serve as the Fiscal Vendor Agent as authorized under IRS Procedure Code 70-6 for the purpose of payroll and payroll reporting services filing on behalf of the Employer of Record under the Employer of Record’s FEIN number.
4. The MCO has recognized that Consumer Direct Fiscal Vendor Agent for Wisconsin, LLC (working in conjunction with Consumer Direct for Wisconsin, LLC) will be the Fiscal Employer Agent to the Managing Party and will provide payroll service assistance to the Managing Party pursuant to a contract between the MCO and Consumer Direct (“MCO Provider Contract”).

Responsibilities of Member or Managing Party:

1. Choose Consumer Direct to serve as its payroll agent (Fiscal Employer Agency - FEA).
2. Complete all of the forms required by Consumer Direct for its FEA services. This includes accurately filling out all required IRS and State Tax and unemployment forms. Failure on the part of the Member to provide required FEIN information or to submit a complete packet may result in a delay in caregiver payment, the Member paying out of pocket, or the Member paying for penalty charges.
3. Obtain a Federal Employer Identification Number (FEIN) with the assistance of Consumer Direct.
4. Follow all federal and state employee laws, regulations, and rules.
 - a. Recruiting, interviewing, checking references, hiring, training, scheduling, managing, and dismissing each Employee who provides services. This includes directing the day-to-day care of the Member and working out conflicts between the Managing Party and Employees.
 - b. Employee cannot be a paid guardian.



- c. Before an Employee can begin to work and be paid in this program, Managing Party must receive an “Okay to Work Form” for the Employee from Consumer Direct.
 - d. Provide equal employment opportunities to all employees and interested employees without breaking discrimination law as to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, or any other status protected by law in all employment decisions, including recruitment, hiring, changing schedules and number of hours worked, lay off, and dismissal, and all other terms and conditions of employment.
The Managing Party accepts full and specific responsibility for following equal opportunity laws and requirements regarding Employees. Each Employee is to be treated fairly and consistently. This means that if the member decides to do a criminal background check or reference checks on one Employee, it must be done on all Employees.
 - e. Direct Employees so that services are not provided while a Member is hospitalized or receiving any other Medicaid-reimbursed service.
 - f. Review and approve employee work-time records through online time entries (or paper time sheets by special authorization) which authorize the MCO to be billed. Records must be submitted in a timely manner according to the Consumer Direct payroll schedule. The Managing Party can be held accountable for approving records that contain fraudulent information and result in over-billing Medicaid.
 - g. Managing Party has the responsibility for monitoring the monthly tracking reports provided by Consumer Direct and to keep all expenditures within Member’s authorized (by the MCO) amount.
 - h. Inform Consumer Direct on a timely basis of any Member changes in name, address, telephone number or hospitalization.
 - i. Inform Consumer Direct of the standard rate of pay for the Employee, including timely notification in any changes in the rate.
 - j. Maintain compliance with the MCO approved utilization amounts for the Member.
5. Make the payment of any wages and expenses that exceed the amount authorized in Member’s authorized plan, and are the result of overtime worked by an Employee.
 6. Immediately Report:
 - a. Any possible Medicaid fraud to the Consumer Direct Fraud Hotline 1-877-532-8530.
 - b. Abuse, neglect and exploitation or impairment or health risk to the appropriate authorities, i.e., Adult Protective Services, MCO, and Consumer Direct.
 - c. Employee changes, including name, address or employment status within one working day.
 7. Appoint a temporary Managing Party if the Member or current Managing Party is not capable or available to direct the care.
 8. Maintain required Employee training for all employees.





FISCAL EMPLOYER AGENT SERVICES AND EMPLOYER OF RECORD AGREEMENT

Responsibilities of Consumer Direct:

1. Provide the Member with a Member Packet, Employee Packets, and employee training materials.
2. Pay wages to Employee on a bi-weekly schedule, in accordance with the time records approved in writing by the Managing Party. Consumer Direct has no obligation to advance wages.
3. Provide Workers' Compensation coverage as directed by state law for Employees.
4. Deposit Employer-Related Taxes in the aggregate using Member's individual FEIN.
5. Follow all IRS and State reporting guidelines.
6. Track the total number of budgeted service hours used and provide monthly (by mail or online) to the Managing Party and case manager, a "tracking report" detailing hours used and hours remaining. The Managing Party is responsible for monitoring monthly tracking reports and not using more service hours than approved for by the case manager.
7. Submit all claims for services to the MCO on behalf of the Managing Party.
8. Consumer Direct will not pay for tasks that are not authorized on the care plan until approved by the case manager and reimbursement is received from the MCO.
9. Obtain Fiscal Employer Agency authorization pursuant to IRS procedure code 70-6 and follow all IRS guidelines including obtaining all proper Federal and State authorizations.
10. Follow all tax exemptions and withholdings as stated on Employee's W-4, and process all tax withholdings & filings including Federal and State income taxes, FICA, Medicare tax, FUTA, and SUTA, and any other mandated withholding, as appropriate, on behalf of the Member.
11. Inform Member of Customer Complaint Process and work to resolve any problem.
12. Track Employee training and inform Member of any expiration dates.

Limitations on Consumer Direct Payment Obligation

If Managing Party authorizes use of all hours before the end of the period, Managing Party will need to make other service arrangements.

Additional Agreement Terms and Conditions

Indemnification: Because the Managing Party is in a better position than Consumer Direct to monitor, supervise and watch over the Employees in the performance of their duties, the Managing Party agrees to indemnify, which means to repay, defend and hold harmless Consumer Direct from any claims, causes of actions, complaints, lawsuits claiming any damages or liability against Consumer Direct, as the result of any actions, inactions, or any conduct by the Employee, while employed by the Managing Party. This indemnification agreement includes any claims for damage to the Member's property or person, or the property or person of any third party. The Managing Party understands that this means that the Managing Party will be required to pay for damages caused by





FISCAL EMPLOYER AGENT SERVICES AND EMPLOYER OF RECORD AGREEMENT

their Employee, while employed by the Managing Party, that are made against Consumer Direct including the costs that Consumer Directs develops in defending itself against such claims.

Partial Invalidity: If something in this Agreement does not apply or changes with time that does not mean the rest of the Agreement does not apply. If one part of this Agreement is broken, the rest of the Agreement remains in place.

Arbitration: Consumer Direct and Managing Party agree that they will attempt to resolve any complaints, misunderstandings and other issues between themselves. If the Managing Party or Consumer Direct decide that they cannot settle a disagreement by working together, they will choose someone together (known as an independent arbitrator) to work out the disagreement. This is called arbitration. The cost of arbitration will be paid equally by both the Managing Party and Consumer Direct. The decision of the arbitrator may be given to a court judge.

State Law: If Managing Party cannot solve a problem through negotiation or talking about the problem, then Wisconsin laws will apply. Any legal action related to this Agreement must be done in the County where Member resides.

Duration and Modification of Agreement: This Agreement will go into effect on the date it is signed by both the Managing Party and Consumer Direct. The Agreement can be changed. Any changes must be in writing, signed and dated by both the Managing Party and Consumer Direct. The Agreement may be stopped as described in the Termination section.

Timely Notification: The Managing Party and Consumer Direct agree that all contact should occur in a timely way. Any notice will be given immediately, so that the Managing Party or Consumer Direct is not hurt by a delay.

Entire Agreement: This Agreement and other written materials together describe the complete understanding between Managing Party and Consumer Direct. Any verbal agreements do not apply. All agreements must be put in writing by the Managing Party or Consumer Direct.

Termination: This Agreement can be terminated in three ways:

- a. **Mutual Agreement*** - At any time, with written agreement from both Parties.
- b. **Termination Without Cause*** - By either Party, for any reason or no reason at all. The Party wishing to terminate must give written notice of its decision to terminate this Agreement at least 30 days prior to any such termination. If the MCO is terminated, this Agreement shall also terminate.
- c. **Termination for Cause*** - If any Party to this Agreement does not do what is said in this Agreement or follow the policies and procedures established by the MCO, the other Party may provide written notice of the breach and terminate this Agreement.

* In the event the Agreement termination is related to a switch to a different FEA, the switch must occur at the end of a calendar year or quarter so that the tax transition for employee records may be made accurately.

Assignment: Neither this Agreement nor any of the rights, benefits, duties or obligations provided for in this Agreement may be assigned by the Managing Party to someone else without the prior written consent of Consumer Direct.





FISCAL EMPLOYER AGENT SERVICES AND EMPLOYER OF RECORD AGREEMENT

Relationship of Parties: The relationship of the Parties to this Agreement is that none of the Parties is or shall be deemed to be the employee, agent or representative of the other Party, except for the Fiscal Employer Agent services described in the Agreement. No Party shall have authority to bind the other Party to any contract, agreement, debt, liability, or obligation.

This Agreement between the Managing Party and Consumer Direct is not a contract/guarantee of employment for the Employee. The Employee is selected and employed under terms established by the Managing Party: the Employer does not have to follow existing Consumer Direct personnel policies. Consumer Direct does not control or direct how the Managing Party or the Employees perform their duties and responsibilities.

Workers Compensation Program: If the Managing party and Employee do not follow Consumer Direct's safety program policies, safety training requirements, and injury reporting procedures, the Member (and their Employees) may be removed from Consumer Direct's Worker Compensation coverage.

CONCLUSION: The Managing Party is the direct (managing) employer and employer of record of the Employee(s). The Managing Party knows and accepts responsibility for recruiting, hiring, training and supervising the Employee(s). The Managing Party is responsible for the actions of their Employees when they are providing services.

Acceptance on this Agreement is shown by signing below:

CONSUMER DIRECT FOR WISCONSIN, LLC:

(Print name)

(Signature)

(Date)

MEMBER OR MEMBER'S MANAGING PARTY:

(Print name)

(Signature)

(Date)



Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested HCSR				
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name c/o Consumer Direct			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 100 Consumer Direct Way, Suite 304	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions) Missoula, MT 59808	5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located				
	7a Name of responsible party	7b SSN, ITIN, or EIN -			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶				
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ HCSR Group Exemption Number (GEN) if any ▶					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
10 Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ HCSR <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year December				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Agricultural 0</td> <td style="width:33%; text-align: center;">Household 0</td> <td style="width:33%; text-align: center;">Other 0</td> </tr> </table>			Agricultural 0	Household 0	Other 0
Agricultural 0	Household 0	Other 0			
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) HCSR <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR					
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶					
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name	Designee's telephone number (include area code) (406) 532-1900			
Address and ZIP code	Designee's fax number (include area code) (406) 532-8588				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)			
Name and title (type or print clearly) ▶ Home Care Service Recipient		()			
Signature ▶		Applicant's fax number (include area code)			
Date ▶		()			



Form **2678 Employer/Payer Appointment of Agent**

OMB No. 1545-0748

(Rev. August 2014) Department of the Treasury – Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) -

2 Employer's or payer's name (not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)	For ALL employees/ payees/payments	For SOME employees/ payees/payments
	Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Now give this form to the agent to complete. ➔



Power of Attorney

See instructions on reverse side

(Please print or type)

Part 1	Taxpayer Name	Spouse Name	Social Security Number(s)	Wisconsin Tax Account Number
	Taxpayer Address (number and street)	Spouse Address (if different from taxpayer)	Federal Identification Number	Telephone Number Daytime ()
	City, State, and Zip Code	City, State, and Zip Code	E mail Address taxdept@consumerdirectcare.com	

Part 2 Hereby appoint(s) the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before the Department of

Name	Firm Name/Address	Telephone Number
** Consumer Direct Fiscal Vendor Agent for WI, LLC	100 Consumer Direct Way, Missoula, MT 59808	(406) 532-1900
Katherine A. Trotter	100 Consumer Direct Way, Missoula, MT 59808	(406) 532-1900
		()

** Designated Receiver

Part 3	Type of Tax	Tax Year(s) or Period(s) Covered
<input type="checkbox"/>	Individual Income Tax	
<input type="checkbox"/>	Corporation Franchise or Income Tax	
<input type="checkbox"/>	Excise Tax	
<input type="checkbox"/>	Sales or Use Tax	
<input checked="" type="checkbox"/>	Withholding Tax	2016-2079
<input type="checkbox"/>	Other (list type of tax/matter)	
<input type="checkbox"/>	All delinquent tax matters	

Part 4 Complete if Power of Attorney is limited to:

Field/office audit matters Appeal of notice dated _____

Other _____

Part 5 Send notices and other written communications to: Attorney-in-fact OR Taxpayer

If the Attorney-in-fact box is checked, any notices and written communications will be sent to only the attorney-in-fact, except as required

Part 6 The Power of Attorney revokes all prior Powers of Attorney on file with the Wisconsin Department of Revenue with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address, or refer to attached copies of prior powers of attorney)

Part 7 I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from the penalties for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy and/or faxed copy of this form has the same authority as the signed original.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

Signature	Title Household Employer	Date
Signature	Title	Date



EMPLOYER POWER OF ATTORNEY ASSIGNMENT

Department of Workforce Development
Unemployment Insurance
P.O. Box 7942
Madison, WI 53707

Be Aware That:

_____, _____, _____,
(Employer Name) (UI Account #) (FEIN #)

having its main office located at _____,
(Street Address, City, State Zip Code)

_____ appoints **Consumer Direct Fiscal Vendor Agent for WI, LLC**,
(Telephone Number with Area Code) (Name of Representing Company)

located at **100 Consumer Direct Way, Missoula, MT 59808**, **406 532-1900**,
(Street Address, City, State Zip Code) (Telephone Number with Area Code)

as its attorney or representative with full power to represent the employer before the Wisconsin Division of Unemployment Insurance. This representation applies to all matters affecting unemployment insurance including, although not limited to, all benefit claims, contributions, refunds, experience rating, hearings and appeals.

The employer further understands the Wisconsin Division of Unemployment Insurance maintains three (3) separate and distinct mailing groups* which include:

Group I	UCB-16 UCB-23 UCB-20	Separation Notice Eligibility Report Initial Determination
Group II	UCT-14384-1-E	Unemployment Insurance Benefit Charges and Adjustments
Group III	UCB-719 UCB-701 UCB-708 UCT-101-E UCT-14384-E UC-7823-E UCT-14309-E	Urgent Request for Wages Computation of Unemployment Insurance Benefits Notice of Changed Liability for UI Benefits Quarterly Contribution Report Unemployment Insurance Reserve Fund Balance Statement Quarterly Wage Reports Reimbursable Employer Monthly Statement

* Forms listed above must remain within the respective mailing group

The employer authorizes group(s) I, II, III to be mailed to the representative's address listed above.
(List Group Number(s))

The remaining group(s) _____ will be mailed to the employer's main office.
(List Group Number(s))

By the signatures below, the employer known as _____,
(Employer Name)

approves the above directions and voluntarily enters into this assignment on _____,
(Date - mm/dd/yyyy)

at which time this assignment is effective and takes place of all previous assignments.

Authorized Signature: _____
(Employer's Signature) (Date Signed - mm/dd/yyyy)

Printed Name Title: _____ **Household Employer**
(Print Name) (Job Title)

Witnessed By: _____
(Witness's Signature) (Date Signed - mm/dd/yyyy)

Printed Name Title: _____
(Print Name) (Job Title)





Enclosure H: Employee/Worker Packet Sample from Consumer Direct Care Network Wisconsin



FISCAL EMPLOYER AGENT
NEW EMPLOYEE CHECKLIST

Welcome to Consumer Direct!

Please complete all the forms on the list below including the New Employee Checklist. Send originals to Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (Consumer Direct), **before** the employee begins work. The Employee may not begin work until all forms are completed, and are received and **approved** by Consumer Direct.

Employee Name	Member Name	Managing Party Name

Forms required for all new Employees

The Member/Managing Party should date and initial each item as it is completed. The Member/Managing Party should keep a copy of each document and **send the originals to Consumer Direct:**

- | | <u>Date</u> | <u>Initial</u> | |
|-----|-------------|----------------|--|
| 1. | _____ | _____ | New Employee Checklist (this form) |
| 2. | _____ | _____ | Employee Data Form |
| 3. | _____ | _____ | Employment Agreement Form |
| 4. | _____ | _____ | Pay Selection Form |
| 5. | _____ | _____ | I-9 Form (employee completes section 1, employer completes section 2) |
| 6. | _____ | _____ | W-4 Federal Form |
| | | | * Note: if an employee wants to withhold differently at the state level, please contact us |
| 7. | _____ | _____ | Training Checklist |
| 8. | _____ | _____ | Employment Relationship Disclosure Form |
| 9. | _____ | _____ | Background Information Disclosure Form |
| 10. | _____ | _____ | Employee Health Questionnaire |
| 11. | _____ | _____ | Job Description |
| 12. | _____ | _____ | Employee Handbook (review only, located in the Managing Party Manual) |
| 13. | _____ | _____ | Reporting Requirements (review only) |

I have reviewed and verified the above forms for completeness and all forms are readable. As the Member/Managing Party, I understand that an applicant cannot be scheduled for work until all employment paperwork is approved, background checks are complete, and I have been notified by Consumer Direct that the Employee is approved to begin work. As the Employee, I understand that I cannot begin work until I receive an "Okay to Work" authorization letter from Consumer Direct.

Member or Managing Party Signature Date _____
Employee Signature Date

For Office Use Only
Start Date: _____





EMPLOYEE DATA FORM

Assistance with the hiring process: Any applicant who needs reasonable accommodation in any step of the hiring process should ask the Member/Managing Party.

Employee Contact Information

Name: _____
First Middle Last

Physical Address: _____
Street Apt/Unit # City State Zip Code

Mailing Address: _____
(if different than physical) Street Apt/Unit # City State Zip Code

Phone #: Home (____) _____ Cell (____) _____

Email: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Emergency Contact: _____
Name Phone Relationship

I want Consumer Direct to contact me by:

Phone: Yes No Email: Yes No Mail: Yes No

Have you ever had your driver's license in any state revoked or suspended? Yes No

In the past three years, have you had moving violations or motor vehicle accidents? Yes No

If yes, explain:

Please Read Carefully: Neither the acceptance of the employee paperwork nor entry into any type of employment relationship or employment agreement with a Member/Managing Party for the consideration of employment shall serve to create an actual or implied contract of employment with Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (Consumer Direct).

I authorize investigation of all statements provided to the Member/Managing Party or contained in the employee paperwork. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give the Member/Managing Party permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Member/Managing Party from any liability as a result of such contact.

I understand that employment remains conditional until the results of the criminal background check have been received and approved. I also understand that the results of the criminal background check or any future criminal background checks may be shared with the approving entity (MCO, county, etc.) and/or the Member/Managing Party I work with.

Signature of Applicant: _____

Date: _____





FISCAL EMPLOYER AGENT
EMPLOYEE AGREEMENT

I, _____, referred to as the Employee in this Agreement,
(Print your name)
agree to and acknowledge the following:

_____, or _____,
(Member) (Managing Party)

collectively referred to as Managing Party, has elected to hire me to perform care services for the Member in accordance with Wisconsin's self-directed services program. I understand that Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (Consumer Direct) is the Fiscal Employer Agent (FEA) and assists the Member/Managing Party with employer related tasks and IS NOT my employer. The FEIN (Federal Employer Identification Number) holder is my Employer.

Please define the Employee's relationship with the Member receiving services: _____

1. ENROLLMENT - I have received the New Employee Packet that contains mandatory enrollment forms and training documentation. I am responsible for understanding the information, and completing all documents and quizzes. This information can be found in the packet and manual left with the Managing Party and is available online at www.consumerdirectwi.com.

The mandatory training includes:

- HIPAA Privacy
• Exposure Control Plan
• Infection Control
• Lifting and Moving
• Abuse, Neglect & Exploitation
• Employee Handbook
• Orientation to the Member
• Additional trainings authorized by approving entity or administered by my Managing Party

2. PAYMENT:

- a. Consumer Direct will issue payment to the Employee on behalf of the Employer on a biweekly basis, following submission of accurate online time entries (or paper time sheets by special authorization only), which must be received by midnight on Monday of each week. All compensation is subject to applicable tax withholding. Submittal of work-time records after this deadline may experience a delay in payment, in which case payment will be issued on the following scheduled pay date. Time worked should be submitted to Consumer Direct within 30 days of being worked or the employer may be responsible for payment. Anytime there is misrepresentation on the time sheet Consumer Direct has the right to withhold future payment.
b. I will be compensated at the rate(s) shown below for normal services rendered as described in the job description. Rates may be adjusted in the future via written notification from the Managing Party.

\$ _____ per hour/day/month (circle one) for _____ Service Code

\$ _____ per hour/day/month (circle one) for _____ Service Code

\$ _____ per mile for transportation service* _____ Service Code

*If included on the approved budget

- c. Consumer Direct wants you to receive your pay in a timely and consistent manner. Consumer Direct offers two direct deposit pay options, either to a Visa paycard or to a bank account





FISCAL EMPLOYER AGENT
EMPLOYEE AGREEMENT

specified by you. If changing your direct deposit option, a new Pay Selection Form must be submitted. Pay stubs (a summary of your pay) are sent first class mail to your address on file.

- d. I understand that Consumer Direct is not financially responsible for payment of services I provide to the Member in situations where:
- The Member becomes ineligible for service provided by the Managed Care Organization (MCO), approving entity or Medicaid services;
 - The MCO has not issued an active authorization; or
 - The Member allows me to do tasks that are not approved or work more hours than what is approved by the approving entity's Case Manager.
- e. Consumer Direct will file all required amended payroll tax returns in instances where there have been overcollected social security and Medicare taxes from employees' compensation. The employee will receive refunds of overcollected social security and Medicare taxes directly from Consumer Direct. These refunds will be paid to the employee in January immediately following year-end. The employee agrees that they have not, or will not file a claim for refund of overcollected Medicare or Social Security with the IRS.

3. EFFECTIVE DATE - Employment will be effective upon notice from Consumer Direct that the Employee Packet and associated training modules have been received and approved. I must receive an "Okay to Work" Form before I can begin work. If I start working prior to receiving an "Okay to Work" Form, I understand I may not be paid.

4. MY RESPONSIBILITIES AS AN EMPLOYEE INCLUDE:

- Provide services in accordance with Managing Party authorized tasks and hours as outlined in the individual service plan and job description
- Maintain program compliance (follow all guidelines of the program)
- Provide accurate recording of time worked (includes reporting of no-shows)
- Keep Member information confidential
- Provide Status Change Notification (as necessary)
- Refuse gifts and other forms of payments for services
- Notify appropriate authorities if concerned about abuse, neglect or exploitation (see Abuse and Neglect section in manual)
- Utilize all appropriate safeguards and universal health precautions, assuming at all times the possible presence of communicable disease
- Perform job duties in an ethical manner, preserving and respecting the rights and dignity of the Member

5. SUPERVISION - The Managing Party is responsible for training, managing and supervising the Employee and controlling the Employee's workplace activities. The Managing Party is solely responsible for the decisions to hire and retain or not retain an Employee.

6. REPORTING REQUIREMENTS:

- a. The employee must immediately report all incidents, accidents and work place injuries involving the Employee or the Member. Incidents and accidents should be reported immediately to the Managing Party. Work place injuries must be reported to the Consumer Direct Injury Hotline at 1-888-541-1701 within 24 hours.





FISCAL EMPLOYER AGENT
EMPLOYEE AGREEMENT

- b. The Employee must report possible neglect, abuse or exploitation of a Member to their County Adult or Elder Abuse reporting line.
- c. Suspected Medicaid Fraud must be reported to Consumer Direct's Fraud Hotline 1-877-532-8530.

7. CONTACT PERSON - The Employee has been recruited and hired by and will receive orientation and direction from the Managing Party, who shall control the Employee's workplace activities. In addition to acting as payroll administrator on behalf of the Managing Party, Consumer Direct acts as a consultant to the Managing Party in connection with a number of services that are intended to ensure compliance with applicable laws and regulations. Both the Employee and the Managing Party have access to Consumer Direct staff for information and clarification. The person at Consumer Direct to be contacted is the Program Coordinator at 1-877-785-9991.

8. MEDICAL ADMINISTRATION PROCEDURES - The Employee will learn all medical administration procedures required in the performance of his or her job duties. Instructions for those procedures will come from the Managing Party or the Managing Party's designee and not Consumer Direct.

9. INSURANCE - The Employee will be covered by worker's compensation insurance. The Employee has reviewed and understands the Employee Handbook section related to Employee Injury Reporting.

If the Employee will be transporting the Member at any time, the Employee agrees to maintain his or her vehicle in safe operating condition, to maintain adequate vehicle insurance and to operate any such vehicle in a safe and lawful manner. The Managing Party may request proof of insurance & valid driver's license at anytime.

10. BENEFITS - The Employee is eligible to purchase Supplemental Insurance plans through Consumer Direct's Supplemental Insurance carrier. Supplemental Insurance purchased through Consumer Direct's Supplemental Insurance agent will be paid-for through bi-weekly payroll deduction. Please note, missed premium payments can result in an interruption of benefits. Contact Consumer Direct for more information. Benefits are subject to change.

11. NON-EMERGENT CARE - Services provided under this program are not designed to be an emergency or acute medical service plan. I understand that any potentially risky health situation should be reported to the Member's attending physician or to emergency services (911), as appropriate.

12. ACKNOWLEDGEMENT - I acknowledge the following:

- A blank Status Change Form is included in the packet left with the Member/Managing Party and is available online at www.consumerdirectwi.com. I am responsible for notifying Consumer Direct and my Managing Party within ten (10) days of any change in name, addresses, telephone number, or any pending criminal charges not previously disclosed by criminal justice information or since my hire date.
- A current Consumer Direct Pay Schedule is located in the manual left with the Managing Party, is included in this packet, and is available online at www.consumerdirectwi.com.

Employee Signature: _____ **Date:** _____

Managing Party Signature: _____ **Date:** _____



Name: _____
(please print)

Consumer Direct recommends every employee select direct deposit, either to a Visa debit card issued through US Bank or to another account you specify. Direct deposits avoid all possible delays associated with delivery of mail - and that helps you access your pay on pay day. Your pay stub (summary of your pay) will be sent by first class mail to your address on file. First class mail terms and limitations apply.

Consumer Direct offers the following pay options. Please select one option below.

US Bank Focus Card Direct Deposit – I authorize Consumer Direct to issue me a US Bank Focus Card using my Social Security Number and other identification on file and to initiate payroll deposits to my card account. You should receive your debit card in approximately two weeks.



Bank or Credit Union Direct Deposit – I authorize Consumer Direct to initiate payroll deposits to (name of bank or financial institution): _____

Account Type (check one): Checking Savings

For Checking Accounts:

Attach (tape) a voided check here
Do not attach a deposit slip.

For Savings Accounts: provide a document from your bank with exact numbers to process direct deposits to your account. If the document is larger than a standard-sized check, please provide a separate document. Do not attach a deposit slip because it does not have all the necessary numbers.

I authorize Consumer Direct to process my selected method of pay as indicated above. In the event that funds are deposited mistakenly to my account, I authorize Consumer Direct to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. Deposits will be made on each payday unless I notify my employer, in writing, of my request to stop direct deposits. I understand that Consumer Direct reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. I understand that I may still receive a paper check while my selected method of pay is being set up.

Signature

Date



Your Pay

FASTER. SAFER. EASIER.



With the U.S. Bank Focus Card™ Your Funds Are:



Immediately loaded
to your card on payday



Available to use
right away



Protected if
lost or stolen¹

About the Focus Card

It is a Visa® prepaid debit card that is a convenient alternative to receiving paper checks. Your payments will automatically be direct deposited to your card each payday. You have access to your funds right away and you can use it to make purchases or get cash wherever Visa debit cards are accepted. It's that simple!

MAKE PURCHASES | RELOAD | GET CASH
PAY BILLS | TRACK SPENDING

Getting Started is Easy

1. Sign up today.
2. Your pay will be automatically deposited to your card. Go online to check your balance.
3. Use your card anywhere Visa debit cards are accepted!

Sign Up!

\$0.00 No cost to sign up.



No credit check or bank account required.²

And Save!



Keep more of your money. No fees to cash a paycheck.



No waiting for your paycheck or extra trips to the bank.

Please select the US Bank Focus Card Direct Deposit option on your Consumer Direct Pay Selection Form to enroll.



¹ The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

² Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.



Getting Started



For security, your card comes in a plain white windowed envelope.



Follow the activation instructions that accompany your card.

Features



Cash Back Rewards

For purchases at certain retail and restaurant locations.



Savings Account

Create an interest-bearing savings account without ever going to a bank.



Cash Reload Networks⁵

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.



Text and Email Alerts⁴

Instant notification when money is added or your card balance gets low.



Mobile Banking App⁴

Quickly see your account balance and transaction history.



Track Spending

Online | Phone | Email | Text⁴ | Mobile App

Fee Schedule

Activity	Cost		
Monthly Account Maintenance	Free		
Purchases at Point-of-Sale (Domestic)	Free		
Cash Back with Purchases (Domestic)	Free		
ATM Transactions	Cash Withdrawal	Declined Withdrawal	Balance Inquiry
The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.	U.S. Bank ATM	Free	Free
	MoneyPass [®] ATM	Free	Free
	Allpoint [®] ATM	Free	Free
	Other ATM	\$2.00	\$0.50
	International ATM	\$3.00	\$0.50
Teller Cash Withdrawal	Free		
Teller Cash Withdrawal Decline	\$0.00		
Customer Service Automated Phone Service, Online, Live Phone Representative	Free		
Text or Email Alerts ⁴	Free		
Inactivity After 90 consecutive days. Not assessed if balance is \$0.00.	\$2.00 Per Month		
Monthly Paper Statement	If requested – \$2.00		
Card Replacement Non-Personalized Issued by employer (If applicable to your program) Personalized	\$5.00 Standard \$5.00; Expedited \$15.00; Overnight \$25.00		
CheckToday Convenience Checks (If applicable to your program)	Check Authorization	Free	
	Check Order	Free; Expedited \$35.00	
	Check Return	\$25.00	
	Stop Payment	\$25.00	
	Lost/Stolen Check	\$25.00	
	Void Check	Free	
	Check Reversal	\$25.00	
	Check Copy	\$10.00	
Foreign Transaction	Up to 3% of transaction amount		
Transaction Limits		Count	Amount
Maximum Card Balance		N/A	\$40,000
Purchases (includes cash back)		20 per day	\$4,000 per day
Cash Loads (If applicable to your program)		3 per day	\$950 per day
Teller Cash Withdrawal		5 per day	\$2,525 per day
ATM Withdrawal		5 per day	\$1,525 per day; \$1,025 max transaction
Loads or Deposits		10 per day	\$20,000 per day
Signature-based POS returns		4 per day	N/A
Pending ACH Credits		5 per day	\$5,000 per day
ACH Loads		5 per day	\$20,000 per day

We reserve the right to change the above fee schedule upon written notification to you as required by applicable law.

⁴US Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply through your mobile carrier.

⁵Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties.

Instructions for Completing Form I-9 Section 1




(On or before employee's first day of work for pay)

Employee: Complete Section 1 of Form I-9. This must be done no later than your first day of work for pay. Please print clearly, and sign and date when you are finished. Refer to the numbered explanations below for additional information.

Employer: Review Section 1, ensuring your employee has completed it properly.

Employee (steps 1-9)

- ① Print your full legal name: Last, First and Middle Initial. Provide any other names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. Entering a PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your date of birth (mm/dd/yyyy).
- ④ Print your Social Security Number.
- ⑤ Print your email address or print "N/A" if you choose to not provide it.
- ⑥ Print your telephone number or print "N/A" if you choose to not provide it.
- ⑦ Check the one box that best describes your citizenship or immigration status in the United States.
- ⑧ Sign and print the date you completed the form. **No later than first day of work for pay.**
- ⑨ Check the box that indicates whether or not you were assisted by a preparer or translator.

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 <small>OMB No. 1615-0047 Expires 08/31/2019</small>	
<p>▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>					
<p>Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</p>					
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Other Last Names Used (if any)	
① Doe		Jane	Q	N/A	
Address (Street Number and Name)		Apt. Number	City or Town	State	ZIP Code
② 123 Main St.		N/A	Anytown	WI	54000
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
③ 03/13/1964	④ 123 - 45 - 6789		⑤ employee@email.com		⑥ 555-123-4567
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p>					
<p><input checked="" type="checkbox"/> 1. A citizen of the United States.</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States. (See instructions)</p> <p><input type="checkbox"/> 3. A lawful permanent resident. (Alien Registration Number/USCIS Number): _____</p> <p><input type="checkbox"/> 4. An alien authorized to work in the United States until (expiration date) (applicable mm/dd/yyyy). _____ Some aliens may write "N/A" in the expiration date field. (See instructions)</p>					
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p>					
1. Alien Registration Number/USCIS Number: _____			OR		
2. Form I-94 Admission Number: _____			OR		
3. Foreign Passport Number: _____			OR		
Country of Issuance: _____					
Signature of Employee ⑧ Jane Doe				Today's Date (mm/dd/yyyy) 02/05/2017	
<p>Preparer and/or Translator Certification (check one):</p> <p><input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</p> <p>I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</p>					
Signature of Preparer or Translator				Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State	ZIP Code
 Employer Completes Next Page 					
Form I-9 11/14/2016 N					
Page 1 of 3					

Note: These instructions are for informational purposes only. Refer to pages 1 and 2 of Form I-9 Instructions for detailed information.

Instructions for Completing Form I-9 Section 2

(Any time after employee has accepted job offer, but no later than 3 days after employee's first day of work)

Employee: Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. The LIST OF ACCEPTABLE DOCUMENTS is found after the Form I-9.

Employer (FEIN holder): Examine the documents your employee provides and record them in Section 2. The employee must be present while you examine them. Refer to the numbered explanations below for additional information.

Employer (steps 1-10)

- ① Print employee's name from Section 1: Last, First, and Middle Initial.
- ② Enter the number representing employee's citizenship status checked in Section 1.
- ③ Examine each document and note the details in the appropriate List column.
one document from List A
OR
one from List B and one from List C
 Only accept unexpired, original documents (no photocopies).
- ④ Print the date of the employee's first day of work.
- ⑤ Sign the form.
- ⑥ Print the date you signed the form.
Must be completed and signed within 3 days of employee's first day of work.
- ⑦ If not pre-populated, print your title as "Employer."
- ⑧ Print your last then first name.
- ⑨ Print your first and last name.
- ⑩ Print physical address where services are provided: street, city, state and zip code.

Section 2. Employer or Authorized Representative Review and Verification				
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name) <i>Dee</i>	First Name (Given Name) <i>Jane</i>	M.I. <i>D</i>	Citizenship/Immigration Status <i>1</i>
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>Driver's License</i>	Document Title <i>Social Security Card</i>	Example		
Issuing Authority <i>State of Residence</i>	Issuing Authority <i>SSA</i>			
Document Number <i>0123456789abcde</i>	Document Number <i>123-45-6789</i>			
Expiration Date (if any)(mm/dd/yyyy) <i>08/17/2020</i>	Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>			
Document Title	Additional Information		OR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.
The employee's first day of employment (mm/dd/yyyy): ④ *02/05/2017* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Ronald Smith</i>	Today's Date(mm/dd/yyyy) <i>02/05/2017</i>	Title of Employer or Authorized Representative <i>Employer</i>
Last Name of Employer or Authorized Representative <i>Smith</i>	First Name of Employer or Authorized Representative <i>Ronald</i>	Employer's Business or Organization Name <i>Ronald Smith</i>
Employer's Business or Organization Address (Street Number and Name) <i>500 Fictional St.</i>	City or Town <i>Anytown</i>	State <i>WI</i>
		ZIP Code <i>54000</i>

Submit form I-9 to Consumer Direct with the Employee Packet

Note: These instructions are for informational purposes only. Refer to pages 6 through 12 of Form I-9 Instructions for detailed information.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

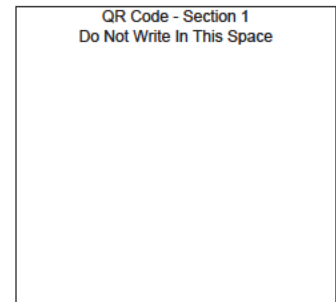
Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy) / /	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	



Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
			Employer	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>1</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	<u> </u>
<p>For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</p>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial <u>Richard C.</u>		Last name <u>Freeman</u>		2 Your social security number <u>123-45-6789</u>
Home address (number and street or rural route) <u>211 Lowell Ave</u>			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code <u>Anytown, WI 54208</u>			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>3</u>
6 Additional amount, if any, you want withheld from each paycheck				6 <u>\$ 10.⁰⁰</u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ <u>Richard Freeman</u>			Date ▶ <u>1/22/2017</u>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5 _____
6	Additional amount, if any, you want withheld from each paycheck			6 \$ _____
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	



Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return. 00540





EMPLOYEE TRAINING CHECKLIST

Employee Name	Member Name	Managing Party Name

Please complete the following trainings and include the date each training module was completed.

Date Completed

_____ Employee has read and agrees to follow the policies including those outlined in the Employee Handbook and Appendix. I understand that a copy of the handbook is found in the Managing Party Manual, on line at www.consumerdirectwi.com or one can be obtained by calling 1-877-785-9991. These policies include, but are not limited to:

- Corporate Compliance Policy
 - Federal Fraud and Abuse Policy (Consumer Direct Fraud Hotline 1-877-532-8530)
 - Wisconsin Medicaid Policy
- Drug Free Workplace
- Exposure Control Plan
- Safe Driving Program
- Employee Injury Reporting (Injury Hotline: 1- 888-541-1701)
- Harassment-free workplace environment

_____ Employee reviewed and understands the “Lifting and Moving” booklet training.

_____ Employee reviewed and understands the “Infection Control Guidelines” booklet training.

_____ Employee reviewed and understands the “HIPAA Guide” training information.

_____ Employee reviewed and understands the “Abuse, Neglect & Exploitation” training information.

_____ Employee has received orientation to the Member by the Managing Party.

Both Member and Employee sign below to acknowledge training was completed on the dates listed above.

Member/Managing Party Signature

Date

Employee Signature

Date



Explanation of Employee Exemptions

Wisconsin Statute 108.02.15 (km) 1. & 5.770.01(1)			
Relationship to EIN Holder (Employer)	FICA	FUTA	SUTA
Spouse	Exempt	Exempt	Exempt
Parent	*Exempt **Subject to Tax	Exempt	Exempt
Adoptive or Step Parent	*Exempt **Subject to Tax	Exempt	Exempt
Sibling	Subject to Tax	Subject to Tax	Subject to Tax
Child under age 21	Exempt	Exempt	Exempt
Child over age 21	Subject to Tax	Subject to Tax	Exempt
Grandparent	Subject to Tax	Subject to Tax	Exempt
Grandchild	Subject to Tax	Subject to Tax	Exempt
Domestic Partner	Subject to Tax	Subject to Tax	Exempt

*Exempt if doesn't meet all 4 of the following criteria:

**Subject to Tax if meet all 4 of the following criteria:

- 1) A parent is employed by their son or daughter.
- 2) The employer (son or daughter) has a child or stepchild that lives in the home.
- 3) The employer is:
 - a widow or widower,
 - divorced, or
 - married and lives with a spouse. But the spouse can't care for the child or stepchild due to a mental or physical condition. The spouse is unable to provide care for at least 4 straight weeks in 3 months.
- 4) The employer's child or stepchild is:
 - less than 18 year old, or
 - needs personal care from an adult. Care is needed for at least 4 straight weeks in 3 months due to a mental or physical condition.



BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client. Exception: Emergency medical technicians and first responders are not covered under the Caregiver Law.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("non-client resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 – 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

Unofficial Text (See Printed Volume). Current through date and Register shown on Title Page.

I. Entities and Programs Serving Only Persons 18 Years of Age or Older	
CONVICTIONS	
Regulatory approval, employment as a caregiver, and nonclient residency at or contracting with an entity are prohibited until rehabilitation approval is received, for all programs and entities that serve only clients 18 years of age or older.	
Wis. Stats.	Crime
940.01	First degree intentional homicide
940.02	1st degree reckless homicide
940.03	Felony murder
940.05	2nd degree intentional homicide
940.12	Assisting suicide
940.19 (2) through (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault
940.285	Abuse of vulnerable adults (misdemeanor or felony)
940.29	Abuse of residents of a penal facility
940.295	Abuse or neglect of patients and residents (misdemeanor or felony)
948.02 (1)	1st degree sexual assault of a child
948.025	Repeated acts of sexual assault of a child
948.03 (2) (a)	Physical abuse of a child – intentional – cause great bodily harm
OTHER OFFENSES	
----	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property
----	Finding by a governmental agency of child abuse or neglect

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT OR TYPE YOUR ANSWERS.

Check the box that applies to you.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license or certification or registration (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises - but not a client
<input type="checkbox"/> Other – Specify: |
|--|---|

NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White		Social Security Number(s)	
Home Address		City	State Zip Code
Business Name and Address – Employer or Care Provider (Entity)			

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? ➤ If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>



Last Name –

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes , explain, including when and where it happened and the reason.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.	<input type="checkbox"/>	<input type="checkbox"/>



Last Name –

SECTION B – OTHER REQUIRED INFORMATION	YES	NO
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.	<input type="checkbox"/>	<input type="checkbox"/>

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
------------------	-------------





EMPLOYEE HEALTH QUESTIONNAIRE

Employee Printed Name

Background: At this point in the employment process, you have been conditionally hired by a Consumer/Member/ Representative/Individual (“Employer”) as an Employee. Your position involves delivering services for the Employer. Your duties will vary according to the needs and authorized services of the Employer, but will require you to perform tasks of a physical nature, which have physical demand requirements. The purpose of this Health Questionnaire is to obtain information about your ability to safely perform the authorized tasks. The information provided on this Questionnaire will be used to help manage your employment in a safe manner. Your responses are considered *Confidential*.

Instructions: Please respond to each item as to whether you have a medical or physical activity restriction or limitation to physical activity. **Please explain each “Yes” answer on the reverse of this form, and attach additional information as necessary.**

Return this completed form, with the other employment forms, to the Consumer Direct office.

	Do you currently have a Physical Activity Restriction for:	NO	YES
1	Sitting		
2	Stationary Standing		
3	Walking		
4	Ability to be Mobile		
5	Crouching (bending at knee)		
6	Kneeling/Crawling		
7	Stooping (bending at waist)		
8	Twisting (knees/waist/neck)		
9	Turning/Pivoting		
10	Climbing		
11	Balancing		
12	Reaching overhead		
13	Reaching extension		
14	Grasping		
15	Pushing/Pulling		
16	Lifting/Carrying		
17	Whole/Partial Loss of Hearing		
18	Blindness (partial or complete) or Eye Problems		
19	Have you ever been advised by a health care professional to restrict your physical activities in any way?		

	Personal Medical History In the past 5 years, have you had or been treated for:	NO	YES
20	Epilepsy		
21	Fainting/Dizzy Spells		
22	Hernia		
23	Muscular Strain		
24	Neck or Back Strain or Injury		
25	Ruptured Intervertebral Disc		
26	Joint Injury or Pain		
27	Fractures		
28	Tuberculosis or Non-Negative TB Test		
29	Lung Problems/Disease		
30	Head Injury		
31	Allergies		
32	Other Current Problems, Diseases, Conditions		
33	Have you ever been hospitalized or undergone surgery, other than for childbirth?		
34	Have you ever refused a recommended surgical procedure?		
35	Are you currently taking any medication or drugs, whether by prescription or not, that could impair your judgment?		





EMPLOYEE JOB DESCRIPTION

Employee Name	Position Title	Managing Party / Member Name

Responsibilities:

Write a description of job responsibilities the employee will be required to perform in the following categories that apply. Leave each category that does not apply to your staff blank.

Recreational/Leisure/Socialization:

Mobility/Transportation:

Independent Living Skills:

Dressing:

Bathing/Assisting in the bathroom:

Housekeeping/Laundry:





EMPLOYEE JOB DESCRIPTION

Shopping:

Meal Preparation:

Other:

Work Schedule:

Include bi-weekly schedule, not exceeding authorized staffing hours.

Week 1

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Week 2

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Signatures: *I have reviewed and agree to the responsibilities of the job.*

Member/Managing Party Signature

Date

Employee Signature

Date



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Symbol Key: TIME SHEETS DUE ● Pay Day ○ Daylight Savings ▲ Postal & Bank Holiday





IMPORTANT

Work weeks are Sundays through Saturdays. Time sheets must be received or postmarked no later than **MIDNIGHT every Monday.** Online time entries must be approved on **MONDAY by MIDNIGHT.** Due to office closures and time constraints on holidays, time sheets submitted late or with errors will not be processed until the following pay period.

Form W-2 for time worked in 2016 will be mailed on or before 1/31/2017. On the 2016 calendar we refer to 2015 time worked in accordance with IRS requirements. Please allow sufficient time to process thru the US Postal system. If you have not received your W-2 by mid-February please contact your local office.

Pay Period - Week 1 Sunday through Saturday	Pay Period - Week 2 Sunday through Saturday	Pay Date (for Week 1 and Week 2)
11/27/2016 to 12/03/2016	12/04/2016 to 12/10/2016	12/23/2016
12/11/2016 to 12/17/2016	12/18/2016 to 12/24/2016	01/06/2017
12/25/2016 to 12/31/2016	01/01/2017 to 01/07/2017	01/20/2017
01/08/2017 to 01/14/2017	01/15/2017 to 01/21/2017	02/03/2017
01/22/2017 to 01/28/2017	01/29/2017 to 02/04/2017	02/17/2017
02/05/2017 to 02/11/2017	02/12/2017 to 02/18/2017	03/03/2017
02/19/2017 to 02/25/2017	02/26/2017 to 03/04/2017	03/17/2017
03/05/2017 to 03/11/2017	03/12/2017 to 03/18/2017	03/31/2017
03/19/2017 to 03/25/2017	03/26/2017 to 04/01/2017	04/14/2017
04/02/2017 to 04/08/2017	04/09/2017 to 04/15/2017	04/28/2017
04/16/2017 to 04/22/2017	04/23/2017 to 04/29/2017	05/12/2017
04/30/2017 to 05/06/2017	05/07/2017 to 05/13/2017	05/26/2017
05/14/2017 to 05/20/2017	05/21/2017 to 05/27/2017	06/09/2017
05/28/2017 to 06/03/2017	06/04/2017 to 06/10/2017	06/23/2017
06/11/2017 to 06/17/2017	06/18/2017 to 06/24/2017	07/07/2017
06/25/2017 to 07/01/2017	07/02/2017 to 07/08/2017	07/21/2017
07/09/2017 to 07/15/2017	07/16/2017 to 07/22/2017	08/04/2017
07/23/2017 to 07/29/2017	07/30/2017 to 08/05/2017	08/18/2017
08/06/2017 to 08/12/2017	08/13/2017 to 08/19/2017	09/01/2017
08/20/2017 to 08/26/2017	08/27/2017 to 09/02/2017	09/15/2017
09/03/2017 to 09/09/2017	09/10/2017 to 09/16/2017	09/29/2017
09/17/2017 to 09/23/2017	09/24/2017 to 09/30/2017	10/13/2017
10/01/2017 to 10/07/2017	10/08/2017 to 10/14/2017	10/27/2017
10/15/2017 to 10/21/2017	10/22/2017 to 10/28/2017	11/10/2017
10/29/2017 to 11/04/2017	11/05/2017 to 11/11/2017	11/22/2017
11/12/2017 to 11/18/2017	11/19/2017 to 11/25/2017	12/08/2017
11/26/2017 to 12/02/2017	12/03/2017 to 12/09/2017	12/22/2017
12/10/2017 to 12/16/2017	12/17/2017 to 12/23/2017	01/05/2018
12/24/2017 to 12/30/2017	12/31/2017 to 01/06/2018	01/19/2018

2017 Bank & Post Office Holidays

- **New Year's Day** Monday, January 2, 2017
- **Martin Luther King Day** Monday, January 16, 2017
- **Presidents Day** Monday, February 20, 2017
- **Memorial Day** Monday, May 29, 2017
- **Independence Day** Tuesday, July 4, 2017
- **Labor Day** Monday, September 4, 2017
- **Columbus Day** Monday, October 9, 2017
- **Veterans Day** Friday, November 10, 2017
- **Thanksgiving Day** Thursday, November 23, 2017
- **Christmas Day** Monday, December 25, 2017

2017 Consumer Direct Office Holidays & Closures

- **New Year's Day Observed** Monday, January 2, 2017
- **Martin Luther King Day** Monday, January 16, 2017
- **Memorial Day** Monday, May 29, 2017
- **Independence Day** Tuesday, July 4, 2017
- **Labor Day** Monday, September 4, 2017
- **Thanksgiving Day** Thursday, November 23, 2017
- **Christmas Day** Monday, December 25, 2017

Please consider online time sheet submission through
www.ConsumerDirectWI.com



Dear Caregiver,

The following is information regarding the Affordable Care Act related Health Insurance Marketplace. Key parts of the health care law took effect in 2014; as a result, there is a new way to buy health insurance:

the Health Insurance Marketplace.

The annual Open Enrollment Period for the Health Insurance Marketplace is usually scheduled to begin on November 1st each year for coverage starting January 1st of the following year. This is the **one** time of year where you can apply for private health insurance coverage through the Marketplace. To confirm Open Enrollment Period dates for this year, please contact www.HealthCare.gov. **NOTE:** *You can apply for Medicaid or CHIP (Children's Health Insurance Program) any time of year.*

To assist you as you evaluate options for you and your family, this information sheet provides some basic information about the new Marketplace.

If you have any questions about healthcare reform or the online application process, please contact the Health Insurance Marketplace Call Center at 1.800.318.2596 or visit www.HealthCare.gov.

Thank you,
Human Resources Department
Consumer Direct Care Network

Health Care Marketplace

PART A: General Information

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit ¹.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please call 1.800.318.2596 or visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

In the Wisconsin self-directed supports in long-term care program, the Member is the employer of record and the managing employer. **Health insurance is not being offered by your employer.** You and your family may be able to obtain health coverage through the Marketplace, with a tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Medicaid Coverage

In all states, Medicaid provides health coverage for some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Wisconsin has chosen not to expand its Medicaid program at this time. You might not qualify for Medicaid or reduced costs on a private insurance plan; it will depend on where your income falls. Even though Wisconsin hasn't expanded Medicaid coverage, you should still apply. The Medicaid program provides health coverage to millions of lower-income individuals and families today. You may qualify under your state's existing rules.

There are two (2) ways that you can find out whether you qualify for Medicaid in Wisconsin:

- Contact your state Medicaid agency online at www.access.wisconsin.gov or call their Customer Service Center at 1.800.362.3002.
- Fill out an application for coverage in the Health Insurance Marketplace at www.healthcare.gov/marketplace.

If you live in Wisconsin, you'll use www.HealthCare.gov to apply and enroll in health coverage. For more information on resources available in your state, visit www.dhs.wisconsin.gov/forwardhealth.