



# Co-Employment Managing Party Manual

Independence and Control  
through Self-Directed Services

Revised December 2022

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EVERY LIFE. EVERY MOMENT. EVERY DAY.



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## Introduction

Consumer Direct for Wisconsin, LLC doing business as Consumer Direct Care Network Wisconsin (CDCN) is pleased to welcome you to Self-Directed Services. CDCN has prepared this Member and Employee Training Manual and Resource Guide for Members, who want to make more decisions about services they receive.

The manual will provide you with information about self-directed services, our agency and CDCN's policies and procedures, and Wisconsin State regulations. Your responsibilities as a Member and those of the Member's Employee (referred to as caregiver in the manual) are outlined. This manual will answer many of your initial questions and serve as a useful reference guide in the future. It was developed to assist you in managing your own care.

The self-directed service program puts the Member in charge of managing care. You are in charge of recruiting, interviewing, referring, training and managing caregivers. You decide the schedule your caregiver will work.

Our goal is to provide you quality support, so that you are successful with managing your care. CDCN is here to assist you in caregiver and vendor matters.

We are proud of the success of CDCN and are glad you have chosen our agency. It is our belief that our accomplishments are the result of good communication with our Members, as well as dedication and hard work on the part of all our employees.

We hope that you will find your association with CDCN rewarding!

### **Mission**

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

### **Philosophy of Service Delivery**

Self-determination is the guiding principle for the delivery of services by 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 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 come 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.

## Member/Managing Party Responsibilities

### Workplace Harassment

As the member/managing party, you have a responsibility to keep the workplace a harassment free zone.

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

### **Definitions**

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 and intimidating, hostile or offensive workplace, interferes with an individual's work performance or otherwise adversely affects and 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 individuals work performance or creates an intimidating, hostile or offensive work environment. Sexual Harassment is also includes third party situations in which an individual is offended by the sexual interaction, conduct or communications between others.

### **Employee's responsibilities**

Always conduct him/her self in a manner consistent with the spirit and intent of this policy. If the employee believes he/she is a victim to harassment, sexual or otherwise, he/she may choose to take action yourself before filing a formal complaint. The employee, when talking to another individual regarding harassment, remember to state the facts as they see them, describe the feelings or reactions to the incident (s), and state what he/she would like to happen next.

### **Reporting Procedure**

If the employee does not wish to communicate directly with the person(s), or if the attempts have been unsuccessful, the employee has the right report the behavior to: **CDCN – toll free 1-877-785-9991**

An employee 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 this policy. The filing of a complaint with one of these agencies, however, does not relieve the employee 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 the employee brings 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.

### **Documents and Record-Keeping (Timesheets)**

Caregivers help maintain a weekly online time card (or paper timesheet upon special approval) for each Member for whom they provide services. Online time cards and paper time sheets are legal documents that track actual hours worked. They must contain:

- Days of the week and dates that services were provided
- Time in and time out (start and stop times), including a.m. & p.m., that services were provided
- Legal signature from caregiver and Member/Managing Party (paper timesheet only)
- Service code from care plan

CDCN will issue payment to the Caregiver following submission of accurate online time entries (or paper timesheets by special authorization), which must be received by midnight on Monday of each week. 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.

Caregivers can make corrections to online time cards any time before the entry has been reviewed and approved by the Member/Managing Party. When an exception has been made for paper timesheets, corrections on paper timesheets can be made by drawing a single line through the mistake, entering the correct information nearby, and having both the caregiver and the Member/Managing Party initial by the change.

Incorrect or incomplete submission of online time cards/paper timesheets will need to be resubmitted with corrections, which may result in delay of pay.

In addition to web portal/paper timesheets, Employees are required to verify each shift through an approved **Electronic Visit Verification (EVV)** method (exceptions exist for live-in workers and those providing services under the Children's Long Term Supports program). All time submissions for service codes S5125, S5126, T1019, and T1020 must have a matching EVV record. The Sandata Mobile Connect App is the preferred method for EVV time submittal, but other options are available. EVV training materials can be found on the CDCN website under the Resources tab.

### **Working Hours and Payroll**

Caregivers will fulfill their commitments to all hours and schedules they accept from the Member. Definite hours are not guaranteed. A caregiver position is classified as "temporary." The Member/Managing Party will determine job duties and work schedules based on the Member's current and approved plan. Overtime is not authorized. Caregivers may work for multiple CDCN Members; however, the sum of all hours worked in any week may not exceed forty (40). Caregivers are responsible for monitoring their schedules and anticipating an increase or decline in hours.

CDCN issues pay through direct deposit to the Caregiver's bank account or paycard every other Friday, according to the CDCN Payroll Schedule. Paystubs (a summary of pay) are sent to the Caregiver's address on file or are accessed electronically. In order for the Caregiver to be paid correctly, timesheets must be mailed, faxed or entered online by midnight every Monday.

W2's are issued to all employees by January 31<sup>st</sup> for the previous year. If an employee has not received a W2 by February 10<sup>th</sup> please call our office 1-877-785-9991 (Toll Free).

### **Confidentiality and Disclosure**

Caregivers will keep **all** information concerning the Member's medical care confidential. Except when reporting is required, including the following situations:

- 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
- Any reasonable cause to suspect that the Member is at risk of imminent bodily harm
- Any reasonable cause to suspect abuse, neglect, exploitation, death, or other reportable incidents

Additionally, caregivers will report to CDCN any situations of potential harm such as those described in the Corporate Compliance Section of manual.

### **Notifications to CDCN**

Please notify CDCN within one (1) business day of the following:

- Changes in employment status
- Dismissal or resignation of an employee
- Felony convictions
- Motor vehicle violations
- Hospitalization intake and discharge dates
- Name changes
- Address changes
- Phone number changes
- Service eligibility changes

### **Termination of Services**

Services can be terminated by CDCN or the Member. The process is as follows:

#### **By CDCN**

CDCN may terminate the working relationship with a Member/Managing Party. In doing this, CDCN must provide advance written notice to the Member/Managing Party based on CDCN policy.

#### **By the Member**

The Member/Managing Party may choose to terminate services at any time; however, 30 days notification is preferred. The termination may be for program services as a whole, or to transfer services to another program or provider.

**The Fair Hearing Process**

Any Medicaid Member may appeal any adverse action, which is felt to have affected the services received by the Member. Please call your case manager for information on this process.

**Freedom of Choice and Agency Transfers**

At CDCN we hope to meet all the Member's needs and to continue to provide the best service possible. Please let us know if we are not meeting our goal. Members have the right to choose a provider agency. Please contact your case manager or CDCN if you want to transfer to another agency.

**Consumer Direct Care Network Wisconsin****744 Ryan Drive, Suite 201****Hudson WI 54016-7984****1-877-785-9991 Toll Free Phone****1-877-785-9992 Toll Free Fax****infoCDWI@consumerdirectcare.com****Important Contact Phone numbers**

CDCN Injury Hotline.....1-888-541-1701

Medicaid Fraud, Wisconsin Department of Human Services.....1-877-865-3432

**Notice of Privacy Practices**

CDCN is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Please refer to the privacy practices notice provided on the next several pages.

## **Your Information. Your Rights. Our Responsibilities.**

This notice is being provided on behalf of the Covered Entity, and tells you how medical information about you may be used and disclosed. It also tells you how you can get access to this information.

**Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- If we say “no” to your request, we will tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone). You can also ask us to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask. This will include who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. You can also call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways. This is usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it. This includes with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

### **Other Instructions for Notice**

- This notice is effective April 1, 2020.
- Our Privacy Officer can be reached at [infoprivacy@consumerdirectcare.com](mailto:infoprivacy@consumerdirectcare.com).
- We never market or sell personal information.
- This notice applies to all companies in the Consumer Direct Care Network which operate as Covered Entities.

## **Your Backup Plan**

This section is a place for you to file your Backup Plan. Keeping a copy here is helpful so that you and your staff can reference the Backup Plan when needed. The information here also gives details on how to create a backup Plan that will serve you best.

### **Backup Plan and Emergency Planning**

There will be times when your regularly scheduled caregiver cannot work. It is important to have a backup plan for the times. CDCN will be unable to provide you assistance if your regularly scheduled caregiver is unable to work.

### **Maintaining a Current Backup Plan**

- The Member/Managing Party is responsible for developing a list of caregivers (friends, neighbors, church members, other Member's caregivers) who can be contacted when your regularly-scheduled caregiver cannot provide services
- Backup Plans should be in writing and kept on file
- Backup Plans are developed prior to the start of services
- It is a good idea to update your backup plan if there are any changes in staff or your needs
- Emergency numbers are identified and posted by the phone(s)
- People to contact in case of an emergency are identified. Back-up plans will not result in a caregiver working overtime – overtime is not permitted.

### **Emergency Planning**

Emergency planning is a good idea for everyone. Having a plan for dealing with different types of emergencies, such as medical emergencies, hospitalizations, fires, power outages, severe weather, and other natural disasters can help keep you safe and minimize any injury or damage.

Things to consider when making a plan:

1. Make a list of people to contact for each type of emergency.
2. Make a plan on how to contact family and caregiver if there is a power outage or natural disaster.
3. Make a list of medications and/or equipment that you need to take with you if you have to evacuate your home.
4. Organize medical information, emergency contact information and if applicable, living will information and place it all together in an easy to access location.
5. Store extra food and water in the case of a severe weather emergency or other natural disaster.
6. Discuss and include your caregiver in your emergency planning. It is helpful to keep emergency information near the telephone. It is important to show the caregiver this list and talk about an emergency plan during orientation and training.

Other emergencies to consider, for example,

- What is your plan in case of a fire or if you lose electricity?

- What are your evacuation routes and who should be called?
- In the event you have an emergency related to your disability, what does your caregiver need to do, who should s/he call, or where should s/he take you?
- Some fire departments have special stickers that you can ask for to put in your window that let them know you have a disability. They then can plan for a special evacuation if necessary.

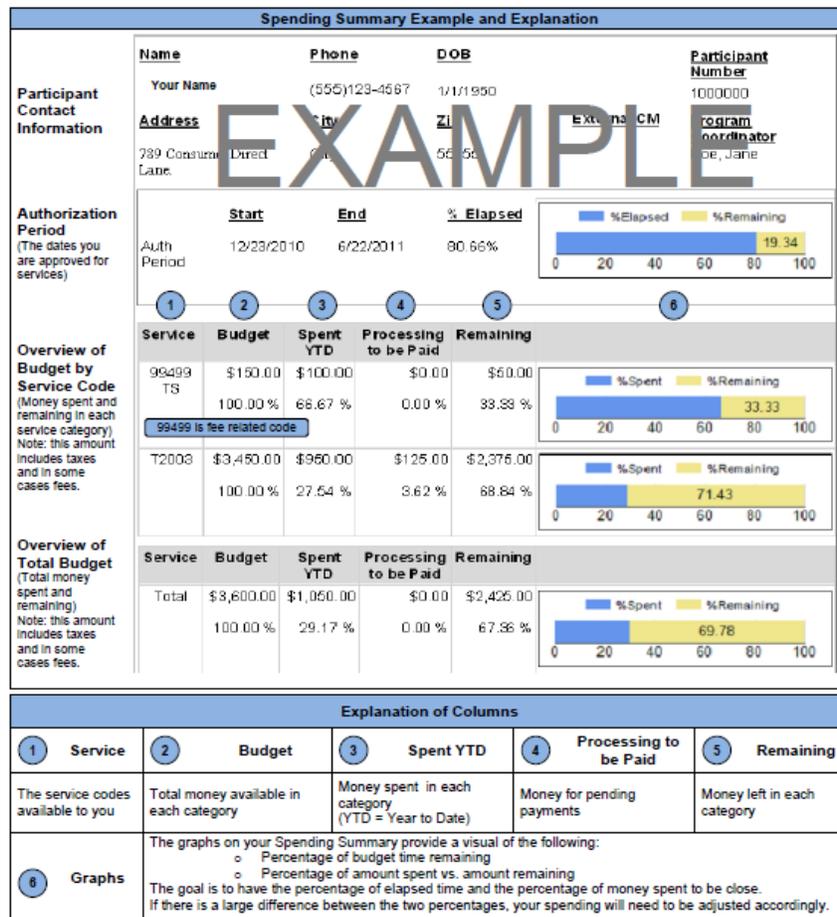
**Your Current Backup Plan**

Please file your current Backup Plan behind this page.

## Spending Summary

Spending Summaries are a tool to assist you in monitoring your spending. They summarize the Member's year-to-date spending against their approved Care Plan. It is your responsibility to review your spending to ensure you are staying within budget. This section is a place for you to file the Spending Summaries. Filing your spending summaries in one place will help keep you organized and on top of your spending.

Spending summaries are mailed to you monthly, and can be accessed at any time through [www.MyDirectCare.com](http://www.MyDirectCare.com).



## MyDirectCare.com

MyDirectCare.com is a secure website for individuals who self-direct their services through CDCN. Our goal is to provide tools and resources that empower individuals to choose and direct their care, enabling them to live independently in their home and community. Through this secure site, individuals will be able to submit electronic timecards, view online spending summaries, and access the online job board. Brief descriptions of each follow:

- **Timecards:** Online time entry and approval provides an efficient and accurate way to enter time into the CDCN payroll system. The electronic timecard also provides information on the status of all time and payroll entries.

- **Spending Summaries:** Provide up to date budget and spending information. Both summary and detailed information is available regarding staff gross wages, employer related taxes, and vendor payments.
- **Job Board:** An online tool for individual employers and managing employers to post job openings they may have and for job seekers to respond.

Please see the chapter titled **Instructions for using [www.MyDirectCare.com](http://www.MyDirectCare.com)** for in depth descriptions and instructions for using this resource.

### **Compliments, Complaints and Grievances**

Your feedback is very important to us. In this section you will find the procedure used for addressing and submitting compliments, complaints and grievances. A Feedback Form is included for your use. If you need additional copies, please visit [www.consumerdirectwi.com/forms](http://www.consumerdirectwi.com/forms) or contact the CDCN office at 1-877-785-9991 (toll free).

#### **Complaint and Grievance Procedure**

If you have a complaint about the services you are getting from CDCN please let us know. You can call CDCN and talk with the Program Coordinator that is working with you. The earlier you talk about it the better, so things do not build up. A complaint may be made verbally or in writing, using the form on the next page.

A grievance should be filed, if you feel your rights have been violated or you disagree with a CDCN Policy. They are viewed as more serious and are fully investigated by CDCN administrative staff.



CDCN will respond to all complaints in a reasonable and prompt manner and attempt to work with the Member and/or Managing Party to find a positive solution. The complaint will be addressed within a maximum of ten business days.

If you are not satisfied with the resolution of the complaint, your next step is to talk to the State Director at CDCN. Once contacted, they will gather all the information about the issue and give you a call or meet with you within ten business days of your call. If still not satisfied, please ask to speak to the State Director's supervisor. They will review materials and discuss the issue with you in five business days.

If you feel that CDCN has not addressed the complaint to your satisfaction you may file a formal complaint with your case manager.

**Consumer Direct Care Network Wisconsin**  
**744 Ryan Drive Suite 201**  
**Hudson WI 54016-7984**  
**Toll Free Phone: 1-877-785-9991**  
**Toll Free Fax: 1-877-785-9992**

**Christin Grimes, State Director**  
**1-877-785-9991 (toll free)**  
[christing@consumerdirectcare.com](mailto:christing@consumerdirectcare.com)

**Beth Peterson, Chief Operating Officer**  
**1-877-785-9991 (toll free)**  
[bethp@consumerdirectcare.com](mailto:bethp@consumerdirectcare.com)



FEEDBACK FORM

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

You are a (Please check):  Member  Employee  Agency  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like us to contact you?  Yes  No If yes, how:  Phone  Email  Mail

Please check the box that applies:  Compliment  Suggestion  Complaint

Please describe the compliment, suggestion or complaint:

Please mail or fax completed form to: Consumer Direct Care Network Wisconsin  
744 Ryan Drive, Suite 201  
Hudson, WI 54016  
Toll Free Fax: 1-877-785-9992

For Consumer Direct Office Use

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Action Taken:  Resolved  Not Resolved  Submitted to Program Manager

Plan: (Please use back of form)



## Employees

### Recruiting and Interviewing

When you are thinking about where and how to advertise for your caregiver, think about where you live. You may be able to create an advertisement on a sheet of paper and have luck placing it at your local job service/employment office, grocery store, laundromat, church, community college or university, social service agency, community newspaper, free weekly advertising guide or center for Independent Living.

Call these places first, find out who to talk to and ask about their policies or rules for putting up your flyer or submitting your advertisement.

### **Get the Word Out**

Telling family, friends, other consumers and even people you meet that you're looking for an employee can be a great way to find a caregiver. A lot of times other consumers have workers who want to work more hours or who are willing to fill in. Also tell other people who you work with, i.e. case manager. People who know you and the person they recommend can increase your chances of finding a reliable candidate for the job.

### **Things to remember while screening Job Applicants**

It is illegal to ask people certain questions which provide information you can use to discriminate against them due to things like age and health. **Questions you cannot ask in an interview:**

- How old are you?
- What is your native language?
- Are you married?
- Do you have any children?
- Have you ever been arrested?
- What church do you go to?
- What is your religion?
- Do you belong to any clubs or organizations?
- What is your credit rating?
- Do you own or rent your home?
- What country were you born in?
- When were you born?
- Do you have a disability or medical condition?
- Are you a republican or democrat?
- What are your family members' names?
- What is your race?

### **Criminal Background Check**

CDCN requires a background check be done on each employee. No extra fees will be added for background checks. Applicants need to know that a criminal background check occurs. If they have a history of neglect, abuse or exploitation, they cannot be hired which may eliminate some of your applicants. It is important to know this information for your safety. The background check occurs quickly.

It is possible that you may be able to choose to refer someone as a caregiver who has a criminal record in an area other than abuse and neglect. You must talk this over with CDCN. The caregiver will be asked to explain the situation in writing and submit the explanation to the Program Manager who will approve or disapprove the hire.

## **Hiring Employees**

This section describes how to refer and enroll an employee with CDCN. There is required paperwork that needs to be completed before an employee can begin work. Each employee must also complete a few trainings before they can begin work. Training modules contained in this manual are: Abuse, Neglect and Exploitation, Lifting and Moving Patients, Infection Control Guidelines, Exposure Control Plan & Employee Training, HIPAA, and Sexual Harassment.

### **New Employee Packets - How to Hire a Caregiver and Request an Employee Packet**

Once you've found the person you would like to hire as a caregiver, you can locate all employment forms and a complete Employee Enrollment Packet at [www.consumerdirectwi.com](http://www.consumerdirectwi.com). You may also contact the CDCN office at 1-877-785-9991 (toll free), to get an Employee Enrollment Packet. The prospective employee will have to complete the entire packet and have it approved by CDCN.

### **How to Help an Employee fill out the Employee Packet**

It is recommended that the Employee Packet be filled out with the assistance of the Member/Managing Party. Please double-check that the packet is filled out completely. There are directions in the packet on how to fill out each form. Incomplete packets will be returned to the Member to complete. Employees cannot begin working until the employee packet has been successfully completed and approved by CDCN. A person is not considered hired until the employee packet is completed and reviewed by CDCN. Hours worked prior to being hired will not be paid as the hours are considered unauthorized.

### **The I-9 Form - See employee packet**

Please follow the instructions provided with the form. The employee fills out section 1 of the form. The Member/Managing Party must verify the employee's documentation and complete section 2 of the form. Refer to the back of the I-9 form for a complete list of the approved documentation.

### **IF YOU NEED ASSISTANCE, PLEASE CALL CDCN 1-877-785-9991**

### **Reporting Status Changes** - see next page for form

Caregiver/Managing Party must inform CDCN using the Status Change Form within one (1) business day of any change in the following:

- Name
- Mailing address
- Home address
- Telephone number
- Changes in pay rate

Delayed reporting of this information could result in delayed or incorrect pay. Additional copies of the status change form can be obtained by visiting [consumerdirectwi.com](http://consumerdirectwi.com) or by calling CDCN at 1-877-785-9991.

<b>Name:</b> _____	<b>Effective Date of Change:</b> _____
EIN Holder (if applicable): _____	
<input type="checkbox"/> Service Recipient (Client, Consumer, Member) <input type="checkbox"/> Managing Party (PR, LR, DR) <input type="checkbox"/> Employee/Caregiver	

*Instructions: Please mark the boxes that apply and fill in the new information. Provide supporting documentation if indicated.*

Local Office Changes			
<input type="checkbox"/> <b>Address Change</b>	Mailing (City, State, Zip): _____		
	Physical (City, State, Zip): _____		
<input type="checkbox"/> <b>Phone Number Change</b>	Home: _____	Work: _____	Cell: _____

Local Office Plus CDMS Changes					
<input type="checkbox"/> <b>Name Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous name: _____ New name: _____				
<input type="checkbox"/> <b>Social Security Number Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous SSN: _____ New SSN: _____				
<input type="checkbox"/> <b>Date of Birth Change</b> <small>*provide supporting documentation with this form</small>	Previous DOB: _____ New DOB: _____				
<input type="checkbox"/> <b>New EIN Holder</b> <small>*requires supporting paperwork – contact your coordinator</small>	New EIN Holder: _____				
<input type="checkbox"/> <b>Caregiver Payment Type Changes</b> <small>* requires supporting paperwork – completed pay selection form</small>	<input type="checkbox"/> Add Pay Card <input type="checkbox"/> Cancel Pay Card <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Add Direct Deposit <input type="checkbox"/> Cancel Direct Deposit <input type="checkbox"/> Other: _____				
<input type="checkbox"/> <b>Caregiver Wage Changes</b> <small>* requires paperwork and approval – contact your coordinator</small>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Service Recipient Name: _____</td> <td style="width:50%; border: none;">New Wage: _____</td> </tr> <tr> <td style="border: none;">Service Code(s): _____</td> <td style="border: none;"> <input type="checkbox"/> New Mod Wage Agrmt  <input type="checkbox"/> Change Mod Wage Agrmt  <input type="checkbox"/> End Mod Wage Agrmt           </td> </tr> </table>	Service Recipient Name: _____	New Wage: _____	Service Code(s): _____	<input type="checkbox"/> New Mod Wage Agrmt <input type="checkbox"/> Change Mod Wage Agrmt <input type="checkbox"/> End Mod Wage Agrmt
Service Recipient Name: _____	New Wage: _____				
Service Code(s): _____	<input type="checkbox"/> New Mod Wage Agrmt <input type="checkbox"/> Change Mod Wage Agrmt <input type="checkbox"/> End Mod Wage Agrmt				
<b>Service Recipient –</b> <input type="checkbox"/> Reactivation <input type="checkbox"/> Deactivation <input type="checkbox"/> Hold <input type="checkbox"/> Transfer <small>* change in Auth requires supporting paperwork</small>	Explanation: _____  <input type="checkbox"/> Reactivate for billing purposes only				
<b>Employee/Caregiver –</b> <input type="checkbox"/> Reactivation <input type="checkbox"/> Dismissal <input type="checkbox"/> Hold  <small>*if Dismissal, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient</small> <small>*reactivation requires supporting documentation</small>	Service Recipient Name: _____ Who terminated Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient <input type="checkbox"/> Unknown Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____				
<input type="checkbox"/> <b>Employee/Caregiver Location Change</b>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Previous location: _____</td> <td style="width:50%; border: none;">New location: _____</td> </tr> </table>	Previous location: _____	New location: _____		
Previous location: _____	New location: _____				
<b>Other/Additional Information:</b>					

 \_\_\_\_\_  
 Service Recipient, Managing Party, or Employee Signature

 \_\_\_\_\_  
 Date




## **Terminating Employees**

### **Employee Exit Packets**

The purpose of the Employee Exit Packet is to gain information and feedback from the employee. These documents create a clear record of why an employee gave notice, or was terminated. The following documents constitute an Employee Exit packet:

- Employee Exit Summary
- Employee Exit Interview, and
- Employee Letter of Resignation

If possible, fill out the following forms with your employee, or fill them out to the best of your ability. When finished, you may fax or mail these documents to CDCN, where they will be kept on record.

### **Termination Notification**

Caregivers may choose to end their employment with the Member, or vice versa. CDCN also retains the right to end a caregiver's employment. To terminate employment, a final timesheet must be submitted within two (2) business days of the last date of employment to CDCN.

This page intentionally left blank.

## Employee Exit Summary Form

To be completed by Member/Managing Party

Personnel Data:

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Member/Responsible Party Name: \_\_\_\_\_

Reason for Leaving:

Resigned \_\_\_\_\_

Terminated \_\_\_\_\_

Lack of Work Hours \_\_\_\_\_

Other, please describe \_\_\_\_\_

\_\_\_\_\_

Effective End Date: \_\_\_\_\_

If terminated, please state reason(s) why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did Employee give proper notice (please circle one) : Yes/ No

If no, please state reason(s) why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Member/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CDCN Representative Signature

\_\_\_\_\_  
Date



## Employee Letter of Resignation

I \_\_\_\_\_ resign from my position as \_\_\_\_\_  
Print full name Job Title  
with CDCN effective \_\_\_\_\_.  
Date

By signing below, I am indicating that this resignation is a mutual agreement between CDCN and the Employee.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member/Managing Party Signature: \_\_\_\_\_

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

Please send/fax form to:

**Consumer Direct Care Network Wisconsin  
744 Ryan Drive Suite 201  
Hudson WI 54016-7984  
Toll Free Fax: 1-877-785-9992**



## Employee Exit Interview

To be completed by Employee

Primary reason(s) for leaving job (check one):

School/Professional Interest \_\_\_\_\_

Found another Job \_\_\_\_\_

Dissatisfaction with Job \_\_\_\_\_

Other \_\_\_\_\_

Comments:

---

---

---

In your opinion, what could be improved about Consumer Direct for Wisconsin as an employer and service provider?

---

---

---

---

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please send/fax form to:

**Consumer Direct Care Network Wisconsin**  
**744 Ryan Drive Suite 201**  
**Hudson WI 54016-7984**  
**Toll Free Fax: 1-877-785-9992**



## Instructions for Using [www.MyDirectCare.com](http://www.MyDirectCare.com)

Employers and Employees associated with CDCN and the Wisconsin Medicaid Family Care Program have access to a secure website, MyDirectCare.com, which is used for online time entry and approval, viewing online spending summaries, and posting and viewing job openings. This tool is part of the fiscal management services that CDCN offers.

CDCN will issue MyDirectCare.com User ID numbers to both Employers and Employees shortly after approving completed enrollment packets. Once you have your ID number you can self register at MyDirectCare.com and establish your Username, Password and User Profile. Benefits of this secure site include:

- Online time entry and approval provides an efficient and error-minimizing way to enter time into the CDCN payroll system. The electronic time card provides information on the status of all time and payroll entries.
- Online Spending Summaries provide up-to-date budget and spending information. Both summary and detailed information are available regarding staff gross wages, employer-related taxes, and vendor payments.
- The Job Board is a tool for employers to post job openings and for job seekers to respond.



Figure 1. My Direct Care Home Page with Login

**Note on terminology:** MyDirectCare.com uses the terms "Client" and "Participant" for Medicaid program recipients. In the descriptions below, the term "Client" and "Participant" refer to the Member receiving services. The term Employer refers to the Member or Managing Party.

## User Registration

You will need to register as a user before you can access MyDirectCare.com resources. To register, follow these steps:

1. Go to [www.MyDirectCare.com](http://www.MyDirectCare.com) or click on the MyDirectCare links on the CDCN Wisconsin website. This will take you to the opening page of MyDirectCare.com as shown above in Figure 1.
2. On the top menu, click on the User Registration link to open the User Registration page (Figure 2).



Figure 2. Opening User Registration Page

3. In the *Register As* field, select Employee if you are an Employee. Select Participant if you are an Employer.

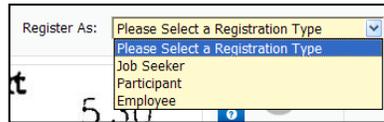


Figure 3. Selecting a Registration Type

4. After selecting a Registration Type, fill in the additional fields that appear (Figure 4).

- *State* – select Wisconsin.
- *User ID* – enter the ID provided you by CDCN. Please call the CDCN office if you have not received your ID.
- *Date of Birth* – enter in the format shown.
- *Zip Code* – enter in the format shown.
- *SSN* – this field only appears for Employees. Enter the last 4 digits of your social security number.

5. Enter the security phrase displayed and click Continue. Type the phrase as two unique words separated by a space.

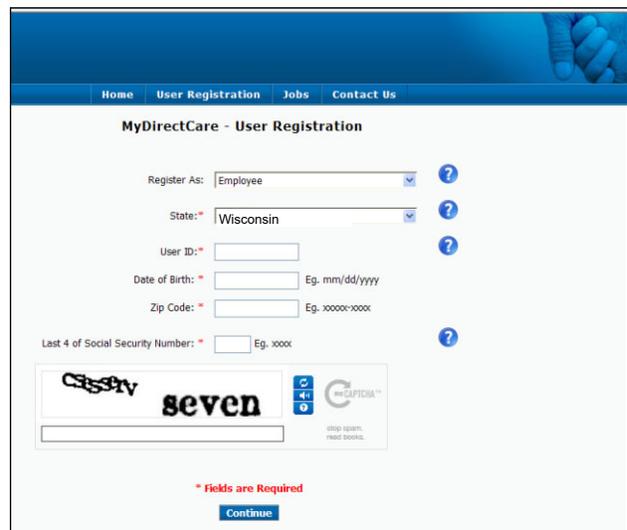


Figure 4. User Registration Page Fields

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

Since this is your first time using MyDirectCare.com, you will be asked to update your user profile after completing the User Registration page. Click OK when prompted to "Please update and verify your user information..." This will open the User Profile page as seen in Figure 6.



Figure 5. Update User Information Pop-up

### User Profile

Your User Profile is where you will set up your *Username* (also called Login Name) and *Password* for logging into MyDirectCare.com. User Profile information is also used for verification of identity and for communication with CDCN.

When you have completed all the profile fields, check the "I agree to the Terms of Use" checkbox at the bottom of the page. After checking the box, a "Register" button will appear (Figure 7). Clicking the button will complete the registration process, and direct you back to the home page.

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

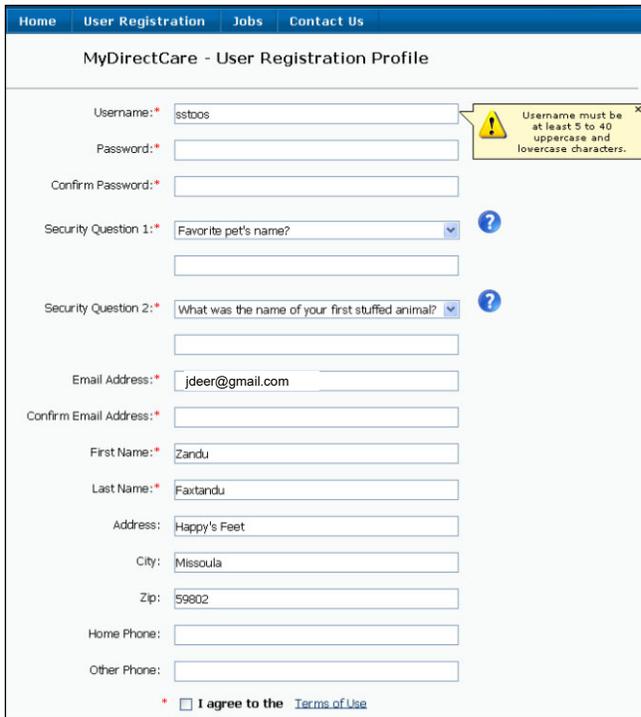


Figure 6. User Registration Profile

**Note to Employers:** If a Managing Party is managing the MyDirectCare.com account on behalf of the Member, enter all profile fields with the Managing Party's name and contact information. Do not enter contact information for the Member.

### Overview of the Time Entry and Approval Process

- The Employee will log into MyDirectCare.com and enter their time on a Time Card. Time entry will include selection of the Service Date, Client (Individual Receiving Service), appropriate Service Code, and beginning and ending shift times.
- At the end of the payroll period when time sheets would normally be due, the Employer will log into MyDirectCare.com, review, and approve the Employee's time.
- Once the time has been approved by the Employer, entries can be processed and paid by CDCN.



Figure 7. Register button

## Employee Time Entry

From the top menu, select Service Card then Time Card. This will open the Time Card view. There will be no time entries displayed in the Time Card view the first time it is opened (Figure 7), but upon subsequent work shift entries by the Employee, entries will display for a the time frame selected (Figure 11).

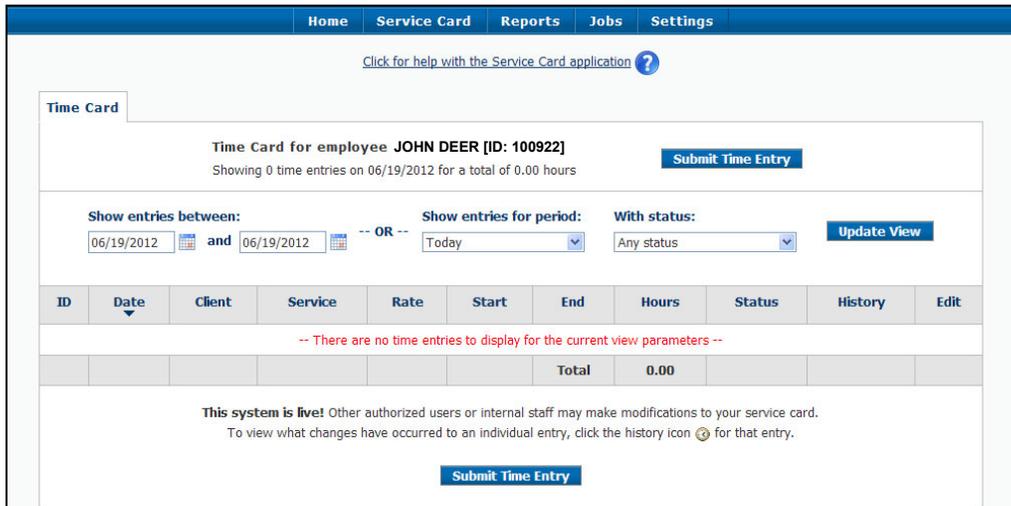


Figure 7. Initial Time Card View

### Create New Time Entry

To create a new time entry (one for each shift worked), click on the **Submit Time Entry** button at the top or bottom of the Time Card page. This opens a time entry page as shown in Figure 9.

Confirm that your name and ID are displayed at the top of the time entry page. Then enter the work shift information sequentially, starting with Step 1.

**Step 1** – Service Date: This is the date on which the service was performed. It can be entered directly or via the popup calendar.

**Step 2** – Client: Click on the Client drop down box to select the appropriate client (Individual Receiving Service) for the time entry. If an Employee works for more than one Individual, they must be sure to select the appropriate Individual for the time being entered.

**Step 3** – Service Code: Click the drop down to select the appropriate Service Code for the time being entered. The service code selected should reflect the activity performed.

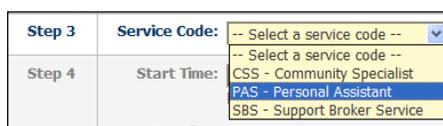
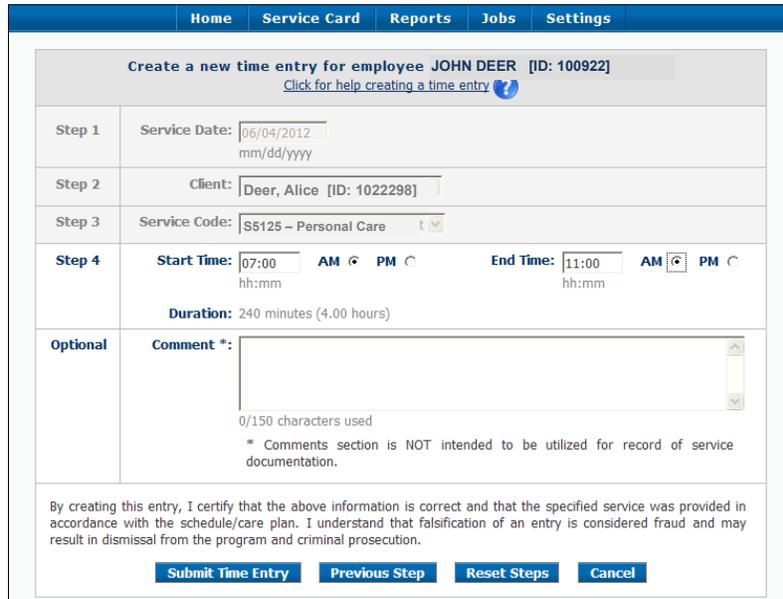


Figure 8. Selecting a Service Code

**Step 4** – Start Time, End Time and Duration: Enter the Start Time using the format shown below the entry box, hh:mm, then select AM or PM. Enter the End Time in the same manner. The Duration field is calculated for you and shows the total number of hours and minutes worked represented by the Start and End Times you entered. Verify that this field shows the number of hours expected before submitting the time entry.

**Optional** – The Comment field is optional. This is NOT for recording service documentation.



Home Service Card Reports Jobs Settings

Create a new time entry for employee JOHN DEER [ID: 100922]  
[Click for help creating a time entry](#)

Step 1 Service Date: 06/04/2012  
mm/dd/yyyy

Step 2 Client: Deer, Alice [ID: 1022298]

Step 3 Service Code: S5125 - Personal Care

Step 4 Start Time: 07:00 AM PM End Time: 11:00 AM PM  
hh:mm hh:mm  
Duration: 240 minutes (4.00 hours)

Optional Comment \*:   
0/150 characters used  
\* Comments section is NOT intended to be utilized for record of service documentation.

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

Submit Time Entry Previous Step Reset Steps Cancel

Figure 9: Create a New Time Entry

Once you have entered all the work shift information in steps 1 through 4 and have verified the information is correct, **submit the time entry** by clicking on the **Submit Time Entry** button. Upon clicking the button, a pop up window (Figure 10) will notify you that the time entry was successfully created and ask if you would like to create another time entry.

If you entered information incorrectly, you can use the buttons at the bottom of the screen to reset or cancel your entries. The function of Time Entry Screen buttons are described below:



Figure 10. Time Entry Successful Pop-up

- Submit Time Entry Button - This functions to create a time card entry based on the information you entered into the fields in steps 1 through 4. You use this button to both create and submit your time entry.
- Reset Steps Button – This will clear all the fields on the form without creating a time sheet entry. The screen remains on the Create New Time Entry form.
- Cancel Button - The process of creating a new time entry can be cancelled without creating a time sheet entry by hitting the Cancel button. When an entry is cancelled, the user is taken to the Time Card View page.

### Time Card View

The Time Card View lists all of the Employee work shifts that have been entered through the Create Time Entry process described above. The view is similar to a paper time sheet which includes details about the Employee’s time and the status of the each entry. Each line on the Time Card View is equivalent to one line on a paper time sheet but provides information on the Service Date, Client (Individual Receiving Services), Service Code, Pay Rate, Start Time, End Time, Hours, Status, History, and whether the entry can be Edited. The Status, History, and Edit fields contain graphical symbols indicating the current status of each entry (Figure 12).

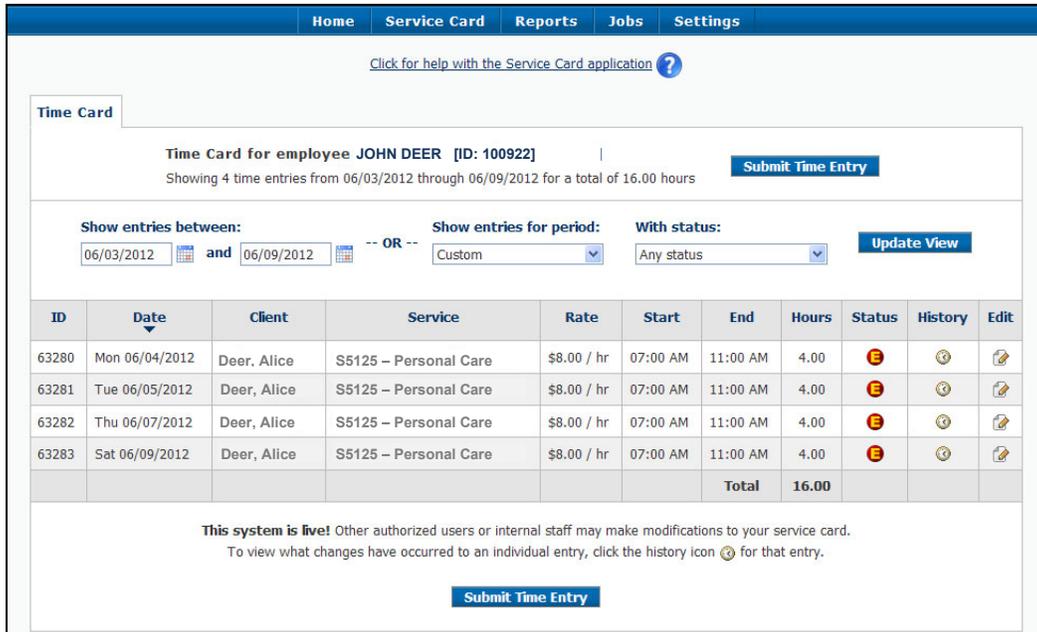


Figure 11. Time Card View

The Time Card View can be sorted in various ways by clicking on the heading at the top of the desired column. In addition, the page can be filtered by status or entry dates. In the example above, entries are shown for the work week of June 3 through June 9, 2012.

When the Edit Entry icon shows in the Edit column, the Employee can click on the icon, which then allows them to edit or correct the entry prior to approval by the Employer. In addition to editing the entry, while the Edit Entry icon still shows, the entry can be deleted entirely by the Employee.



Figure 12. Time Card Symbols

### Reports

With the exception of the Time Card View, which provides a report of time entry and payroll status, there are currently no reports available to Employees.

## **Employer Time Card Approval**

For Employers, the online time card process is similar to the paper time sheet process in that both systems require review and approval of Employee time sheets. The main differences are that the online Time Card system minimizes data entry errors and provides the Employer with far more information regarding the exact status of their budget, payroll, and Employee hours.

### **Time Card View – Employee Work Hours Review and Approval**

When an Employer selects **Service Card**, then **Time Card** from the top menu, a Time Card View opens in exactly the same manner as for Employees, with the view very similar to that shown in Figure 11 above. The main differences include:

- Check Boxes - The left hand column contains a series of check boxes which are used to select which time entries to approve.
- Employee vs. Employer - The Employer sees an “Employee” column rather than a “Client” column as viewed by the Employee.
- “Select All” Button - The “Select All” button at the bottom of the page allows the Employer to select all the Check Boxes in the far left column at once.
- “Deselect All” Button - This button will uncheck all the check boxes.
- “Approve Selected” Button - This button will approve all selected time card entries.

The remaining Time Card View fields are identical to those shown for the Employees and are discussed in detail above.

Pushing the **Approve Selected** button is the final step to approve Time Card entries submitted by Employees. When an Employer has reviewed the Employee time entries and is satisfied with their accuracy, the appropriate check boxes should be selected and the **Approve Selected** button pushed. This will change the Status field from , **Employee Approved**, to , **Client Approved**, and flags the entry as ready for internal CDCN review and payment. Once the entry has been approved, it can still be unapproved by the Employer, but it can no longer be edited by the Employee. The Client Approved status will remain until the entry has been reviewed and approved by internal CDCN payroll auditors at which point no further changes are allowed.

### **Time Card View - Unapproval Process**

What happens if you approved time and your employee realizes they made a mistake and it needs to be changed? The Employer can select the appropriate check box on the Time Card next to the wrong time entry and push the **Unapprove Selected** button. This will remove the Employer’s approval and change the Status field back to , **Employee Approved**, allowing the employee to edit their time entry. When the change is made, the Employer will have to approve it again, following the steps above.

## **Reports**

MyDirectCare.com provides access to custom budget and spending reports, which are available to both Employers and External Case Managers. Although these reports display some slight variations between programs, they fall into two primary categories: **Spending Summary and Spending Detail**. To access Reports, click **Reports** from the top menu. This will open a page

allowing you to choose between a Spending Summary and a Spending Detail Report (Figure 13). Clicking on either report link will open a blank report in a new browser window.



Figure 13. Choosing a Report Type

When the report window opens, you will need to select the parameters at the top of the report window and click on the **View Report** button in the upper right hand corner to generate the report. After your report has been generated, you can export the report to one of several file formats, such as to a PDF, or to a Microsoft Word or Excel file by selecting your export file choice (Figure 14) and clicking on the **Export** button.

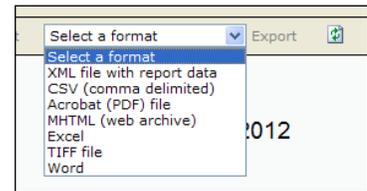


Figure 14. Report Export Options

### Spending Summary Report

The Spending Summary (Figure 15) is a report summarizing the Individual Receiving Service's year-to-date spending against their Approved Plan. The report indicates the approved service codes, the amount spent per code and the elapsed time for the authorization period. This report provides a concise status of spending and the remaining budget, both overall and per service code.

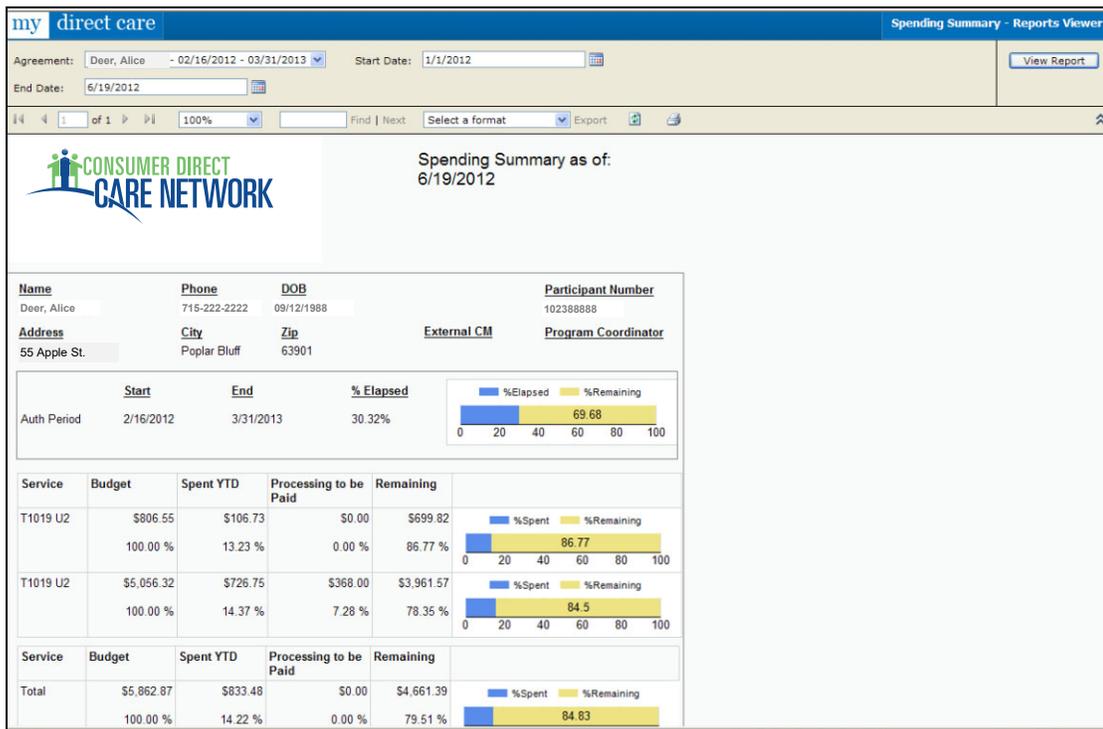
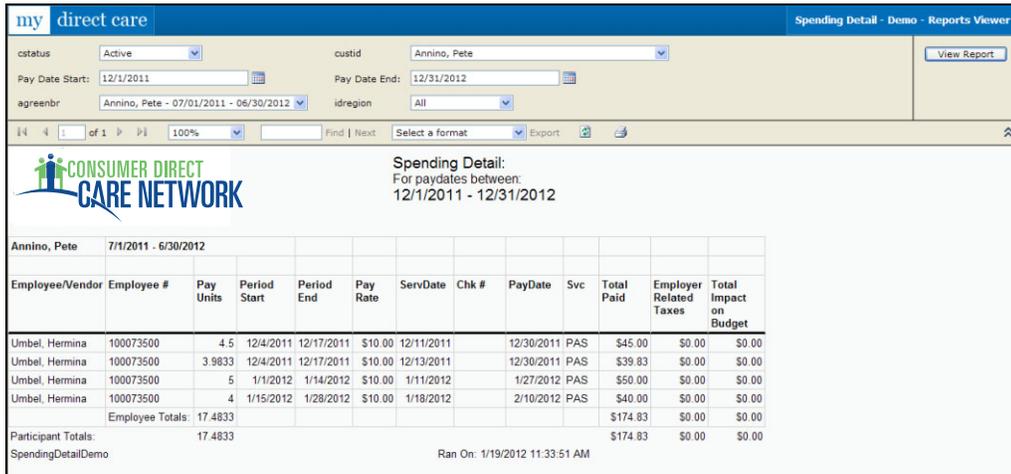


Figure 15. Spending Summary Report

### Spending Detail Report

The Spending Detail Report (Figure 16) details the Individual Receiving Services' spending between the dates selected for the report range. The report shows all spending and is broken down by employee and vendor. The Spending Detail Report provides highly detailed spending data to support and provide enhanced clarity to the information in the Spending Summary. The format of this report is program dependent.



Employee/Vendor	Employee #	Pay Units	Period Start	Period End	Pay Rate	ServDate	Chk #	PayDate	Svc	Total Paid	Employer Related Taxes	Total Impact on Budget
Umbel, Hermina	100073500	4.5	12/4/2011	12/17/2011	\$10.00	12/11/2011		12/30/2011	PAS	\$45.00	\$0.00	\$0.00
Umbel, Hermina	100073500	3.9833	12/4/2011	12/17/2011	\$10.00	12/13/2011		12/30/2011	PAS	\$39.83	\$0.00	\$0.00
Umbel, Hermina	100073500	5	1/1/2012	1/14/2012	\$10.00	1/11/2012		1/27/2012	PAS	\$50.00	\$0.00	\$0.00
Umbel, Hermina	100073500	4	1/15/2012	1/28/2012	\$10.00	1/18/2012		2/10/2012	PAS	\$40.00	\$0.00	\$0.00
<b>Employee Totals:</b>		<b>17.4833</b>								<b>\$174.83</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Participant Totals:</b>		<b>17.4833</b>								<b>\$174.83</b>	<b>\$0.00</b>	<b>\$0.00</b>

Figure 16. Spending Detail Report

### Job Board

The Job Board is a tool that provides another means for recruiting new or additional assistance. It provides a method for Job Seekers to find Individuals who need assistance. When an Employer posts a job (Job Poster), the posting will remain active for 30 days and allows the Job Poster to include as much detail as desired, including notes and requirements. Job Seekers can review the postings and submit an emailed application to the Job Poster via the Job Board. Following the 30-day active period, the posts are archived. Archived posts can be edited, deleted, or reposted as needed. The Job Poster's name, address, email and other contact information remains confidential throughout the process.

### Job Poster

When a Job Poster hovers over the **Jobs** link on the top menu (Figure 17), three submenus become available, including Post a Job, Edit/Delete Your Jobs, and View Archived Posts.



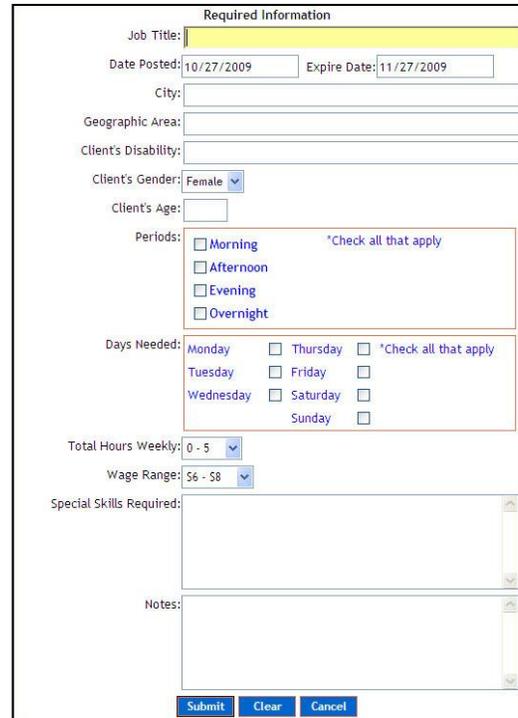
Figure 17. Job Openings Submenu

**Post a Job:** Clicking on the "Post a Job" link will open a form for entering the job description (Figure 18). Complete all the fields with as much information as possible before submitting the job post. If needed, you can always edit the entry later.

**Edit/Delete Your Jobs:** This provides a listing of current jobs posted by the Employer and provides options to edit or delete each entry (Figure 19).

**View Archived Posts:** These are postings that have expired or have been manually archived (Figure 20).

The Job Poster receives an email when a Job Seeker submits their resume to the Job Board, which contains the Job Seeker's application information for review. The Job Seeker's email address is included to facilitate direct communication between the Job Poster and the Job Seeker.



The screenshot shows a web form titled "Required Information". Fields include: Job Title (highlighted in yellow), Date Posted (10/27/2009), Expire Date (11/27/2009), City, Geographic Area, Client's Disability, Client's Gender (Female), Client's Age, and Periods (Morning, Afternoon, Evening, Overnight). There are checkboxes for "Check all that apply" for both Periods and Days Needed (Monday through Sunday). Other fields include Total Hours Weekly (0-5), Wage Range (\$6-\$8), Special Skills Required, and Notes. Buttons for Submit, Clear, and Cancel are at the bottom.

Figure 18. Job Posting Form

Participant's Posted Jobs							
Date Posted	Title	Location	Wage/Min	City	Job Details	Edit Job	Archive/Delete Job
10-27-2009	Caregiver Test	Southern heights	\$10.00	Big own	<a href="#">Details</a>	<a href="#">Edit Job</a>	<a href="#">Archive</a>
10-27-2009	Another Test Position	Northern Lowlands	\$08.00	Smalltown	<a href="#">Details</a>	<a href="#">Edit Job</a>	<a href="#">Archive</a>

**Please Note**  
Mydirectcare.com is not the job poster, and does not have information on these jobs. The job poster will contact you if interested in your resume, and you may contact the job poster by following on-screen instructions.

 Click Job details to apply for a job.

Figure 19. Edit/Delete Posted Jobs

Participant's Archived Jobs							
Date Posted	Title	Location	Wage/Min	City	Job Details	Repost Job	
10-27-2009	Caregiver Test	Southern heights	\$10.00	Bigtown	<a href="#">Details</a>	<a href="#">Repost</a>	
10-27-2009	Another Test Position	Northern Lowlands	\$08.00	Smalltown	<a href="#">Details</a>	<a href="#">Repost</a>	

**Please Note**  
Mydirectcare.com is not the job poster, and does not have information on these jobs. The job poster will contact you if interested in your resume, and you may contact the job poster by following on-screen instructions.

 Click Job details to apply for a job.

Figure 20. Archived Posts

### Job Seeker

When a Job Seeker selects the **Jobs** link from the top menu, they are taken directly to a User Registration screen where they must register before viewing and applying for posted jobs. Once registered, a Job Seeker can view and apply for posted jobs. Once an application has been submitted via the Job Board, an email is generated that transmits their application to the Job Poster for review. A confirmation email is sent to the Job Seeker to verify that the email was transmitted. The Job Seeker's email address is included with their application email to facilitate direct communication between the Job Poster and the Job Seeker.

## Paying Employees and Vendors



Symbol Key:  Time Due  Pay Day  Postal and Bank Holiday

JANUARY							FEBRUARY							MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span>	3	4	5	6	7				1	2	3	4				1	2	3	4
8	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9</span>	10	11	12	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">13</span>	14	5	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span>	7	8	9	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>	11	5	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span>	7	8	9	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>	11
15	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">16</span>	17	18	19	20	21	12	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">13</span>	14	15	16	17	18	12	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">13</span>	14	15	16	17	18
22	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">23</span>	24	25	26	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>	28	19	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">20</span>	21	22	23	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">24</span>	25	19	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">20</span>	21	22	23	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">24</span>	25
29	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">30</span>	31					26	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>	28					26	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>	28	29	30	31	
APRIL							MAY							JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1		<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>	2	3	4	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</span>	6					1	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span>	3
2	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>	4	5	6	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</span>	8	7	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8</span>	9	10	11	12	13	4	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</span>	6	7	8	9	10
9	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>	11	12	13	14	15	14	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">15</span>	16	17	18	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">19</span>	20	11	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">12</span>	13	14	15	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">16</span>	17
16	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">17</span>	18	19	20	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">21</span>	22	21	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">22</span>	23	24	25	26	27	18	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">19</span>	20	21	22	23	24
23	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">24</span>	25	26	27	28	29	28	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">29</span>	30	31				25	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">26</span>	27	28	29	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">30</span>	
30																				
JULY							AUGUST							SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1			1	2	3	4	5						1	2
2	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</span>	5	6	7	8	6	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</span>	8	9	10	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span>	12	3	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</span>	5	6	7	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8</span>	9
9	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>	11	12	13	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">14</span>	15	13	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">14</span>	15	16	17	18	19	10	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span>	12	13	14	15	16
16	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">17</span>	18	19	20	21	22	20	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">21</span>	22	23	24	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">25</span>	26	17	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">18</span>	19	20	21	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">22</span>	23
23	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">24</span>	25	26	27	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">28</span>	29	27	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">28</span>	29	30	31		24	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">25</span>	26	27	28	29	30	
30	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">31</span>																			
OCTOBER							NOVEMBER							DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span>	3	4	5	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span>	7				1	2	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>	4						<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>	2
8	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9</span>	10	11	12	13	14	5	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span>	7	8	9	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>	11	3	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</span>	5	6	7	8	9
15	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">16</span>	17	18	19	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">20</span>	21	12	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">13</span>	14	15	16	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">17</span>	18	10	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</span>	12	13	14	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">15</span>	16
22	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">23</span>	24	25	26	27	28	19	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">20</span>	21	22	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">23</span>	24	25	17	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">18</span>	19	20	21	22	23
29	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">30</span>	31					26	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">27</span>	28	29	30			24	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">25</span>	26	27	28	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">29</span>	30

### 2023 Bank & Post Office Holidays

\*Consumer Direct Care Network office closures

\***New Year's Day** - Monday, January 2

\***Martin Luther King, Jr. Day** - Monday, January 16

**Presidents Day** - Monday, February 20

\***Memorial Day** - Monday, May 29

\***Juneteenth** - Monday, June 19

\***Independence Day** - Tuesday, July 4

\***Labor Day** - Monday, September 4

**Columbus Day** - Monday, October 9

\***Veterans Day** - Friday, November 10

\***Thanksgiving Day** - Thursday, November 23

\***Christmas Day** - Monday, December 25



Each pay period consists of two Sunday through Saturday work weeks. Paper timesheets or web portal time is due Monday by midnight following each work week. You must also clock-in and clock-out for each shift using an approved Electronic Visit Verification (EVV) method. Late time or time with mistakes may result in late pay. Thank you!

<b>Work Week 1</b>	<b>Timesheet Due</b>	<b>Work Week 2</b>	<b>Timesheet Due</b>	<b>Pay Date</b>
Sunday through Saturday	Monday	Sunday through Saturday	Monday	
12/18/22 to 12/24/22	12/26/22	12/25/22 to 12/31/22	1/2/23	1/13/2023
1/1/23 to 1/7/2023	1/9/23	1/8/23 to 1/14/23	1/16/23	1/27/2023
1/15/23 to 1/21/23	1/23/23	1/22/23 to 1/28/23	1/30/23	2/10/2023
1/29/23 to 2/4/23	2/6/23	2/5/23 to 2/11/23	2/13/23	2/24/2023
2/12/23 to 2/18/23	2/20/23	2/19/23 to 2/25/23	2/27/23	3/10/2023
2/26/23 to 3/4/23	3/6/23	3/5/23 to 3/11/23	3/13/23	3/24/2023
3/12/23 to 3/18/23	3/20/23	3/19/23 to 3/25/23	3/27/23	4/7/2023
3/26/23 to 4/1/23	4/3/23	4/2/23 to 4/8/23	4/10/23	4/21/2023
4/9/23 to 4/15/23	4/17/23	4/16/23 to 4/22/23	4/24/23	5/5/2023
4/23/23 to 4/29/23	5/1/23	4/30/23 to 5/6/23	5/8/23	5/19/2023
5/7/23 to 5/13/23	5/15/23	5/14/23 to 5/20/23	5/22/23	6/2/2023
5/21/23 to 5/27/23	5/29/23	5/28/23 to 6/3/23	6/5/23	6/16/2023
6/4/23 to 6/10/23	6/12/23	6/11/23 to 6/17/23	6/19/23	6/30/2023
6/18/23 to 6/24/23	6/26/23	6/25/23 to 7/1/23	7/3/23	7/14/2023
7/2/23 to 7/8/23	7/10/23	7/9/23 to 7/15/23	7/17/23	7/28/2023
7/16/23 to 7/22/23	7/24/23	7/23/23 to 7/29/23	7/31/23	8/11/2023
7/30/23 to 8/5/23	8/7/23	8/6/23 to 8/12/23	8/14/23	8/25/2023
8/13/23 to 8/19/23	8/21/23	8/20/23 to 8/26/23	8/28/23	9/8/2023
8/27/23 to 9/2/23	9/4/23	9/3/23 to 9/9/23	9/11/23	9/22/2023
9/10/23 to 9/16/23	9/18/23	9/17/23 to 9/23/23	9/25/23	10/6/2023
9/24/23 to 9/30/23	10/2/23	10/1/23 to 10/7/23	10/9/23	10/20/2023
10/8/23 to 10/14/23	10/16/23	10/15/23 to 10/21/23	10/23/23	11/3/2023
10/22/23 to 10/28/23	10/30/23	10/29/23 to 11/4/23	11/6/23	11/17/2023
11/5/23 to 11/11/23	11/13/23	11/12/23 to 11/18/23	11/20/23	12/1/2023
11/19/23 to 11/25/23	11/27/23	11/26/23 to 12/2/23	12/4/23	12/15/2023
12/3/23 to 12/9/23	12/11/23	12/10/23 to 12/16/23	12/18/23	12/29/2023
12/17/23 to 12/23/23	12/25/23	12/24/23 to 12/30/23	1/1/24	1/12/2024

CDWITimesheets@ConsumerDirectCare.com

**Consumer Direct Care Network Wisconsin**  
**744 Ryan Drive, Suite 201**  
**Hudson, WI 54016-7984**

**Phone: 877-785-9991**  
**Fax: 877-785-9992**  
**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
---	---	---	---	---	---

 Not like this: 

A	B	C	1	2	3
---	---	---	---	---	---

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"!

Employee Name (Please Print) <b>1</b> _____	Employee ID <b>2</b> _____	Sunday that started your work week <b>5</b> ____ / ____ / ____ <small>MM DD YY</small>
Member Name (Please Print) <b>3</b> _____	Member/Employer ID <b>4</b> _____	Please use only BLACK ink.

Service Date (MM/DD)	Time In	Time Out	Service Code
<b>6</b> ____ / ____	<b>7</b> ____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<b>8</b> ____ : ____ <input type="radio"/> AM <input type="radio"/> PM	<b>9</b> _____

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.

Employee Signature: \_\_\_\_\_ **10**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **11**

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.

Member/Managing Party Signature: \_\_\_\_\_ **12**      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **13**

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



# 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"!**

<b>Employee Name (Please Print)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Employee ID</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>	<b>Sunday that started your work week</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> /              <span style="border: 1px solid black; width: 20px; height: 20px;"></span> /              <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div> MM                  DD                  YY
<b>Member Name (Please Print)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Member/Employer ID</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px;"></span> </div>	<b>Please use only BLACK ink.</b>

Service Date (MM/DD)	Time In	Time Out	Service Code
1	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
5	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
6	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
7	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
8	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
9	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
10	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
11	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
12	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
13	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input type="text"/> : <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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.

**Employee Signature:** \_\_\_\_\_ **Date:**

/ 
  /

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.

**Member/Managing Party Signature:** \_\_\_\_\_ **Date:**

/ 
  /

Revised 7/12/2014



**Vendor Payments**

If you are approved by your MCO to have vendors and/or independent contractors paid. Please contact CDCN at 1-877-785-9991 for additional information regarding the use of this form.

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# VENDOR PAYMENT REQUEST FORM

**Mail/Drop Off:** 744 Ryan Dr, Ste. 201  
Hudson, WI 54016

**Email:** infocdwi@consumerdirectcare.com

**Fax:** 1-877-785-9992

**Have Questions? Phone:** 1-877-785-9991

Requests for Vendor Payments received by Consumer Direct Care Network (CDCN) before 5:00 pm Monday are normally processed for payment by the end of the same week.

**For Internal Use Only**

<input type="checkbox"/> Participant Name & ID	<input type="checkbox"/> W-9*
<input type="checkbox"/> Vendor Name & Address	<input type="checkbox"/> Agreement*
<input type="checkbox"/> Serv. Code Matches Auth	<input type="checkbox"/> Amount approved
<input type="checkbox"/> Item/Service Authorized	<input type="checkbox"/> Funds available

\*if needed

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

<b>Name of Individual Receiving Services</b>	<b>CDCN Member/Employer ID #</b>

<b>Make check payable to</b>	<b>NEW Address – <u>Must</u> check here <input type="checkbox"/></b>
Vendor Name	Indicate <b>NEW</b> address below
Address	
City/State/Zip	

A vendor providing service(s) **must** submit a new W-9 if changing address.

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Quantity (Units)	Rate per Unit	Total Dollar Amount
<b>Total Check Amount</b>					

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

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

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Member/Managing Party Signature                      Print Name                      Date (mm/dd/yyyy)





## Training

Abuse, Neglect & Exploitation

Lifting and Moving Patients – pamphlet (KRAMES 11356)

Infection Control – pamphlet (KRAMES 11386)

Exposure Control Plan

HIPPA Guide

Caregiver Handbook

Caregiver Handbook Appendix

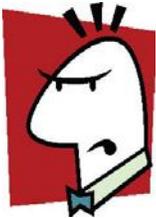


# Abuse, Neglect and Exploitation

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

The different types of abuse are:

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



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

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

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

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

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

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

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

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

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

### **How to Recognize Potential Abuse**

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

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

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

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

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

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

### **Incident Management and Reporting**

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

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

### **Examples of reportable incidents include:**

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



**POLICY:** Federal and State laws require that all employees be taught to treat the blood and body fluids of all individuals as potentially infectious (AIDS, Hepatitis B or other bloodborne pathogens). This is true even if you, the Member (or a household member), know you are not infected with a blood borne disease. Because you are in a self directed program you are the managing employer of your employee (caregiver). Therefore you must:

- help your caregiver understand “universal precautions” which are the recommended actions to use when handling blood or body fluids
- explain to the caregiver(s) what they should do if they are exposed to blood or body fluid during their orientation and every year at the caregiver’s annual date of hire
- train your caregiver about any potential exposures they may experience working with you
- use this document to help you train your caregiver(s)
- have the caregiver(s) read the Bloodborne Pathogen booklet and take the test at the end (they have to take this test each year)

**DETERMINE POSSIBLE EXPOSURE:** As a Member, it is your job to decide which personal care tasks your caregiver(s) does for you that may expose them to blood or body fluids. For example, you would list disposing of your needles if you are diabetic. Your timesheet may also help you identify tasks that expose your caregiver(s) to blood or body fluids.

The tasks your caregiver(s) will perform that might cause them to come in contact with blood or body fluids are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Examples of tasks that expose caregivers are:**

- Handling of blood, blood products or body fluids
- Caring for the site after diabetic testing has occurred
- Wound care
- Catheter Care
- Bowel Program
- Contact with mucous membranes or non-intact skin (wiping mouth and nose)
- Cleaning or processing of contaminated equipment (blood sugar monitor)
- Performing CPR and basic First Aid
- Handling of soiled linen (laundry, clothes)
- Contact with contaminated surfaces (cleaning toilet or tub, other household cleaning)

Of course, accidents can also happen. For example, you may get cut and need help applying a Band-Aid. Your caregiver(s) needs to know how to avoid touching your blood if that happens. This also keeps you safe from germs and blood borne diseases your caregiver might have.

**WHAT TO DO:** Your next step is to list what the caregiver should do in each situation. Consumer Direct Care Network (CDCN) will provide you and your caregiver with handouts on Handwashing, Waste Disposal and Personal Protective Equipment for you to use when training your caregiver(s).

The best protection for your caregiver is the use of Personal Protective Equipment (PPE). An example of PPE is gloves. Whenever blood is involved your caregiver should wear disposable gloves; regular, reusable rubber gloves can be worn for cleaning and other housekeeping tasks. It is your responsibility to have gloves available for your caregiver(s) at all times. Your Program Coordinator at CDCN can assist you with locating a source for gloves. Remember, the caregiver is NOT responsible for buying gloves. Beyond what is recommended on the handouts, please let your caregiver(s) know the following:

1. Gloves are located \_\_\_\_\_.
2. Contaminated sharps (needles, razors) must be put in containers that can be closed, cannot be punctured, do not leak and are labeled with a sticker that says "Sharps Container". The container is located \_\_\_\_\_.
3. Broken glass that may have blood on it is picked up using a brush and dust pan and placed in a sharps container.
4. Laundry Disinfectant is kept \_\_\_\_\_.
5. Household Disinfectant or Bleach/Water Solution is kept \_\_\_\_\_.

Instruct caregivers that eating, drinking, smoking, applying makeup, etc., and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure. All food and drink should not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

Again, please review the handouts that CDCN has provided to you and your caregivers that explain how caregivers can protect themselves from exposure to blood or body fluids. It is a good idea to keep the handouts in a place in your home where you and your caregiver can refer to them, when necessary (for example, in your Training Manual or near the refrigerator.)

**HEPATITIS B VACCINATION:** When you hire your caregiver(s), you need to let them know that they can get a Hepatitis B Vaccination. A Hepatitis B Vaccination Approval Form is included in the employee's enrollment packet provided by CDCN. If your caregiver decides to receive the vaccination, the healthcare worker giving the vaccine to them will describe the benefits of the vaccine, how long the vaccine is good for and the side effects of the vaccine.

The caregiver does not have to pay for the vaccine. If initially they say they do not want the vaccine, they can change their mind at any time and receive the vaccine. If your caregiver does not want the vaccine or they already have had it, they must check the "Decline" box on the Hepatitis B Vaccination Approval Form (in the employee packet). The form must be mailed to CDCN so it can be placed in the caregiver's personal medical file.

**POST EXPOSURE FOLLOW-UP:** If your caregiver comes in contact with your or another household member's blood or body fluid:

You, the Member/Managing Party must:

- tell the caregiver that they can receive a confidential medical evaluation and get a Hepatitis B vaccine (within 24 hours)
- document how the caregiver was exposed (i.e., rubbed their eye) and by whom
- get tested for HIV, Hepatitis C, and/or Hepatitis B infection if your caregiver asks you or your household member to. If you know you or a household member have one of these diseases, the testing is waived

The caregiver should:

- clean the wound, flush eyes or other mucous membrane (the place of contact)
- go to a clinic or hospital for a medical evaluation and blood testing
- request that the individual responsible for the exposure be tested and the results be released to the caregiver's treating physician or health care professional.

An exposed caregiver will receive a copy of their evaluating health care professional's written opinion within 15 days after completion of the evaluation. The Evaluation will include whether the caregiver has been told about any medical conditions resulting from the exposure that require further evaluation or treatment and whether the exposed employee should receive the Hepatitis B vaccination and if they did receive the vaccination.

**The caregiver must report the exposure to the CDCN Injury Hotline 1-888-541-1701 as soon as possible after the exposure occurs.**

**A copy of CDCN's Exposure Control Plan is available, free of charge, by calling CDCN toll free at 1-888-398-8409.**





# HIPAA Employee Training Guide

Revised January, 2018

EVERY LIFE. EVERY MOMENT. EVERY DAY.

**What is HIPAA?**

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

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

Key HIPAA Elements:

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

Security and Privacy are addressed in this Training Guide.

**Who is covered by HIPAA?**

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

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

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

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

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

**What is PHI (Protected Health Information)?**

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

**Patients Will Be Notified of Their HIPAA Rights**

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

**Patients Can Request Confidential Communication**

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

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

For treatment, payment, or healthcare operations.

**What are HIPAA “Uses and Disclosures” of PHI?**

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

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

**Patients Access to Medical Records**

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

**“TOP TEN” HIPAA Tasks**

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

## 7. Respond to complaints

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

## 8. Publish a Notice of Privacy Practices.

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

## 9. Ensure that Business Associates protect patient privacy.

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

## 10. Train the workforce

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

**HIPAA PENALTIES**

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

**PRIVACY POLICY STATEMENT**

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

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

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

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

**Uses and Disclosures of Protected Health Information**

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

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

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

### **Deceased Individuals**

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

### **Notice of Privacy Practices**

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

### **Restriction Requests**

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

### **Minimum Necessary Disclosure of Protected Health Information**

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

### **Access to Protected Health Information**

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

### **Access to Protected Health Information by the Individual**

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

### **Amendment of Incomplete or Incorrect Protected Health Information**

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

### **Access by Personal Representatives**

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

### **Confidential Communications Channels**

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

### **Disclosure Accounting**

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

### **Marketing Activities**

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

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

### **Judicial and Administrative Proceedings**

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

### **De-Identified Data and Limited Data Sets**

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

### **Authorizations**

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

### **Complaints**

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

### **Prohibited Activities**

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

### **Responsibility**

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

### **Verification of Identity**

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

### **Mitigation**

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

### **Safeguards**

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

### **Business Associates**

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

### **Training and Awareness**

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

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

### **Sanctions**

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

### **Retention of Records**

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

### **Cooperation with Privacy Oversight Authorities**

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

### **Investigation and Enforcement**

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