



# CAREGIVER HANDBOOK

Wisconsin Self-Directed Services

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EVERY LIFE. EVERY MOMENT. EVERY DAY.



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## Introduction

Since 1997, we have been working directly with individuals self-directing their care in their homes, communities and villages, building quality service systems and collaborating effectively with state programs. Our sister companies are located in Alaska, Arizona, Florida, Idaho, Michigan, Nevada, New Mexico, Minnesota, Montana and Texas. Collectively, we provide services to over ten thousand people.

### **Mission Statement**

Provide quality service to individuals and families so they can remain in their homes and communities.

### **Philosophy of Service Delivery**

Self-determination is the guiding principle for the delivery of services by Consumer Direct Care Network (CDCN). The Company recognizes that each member has the freedom to decide how he/she wants to live his/her life. Individuals with disabilities and older adults are the planners and decision-makers for the supports and services they receive and in how they spend their days and live their lives. He/she is also responsible for his/her actions.

CDCN supports self-determination by offering self-directed services in which individuals choose the supports and services they receive, the people they want to provide their services and supports, when these supports and services will be provided and how and when they will be delivered. CDCN's philosophy of self-determination is best achieved when people live the life they want and self-direct their care services.

### **Making a Difference**

CDCN companies are leaders in each state where they provide self-directed services because of the benefits of the service that is provided. We believe in full involvement with the individuals using our services. We implement communication channels that allow for feedback and evaluation. The core component that makes this successful is our customer service. CDCN recognizes that customer satisfaction comes from providing the right amount and kind of participant assistance, customized to a participant's needs.

We also believe that success in services comes from the voices of those that use the self-directed service. Since 1997, we have provided service to diverse populations. This includes individuals from different cultures and individuals with varying abilities.

All Members receive respectful, effective care that is provided in a way that is understandable and compatible with their cultural health beliefs, practices and preferences.

## Section One: General Handbook Information

### Important Legal Notice to Employees

This Handbook is not a contract of employment. It describes CDCN policies, procedures and program requirements which Employees and Members must follow.

Employees are expected to read the Handbook and understand the information in it. Please ask questions if you do not understand. You can ask the Member, a CDCN staff person (such as Program Coordinator) or the Human Resources Manager.

This Handbook replaces all earlier versions. CDCN has the right to revise or update any policy, procedure, or information in this Handbook at any time. You will be notified of any changes.

### An Explanation of Self-Directed Services

The person who self-directs his/her care is called a Member. A Member is “a person receiving services.” Self-directed services give the Member more choice, control and independence. Sometimes they are called Member-directed or Participant-directed services. Self-direction means:

- People who receive services manage their services and supports.
- The Member is in charge.
- The Member decides who provides the services and supports.
- The Member decides when and how services are provided.
- The Member interviews, hires, trains, schedules, reviews, and dismisses employees.

The kind of control and choice the Member has over services and supports depends on the state in which they live. Self-directed services help Members stay in their homes and be active in their community.

A care plan outlines the services (tasks) that have been approved for the Member to receive. The plan is based on an assessment done by a separate company or a Care Manager.

The Member recruits and refers employees for hire by CDCN. The Member is also responsible for training and supervising employees. The Member also signs time sheets. This indicates the Member’s approval for the Employee’s payment. CDCN is the “Employer of Record.” CDCN shares the responsibilities of an employer with the Member.

Sometimes a Member asks another person to help direct services. This person is called a Managing Party (MP). The Managing Party takes on responsibilities for managing the Member’s care. When there is a MP, the term Member also refers to the Managing Party. CDCN’s role is to assist the Member. As the Employer of Record, we serve as an accountant by handling payroll, filing taxes and billing the state program for services. Other things CDCN does are:

- Help the Member follow the program requirements.
- Keep a Member record and Employee personnel files.
- Orient the Member about the self-directed program. Orientation occurs at the start of services.
- Provide training and training materials to help the Member be successful managing his/her care.

The role and responsibilities of the Member, CDCN and you, the Employee, are explained later in the Handbook.

## **Consumer Direct for Wisconsin, LLC Policies**

### **Non-Discrimination In Employment**

Discrimination is against the law. CDCN and Members must follow federal and state laws about discrimination. CDCN and Members cannot treat you differently because of your:

- Race
- Color
- Religion
- Country of Origin
- Age
- Gender
- Sexual Orientation
- Disability/Handicap
- Marital Status

If you think that a Member is discriminating against you, immediately report it to CDCN.

### **Work Place Harassment**

Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited by Title VII of the Civil Rights Act of 1964, the Equal Opportunity Commission and state regulations.

**HARASSMENT:** any verbal, physical or visual conduct or action that belittles or shows hostility or dislike towards any individual because of race color, religion, gender, national origin, age, disability, physical features, creed, marital status, sexual preference or status with regard to public assistance and which has the purpose or effect of creating an intimidating, hostile or offensive workplace, interferes with an individual's work performance or otherwise adversely affects an individual's employment opportunities.

**SEXUAL HARASSMENT:** unwelcomed sexual advances, requests for sexual favors and/or all other verbal, physical or visual conduct of a sexual or otherwise objectionable nature, where submission is made explicitly or implicitly a term or condition of obtaining or continuing employment or is

used as the basis for making employment decisions, or has the purpose or effect of unreasonably interfering with the individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual Harassment also includes third-party situations in which an individual is offended by the sexual interaction, conduct or communications between others.

If you believe you are a victim of harassment, sexual or otherwise, you may choose to take action yourself before filing a formal complaint. When talking to another individual regarding harassment, remember to state the facts as you see them, describe your feelings or reactions to the incident(s), and state what you would like to happen next.

### **Discrimination/Harassment Reporting Procedure**

If you do not wish to communicate directly with the person(s), or if your attempts have been unsuccessful, please report the behavior to: **CDCN – toll free 1-877-785-9991.**

You may at any time file a complaint with either the State of Wisconsin Equal Rights Division or the United States Equal Employment Opportunity Commission concerning a perceived violation of discrimination or harassment laws. The filing of a complaint with one of these agencies, however, does not relieve you of the responsibility to also file an internal complaint pursuant to CDCN's Anti-Harassment Policy. We have a responsibility under the law to investigate claims of harassment and to take appropriate remedial measures. We are unable to do so unless you bring the matter to our attention through our own, internal complaint procedure.

Retaliation or intimidation directed towards anyone who makes a complaint will not be tolerated.

### **Complaint and Grievance Procedure**

**COMPLAINT:** If an employee is not satisfied with the services that CDCN is providing, we want to hear from you. You can call the office and speak with the Program Coordinator (if the issue is with the Program Coordinator, talk to the Program Manager) who will work to resolve the problem. There is a "Complaint and Grievance Form" that can be completed instead and mailed to the office. The Form is located in the "Member Enrollment Manual and Resource Guide" belonging to the Member.

If you are not satisfied with the resolution of your complaint, your next step is to talk to the Program Manager. If still not satisfied, please bring your complaint to the Vice President.

**GRIEVANCE:** A grievance is a more formal process and is usually filed if you believe your employee rights have been violated or employee policies are not being followed. The following steps apply:

- A grievance must be put in writing and needs to be timely (within ten days of the event) and sent to the Program Manager.
- The Program Manager has ten days to gather information and reply back to the employee.
- If the employee is not satisfied, an elevated grievance request can be filed with the Vice President of the Company (within ten days of receipt of the Program Manager's response). All information will be forwarded for his/her review. His/her response will

- be made within five days.
- If the Employee is still not satisfied with the resolution, the grievance must be filed within five days to the President of the Company. The President's response is final and is communicated to the Employee within five days.

CDCN works to resolve all complaints and grievances quickly and thoroughly.

## **Alcohol and Drug-Free Workplace**

Using or having alcohol or any illegal drug, in any amount, while working is not allowed. A copy of the Drug-Free Workplace Policy is in the Handbook Appendix. Violating this policy can result in losing your job.

## **Benefits**

Employees are eligible for a Group Life Insurance policy, Group Vision Plan and Supplemental insurance.

## **Insurance**

CDCN provides Unemployment Insurance and Workers' Compensation Insurance for employees.

If you are hurt on the job, you **MUST** report the injury or accident to the Member. You also must call the Injury Hotline (1-888-541-1701) immediately. If you do not report an injury right away, the Workers' Compensation claim may be delayed or denied. See Employee Injury Reporting for more information.

## **Pay Periods, Paydays and Final Pay**

Pay periods are two weeks long. A pay period begins on a Sunday and ends on a Saturday. Paydays are every other Friday. Both pay periods and paydays are identified on CDCN's pay schedule.

If you quit, your final pay will be issued according to the pay schedule. When an employee is terminated (fired), wages owed to the employee will be paid within three business days of termination (not including weekends and holidays). An employee also is paid within three business days if an employee no longer works because the Member is not receiving services through CDCN. Please refer to "Pay Calendar."

## **Threats or Violence in the Work Environment**

Verbal threats, threatening behavior, bullying and acts of violence are not allowed. If this kind of behavior is directed toward you, report it right away to CDCN and the authorities. If you threaten, bully or act aggressively to a Member, another Employee, visitor, guest or other individual, your behavior will be reported immediately. The police may be called. Other actions also may be taken. You may be dismissed (fired). A Member who acts this way could be discharged from the program.

## **Member Injury and Serious Accident Reporting**

You **MUST CALL 911** if you are present and:

- A Member is injured
- A serious accident happens that affects the Member's health or safety

**You also must REPORT THE INCIDENT TO CDCN RIGHT AWAY.** If you learn of an incident after it happens, you must make sure it has been reported to CDCN.

**CDCN does not provide emergency care or medical services. The Member should call a doctor or 911 if he or she is in danger or has a medical emergency. If the Member cannot call, you should contact a doctor or call 911.**

## **Employee Injury Reporting**

If you are injured on the job, you **MUST** report your injury immediately. CDCN is concerned about any injury in the workplace. If you are injured at work or get an illness caused by work, you must:

### **1. Get medical help if you need it.**

- If the injury is serious and life-threatening, someone should call 911.
- If the injury needs medical treatment (but is not life-threatening), you should go to an urgent-care clinic or doctor's office. If you cannot get to a clinic or a doctor's office, go to the emergency room.

### **2. You must call the CDCN Injury Hotline to report the injury/illness immediately. You must call as soon as the injury or illness happens, even if it does not seem serious.**

- The Injury Hotline number is 1-888-541-1701.
- Injuries can be reported 24 hours a day, 7 days a week.

### **3. You must tell the Member of the injury or illness before you leave work.**

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

## **Member Property**

Employees are expected to be careful with a Member's property. If you are careless and lose or damage a Member's property, you are responsible. You may have to pay for loss or damage to property.

## **Member Information (Protecting Confidentiality)**

All information about a Member is confidential (private). This means you cannot share it or talk about it with other people. When you are hired, you are trained to keep Member information confidential (private). There are more rules about confidentiality in the HIPAA Training Module located in the Member Enrollment and Resource Guide.

## **Reports of Potential Harm**

State and federal rules say that you must report if you think a Member is being neglected, abused or exploited. You also must report if you think a Member may be physically harmed. Please call an Adult or Elder Abuse reporting line (see Important Contacts in Section Two) to make a report. Sometimes a Member may threaten someone or is a danger to the safety of others. Report to the police right away if you think a Member might carry out the threat, especially if they have the ability to carry out the threat. For example, if they say they are going to shoot someone and they have a gun.

## **Conflict of Interest**

Conflicts of interest always should be avoided. A conflict of interest happens when, in the course of your work, you do something that benefits only you or your family. It also exists if you influence the Member's decisions and these decisions affect the relationship between CDCN and the Member. A conflict of interest gives you an unfair advantage. There are different conflicts of interest:

### **Involvement with Suppliers, Customers and Competitors**

You should not have any personal or financial link with a rival company or business. You must let the Member know if you are connected with any company or business that competes with CDCN.

### **Gifts or Favors**

You cannot accept money, gifts or favors from the Member as payment for services. You also cannot accept anything that the Member gives you to keep you involved with him/her. For example, a Employee cannot accept a car that the Member gives him, even if the Employee can use it to get to work. You should immediately report all offers of gifts or favors worth more than a small amount (\$10.00) to CDCN.

### **Proprietary and Other Confidential Information**

You cannot give CDCN's information to any other organization or individual. This includes all forms, details of procedures, other materials, or other information (such as information from the computer). All information created by CDCN is confidential and company-owned information.

A conflict of interest makes it hard for you to make fair decisions that are in the best interest of the Member or CDCN. That is why it should be avoided.

## **Corporate Compliance**

CDCN must follow all laws in providing services to Members. We have developed a Corporate Compliance Policy that outlines Company rules and government laws that must be followed. If you think that false or illegal activity has happened, report it to a CDCN staff person. These individuals include:

- A Program Coordinator
- Program Manager or State Director
- Human Resources Director
- Risk Manager

- Senior Management (President or Executive Officer)

An example of not following program rules is doing something that is Medicaid fraud (described in the Medicaid Fraud part below). A copy of CDCN's Corporate Compliance Policy is included in the Caregiver Handbook Appendix.

## **Medicaid Fraud**

*What is fraud?*

*What can happen to me if I commit fraud?*

*How do I report suspected fraud?*

The money for services in the Program comes from state and federal governments. Fraud or abuse of this Medicaid program is against the law. If a Member, Employee or CDCN is suspected of Medicaid fraud or abuse, it must be reported.

Examples of Member or Employee fraud and abuse of Medicaid funds are:

- Writing down more time than actually worked on a time sheet
- Accepting pay for time you did not work
- "Padding" time sheets...such as showing up late or leaving early and writing down more time than actually worked, or taking a break and not subtracting break time when you write down time
- Stating that tasks or procedures were completed when you did not do them
- Changing another person's time sheet or paperwork
- Forging other Employee's or Member's signature
- Turning in a false claim for time worked or tasks completed when these were not done and you knew it
- Suggesting or helping a Member get services or supplies that are not required for the person's disability
- Not following all parts of the Member Service Agreement
- Not providing the quality of services for a Member that is expected

If you think a Member, Employee or staff person is doing something that is fraud, please call the CDCN Fraud Hotline (1-877-532-8530) right away. If you are worried that the Program Manager is not dealing with the problem correctly, please call a CDCN Executive Officer or President immediately.

Examples of fraud that could be done by CDCN are:

- Not keeping necessary records
- Not giving records to the Department that is investigating possible fraud
- Not providing the quality of services for a Member that is expected
- Turning in a false application to become a provider

- Accepting a fee or getting money back in exchange for referring a Member
- Charging a Member more than Medicaid paid and keeping the difference
- Not meeting federal or state licensure or certification requirements, but providing services anyway

If you think CDCN has done any of these things, please call your Member's Managed Care Organization or State Agency. Penalties may be enforced against CDCN if we do any of the things above.

If you give false information or know of false information and fail to report it, you could be convicted of a crime. You might have to pay large fines, go to jail for up to a year, and lose your job.

The phone numbers to report Medicaid Fraud are 1-800-362-300 or 1-608-221-5720. The **CDCN Fraud Hotline** number is **1-877-532-8530**.

**Federal False Claims Act:** This Act is designed to stop fraud, waste and abuse in Medicaid. All employees, managers, contractors and agents must receive written information regarding the False Claims Act. All CDCN Managers and staff are trained on this Act. A summary of the Act is included in Addendum 1 to the Corporate Compliance Policy in the Caregiver Handbook Appendix. A summary of Wisconsin's specific Fraud and Abuse laws is in Addendum 2 of the Corporate Compliance Policy.

## **Section Two: Self-Directed Services Information**

*What will my Member do as the Managing Employer?  
How does the Emergency and Backup Plan work?*

### **Member Requirements and Responsibilities**

The Member or the Member's Managing Party must be able and willing to do the following in order to self-direct:

#### **Select Provider Agency**

The Member decides what provider they would like to work with and the type of service (agency based or self-directed) they want. The Member can transfer agencies at any time if they are not satisfied.

#### **Complete Member Training Plan**

CDCN staff will visit with each Member in their home when they sign up for the program. At this time:

- Paperwork is completed.
- The Member Enrollment Manual and Resource Guide is provided to the Member. There is information in the Manual about how to be an employer. There is also information on the tasks the Member needs to complete for managing his/her care. The Manual is also a reference guide.
- The Member is provided a copy of this Caregiver Handbook. He/She is expected to read it. The Member agrees to follow all of CDCN's policies described in the Handbook.
- CDCN answers the Member's questions.

If the Member has a hard time directing his/her own care, CDCN will:

- Give additional training to the Member on how to manage his/her services, or
- Recommend the Member appoint a Managing Party to manage his/her services, or
- Report problems with managing his/her care to the Managed Care Organization

#### **Directing One's Own Care**

The Member must be able to make choices about what they need help with. They also must understand how these choices will affect them and take responsibility for their choices. They can select a Managing Party to help them, if they want. The Managing Party must be:

- Directly involved in the day-to-day care of the Member
- Take responsibility for managing the Member's care, including directing the care as it occurs in the home

## **Employee Supervision**

The Member or Managing Party will:

1. Recruit, interview, hire, manage and decide whether Employees are doing a good job.
2. Make sure the Employee completes the mandatory trainings.
3. Train the Employee to his/her needs and preferences.
4. Schedule and supervise the Employee.
  - Additional Employees may be hired.
  - Employees may not work over forty (40) hours in a week, unless specifically approved in the Member's Plan and by CDCN.
5. Review and sign weekly time sheets that are accurate and submit to CDCN.
6. Report any situations of potential Medicaid fraud to CDCN at 1-877-785-9991, including, but not limited to:
  - Falsified or made-up hours
  - Task(s) completed that are not authorized
  - Forgery
7. Dismiss Employees that are not doing a good job.

## **Keep CDCN Informed**

Report any change in health status of the Member, or living situation to CDCN such as:

- Hospitalization
- Health condition worsens (or improves)
- Change of address, phone number, name, etc.
- Change in Medicaid or insurance status

## **Backup Plan**

Each Member will create a backup plan with the Care Manager that the Member will use if an employee cannot work regularly scheduled hours. The Emergency and Backup Plan:

- Is in writing and signed.
- Must be completed prior to the start of service.
- Lists emergency numbers with who to call if a problem arises.

Unapproved overtime is not a viable backup plan.

## **Transfer Process**

Members decide who will be their provider. CDCN hopes to provide the best service possible. If the Member is unhappy with services, they must notify their Care Manager. In order to improve the services provided, CDCN does exit interviews with Members who are transferring to another provider.

## Member Training Responsibilities and Employer Expectations

*How might my Member hire, train and evaluate me?  
What type of orientation will I receive? Can my Member fire me?*

### Application

The Member may ask an Employee to complete a job application or submit a resume. It is the Member's choice. If an application is completed, it will be kept in the Employee's personnel file. The Employee does complete an "Employee Data Form" with important information that is kept in his/her Personnel File.

### Orientation

Each Member has specific house rules and employment expectations. These will be discussed on the first day of the Employee's employment. The topics covered include:

1. Touring the Member's living space, including:
  - Where supplies and equipment are located.
  - Living space that is off-limits.
  - Emergency exits.
  - Fire extinguisher.
2. Information about the Member's disability or care needs, such as:
  - Does the Member have trouble falling asleep?
  - Are they sensitive to certain smells?
  - Are they a morning person?
3. An explanation and demonstration of the tasks that need to be done, including:
  - Overview of job duties.
  - Job description, with an hourly schedule.
  - Observation of an experienced worker or family member completing all the tasks.
4. Safety and Security
  - Review proper lifting procedures to avoid injury to either Employee or Member.
  - Explain safety guidelines for any disability-related equipment the Employee will be expected to use and for household appliances or equipment the Employee will be expected to use.
  - Discuss the Back-up Plan.
  - Tell how to enter the home, i.e. knocking, key, etc.
  - Explain Universal Precautions such as:
    - washing hands thoroughly before preparing food,
    - washing hands before and after tasks,
    - use of plastic gloves and where they are stored, and
    - where the sharps container is located, if applicable.

5. Expectations - What the Member wants the Employee to do. Some examples are:
- Confidentiality: What the Employee knows or learns about the Member must remain confidential. The kind of help being provided by the Employee is personal to the Member and should not to be discussed with friends, family members, or other individuals. Violating confidentiality can be grounds for termination. The Employee must complete a HIPAA test at the start of employment so they know the law regarding confidentiality.
  - Use of household items: Rules about the use of the Member's car, the washing machine, computer/printer and eating the Member's food should be discussed. If the Member does not say what the rules are, ask him/her.
  - Telephone Use: Use of cell phones and the Member's phone during work hours is determined by the Member/MP.
  - Schedule: The Member determines what days of the week and time of day assistance is needed. The Employee and Member should discuss flexibility with the schedule, how to request time off, how much advance notice is needed if calling off sick, the importance of being on time, how to make schedule changes, etc. Not showing up for work, not notifying the Member with enough advance notice, and being late may result in termination.
  - Dress code: Clothing not permitted in the work place is the Member's decision.
  - Tobacco Use: The Member is responsible for setting the policy for tobacco product use in his/her home. If you do not know the Member's tobacco policy, ask the Member.

## **Training Requirements**

The Member is involved with setting up customized training for the Employee. Each Employee will complete both program required and Member-specific training before they begin to work. Required training can be found in the "Training Modules" sections of the Member Enrollment Manual and Resource Guide and include:

- Abuse, Neglect and Exploitation
- Lifting and Moving Patients
- Infection Control Guidelines
- Exposure Control Plan
- HIPAA

The Member acknowledges and signs that the Employee completed the required trainings with the accompanying Training Checklist. Upon completion, the checklist should be mailed to CDCN's Hudson office. Member-specific training focuses on the individual needs of the Member with regard to their care plan. The Employee should contact CDCN if accommodations for training are needed (e.g., the Employee cannot read).

## **Performance Reviews**

A performance review evaluates how the Employee is doing. The Member decides if they want to do a performance review with his or her Employee. While regular performance reviews are not

required, they are encouraged. Members are provided materials for doing reviews. It is also a good idea for the Employee to ask the Member for feedback about how you are doing. Feedback will help the Employee know if he or she needs to make changes.

## **Termination/Resignation**

Under the Member-Directed Service Program, the Member is primarily responsible for making and carrying out any termination decisions. Work performance that may result in termination is identified during orientation and reviewed regularly.

## **Employee Responsibilities**

*What do I need to do, to start and continue working with CDCN?  
How do I use the time sheets? How do I know when to work?  
Can I work overtime? Can I receive gifts from Members?*

## **Employment Qualifications / Criminal Background Checks**

To work as an Employee, the individual must be:

- at least 16 years of age
- submit documentation necessary for requesting criminal justice information
- complete all required training

## **Documents and Record-Keeping (Time Sheets)**

Employees keep a weekly time sheet with hours worked. Time sheets are legal documents that track actual hours worked and services provided. Time sheets should reflect the tasks and hours of service authorized by the Care Manager and include:

- Days of the week and dates that services were provided.
- Time in and time out (start and stop times) of services provided.
- Legal signature from Employee and Member/MP with dates.
- All entries must be made in blue or black ink and be clearly legible.
- Corrections can be made by drawing a single line through the mistake, entering the correct information nearby, and having both the Employee and the Member/MP
- Initial by the change.
- An “NS” (No Show) should be marked in the appropriate box if the Employee goes to a Member’s home to work and they are not there.

Time sheets should be given to the Member for signature every week. Time sheets must be sent by mail or faxed weekly to the CDCN Hudson office by midnight every Monday.

## **Working Hours and Payroll**

Employees are expected to work all hours as scheduled by the Member/MP. Definite hours are not guaranteed and may change unexpectedly. For example, an employee is not needed when a Member is hospitalized. An Employee position is classified by CDCN as “temporary.” The following apply:

- The Member/MP will set work schedules based on the Member's current and approved Care Plan.
- Overtime is not authorized.
- Employees may work for more than one Member. However, the total hours worked in any week cannot be more than forty (40).
- Employees are responsible for watching their schedules. That way the Employee is ready for an increase or decrease in hours so that they do not go over forty hours a week.
- The Member is personally responsible for paying the Employee if:
  - o more hours are used than authorized
  - o the Member loses Medicaid eligibility
  - o they ask the Employee to do tasks that are not approved by the Care Plan

CDCN issues pay through direct deposit to the Employee's bank account or paycard every other Friday, according to the CDCN Payroll Schedule. Paystubs (a summary of pay) are sent to the Employee's address on file, and are mailed from Montana on Wednesday of payroll week. In order for Employees to be paid correctly, time sheets must be mailed, faxed or entered online by midnight every Monday.

CDCN will deduct state, federal, and social security taxes from the Employee's wages. Employees will receive the benefits of worker's compensation coverage, employer's social security contributions, and federal and state unemployment insurance.

## **Training**

Required Training Modules are located in the Member Enrollment Manual and Resource Guide, and include:

- Abuse, Neglect and Exploitation
- Lifting and Moving Patients
- Infection Control Guidelines
- Exposure Control Plan
- HIPAA

The accompanying Training Checklist should be completed and submitted to the CDCN Hudson office.

## **Transportation**

If a Member chooses to let an Employee operate a vehicle they assume all liability and are responsible for their own car insurance. CDCN does not insure Employees while operating a Member's vehicle.

## **Confidentiality and Disclosure**

Member information is strictly confidential. Information can only be released if the Member signs a waiver authorizing the release of information.

A waiver is not needed to discuss or report the following, if you have any reasonable cause to suspect:

- That the Member has threatened, or poses a threat to, the physical safety of another person and it appears possible that the threat may be carried out
- The Member is at risk of immediate bodily harm, abuse, neglect, exploitation, death, or other reportable incidents

### **Change of Information Notification**

Employees must fill out a “Status Change Form” within one (1) day of any change in the following:

- Name
- Mailing address
- Physical address
- Telephone number
- Felony convictions
- Motor Vehicle violations

The form must be submitted to CDCN.

### **Termination Notification**

Employees may choose to end their employment with a Member, or vice versa. Within two (2) business days of the last day of employment both parties must submit a “Status Change Form” to CDCN. CDCN must receive the final time sheet with a note in the Comments Section stating “Last and final time sheet for Employee <Employee’s name>.”

## **Authorized Services**

*What tasks might I perform as a Employee?*

Employees may be paid for and perform tasks that have been authorized in the Member’s Care Plan.

## **Excluded Services**

*What tasks are not allowed?*

Employees will not perform tasks that are not authorized on the Member’s Care Plan.

## CDCN's Role and Responsibilities

*What does CDCN do as Employer of Record?*

CDCN follows all applicable federal, state, and local laws, including State Medicaid regulations, policies, and procedures.

### Maintaining Confidentiality

CDCN will keep information concerning Members confidential. CDCN has a HIPAA Privacy Policy Statement and Notice of Privacy Practices that dictate how CDCN may use or disclose personal or protected health information.

### Service Agreement

Members choosing the self-directed option must sign an agreement in which the Member/MP accepts responsibility for all aspects of care and hiring, training, scheduling and managing of Employee(s). This includes mandatory and individualized training of the Employee. CDCN uses the Member Service Agreement to highlight other important program responsibilities for both the Member and CDCN.

### Employer of Record Functions in the Co-Employment Model

CDCN serves as the Employee's Employer of Record for the purposes of federal and state hiring requirements, payroll and tax withholdings:

- Accept Employee time sheets
- Withhold and deposit Federal income tax
- Withhold and deposit Social Security and Medicare tax (FICA) and Federal and state unemployment tax (FUTA/SUTA) payments
- Purchase benefits, e.g., Workers' Compensation
- Make sure all Federal and State Department of Labor laws related to minimum wage and overtime are complied with
- Direct-deposit pay into Employee's bank account or paycard
- Educate the Member in the skills needed to act as managing employer and to self-direct their care (e.g., how to recruit, interview, direct, manage and dismiss Employees)
- Maintain and make available to the Member, a list of names of interested Employees who may be available to work or provide backup services
- Accept responsibility for billing Medicaid or Managed Care Organization for all personal services provided to the Member, including:
  - o Collect and verify time sheets
  - o Submit claims to Medicaid
  - o Maintain a current Wisconsin business license

## Additional Agency Responsibilities

CDCN is also responsible for:

- Performing a state-wide criminal history screening and Federal background check for all potential Employees
- Assisting the Member with:
  - o Filling out enrollment forms
  - o Understanding self-directed philosophy
  - o Knowing Medicaid regulations
  - o Complaint procedures
  - o Forms for ongoing participation
  - o Guidance for program compliance
- Keeping an electronic Member file that documents services provided to Members
- Keeping an electronic Employee personnel file with Employee forms and employment information
- Giving training materials to the Member that are user-friendly to train their Employees
- Giving the Member a “Member Enrollment Manual and Resource Guide” with information that will help them be a good employer and explains tasks to be completed
- Informing Care Managers of incidents of concern
- Provide information to the Care Manager if the agency questions whether the Member is able to direct their own care
- Filing reports as required by the Managed Care Organization/State Agency
- Making sure the Member/MP is following the Member/MP Agreement

## Important Contacts

CDCN's Injury Hotline/Risk Manager.....	1-888-541-1701
Medicaid Fraud, Wisconsin Department of Health Services .....	1-800-362-3002
OR .....	1-608-221-5720
CDCN Fraud Hotline.....	1-877-532-8530
CDCN Wisconsin State Director, Trista Brandt.....	1-877-785-9991
CDCN Human Resources Director, Steve Richards.....	1-888-532-1907