

# EMPLOYER HANDBOOK

Fiscal Employer Agent

Revised December, 2024



EVERY LIFE. EVERY MOMENT. EVERY DAY.

[www.ConsumerDirectCare.com](http://www.ConsumerDirectCare.com)



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**Table of Contents**

Contact Information ..... 1

Welcome! ..... 2

CDCN’s Role and Responsibilities ..... 4

    Service Agreement ..... 4

    Reporting of Abuse, Neglect and Exploitation ..... 4

    Complaints and Grievances ..... 4

    Filing a Complaint or Grievance ..... 4

Service Recipient/Employer Responsibilities ..... 5

    Recruiting and Interviewing ..... 5

    Criminal Background Checks ..... 6

    Hiring Employees ..... 6

    Managing Employees ..... 6

        Orientation ..... 7

        Training Employees ..... 9

        Work Schedule..... 9

        Direct Communication and Being Assertive..... 10

        Positive and Constructive Feedback..... 10

        Creating a Good Working Environment ..... 11

        Treating Employees Consistently and Fairly..... 11

        Resolving Conflict ..... 12

        Corrective Action..... 13

    Terminating Employees..... 14

    Paying Employees..... 15

    Workplace Harassment ..... 16

    Alcohol and Drug Free Workplace..... 17

    Confidentiality and Disclosure..... 17

    Termination of Services..... 18

    Reporting Status Changes/Notifications to CDCN..... 18

    Safe Work Environment ..... 18

    Employee Safety and Accident Prevention ..... 19



## EMPLOYER HANDBOOK

Insurance .....	19
Employee Injury Reporting .....	19
Medicaid Fraud.....	20
The Service Recipient’s Backup Plan .....	20
Appendices	
Home Safety Check Resource Form	
Abuse, Neglect & Exploitation	
MyDirectCare.com User Instructions (time entry and spending summary reports)	
Zsecure	
Status Change Form	
Feedback Form	

## Contact Information

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

### Office Location

CDCN Wisconsin  
744 Ryan Drive, Suite 201  
Hudson, WI 54016-7984

### Important Phone Numbers

CDCN Main Line .....	877-785-9991
CDCN Injury Hotline .....	877-532-8542
CDCN Fax Line .....	877-785-9992
Adult Protective Services .....	877-767-2385
State Fraud Hotline .....	800-488-3780
Office of Inspector General .....	877-865-3432

**Adult Protective Services (APS) Line** – Wisconsin APS agencies are broken up by county. Please go to the APS website to find your APS Agency’s phone number.

### APS Website

<https://www.dhs.wisconsin.gov/aps/aar-agencies.htm>

### Email

[InfoCDWI@ConsumerDirectCare.com](mailto:InfoCDWI@ConsumerDirectCare.com)

### Web (forms and information)

<http://www.ConsumerDirectWI.com>

### Web (online time entry)

<https://MyDirectCare.com>

## Welcome!

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

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

### Mission

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

### Vision

To help people live the life they want.

### Values

- Respect
- Integrity
- Service
- Excellence

### Handbook

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

### Definitions

- Service Recipient – The individual receiving services. Also known as the Member. They are the Employer Identification Number (EIN) holder.
- Employer – The Employer is also known as the Managing Party. The Employer may be the Service Recipient or a representative. The Employer is tasked with hiring, firing, and scheduling Employees.
- Employee – An individual hired by the Employer to provide authorized services for the Service Recipient.
- Case Manager – A healthcare professional that assesses, plans, facilitates, coordinates care, and evaluates the Service Recipient to ensure that the Service Recipient receives the appropriate level of care.



## EMPLOYER HANDBOOK

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

- Looking up the information in this Handbook
- Calling CDCN

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

## CDCN's Role and Responsibilities

### *What does CDCN do as the Fiscal Employer Agent?*

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

### **Service Agreement**

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

### **Reporting of Abuse, Neglect and Exploitation**

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

### **Complaints and Grievances**

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

#### **Filing a Complaint or Grievance**

A complaint should be filed if you have an issue with something within CDCN's reasonable control. For example, issues with our enrollment procedures, handling of payment issues, or web portal concerns. Complaints may be made verbally or in writing. Written complaints may be submitted using our Feedback Form and sent via email, USPS mail, or fax. The Feedback Form may be found in the Appendix or on the CDCN website.

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

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

## Service Recipient/Employer Responsibilities

### Recruiting and Interviewing

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

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

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

### Get the Word Out

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

### Things to Remember While Screening Job Applicants

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

#### Can Ask

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

#### Cannot Ask

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

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

### Criminal Background Checks

A background check must be performed on all applicants prior to hire. If your prospective worker has a history of abuse, neglect, or exploitation or other disqualifying offenses, they cannot be hired. It is important to know this information for your safety.

CDCN will review the background check once received. The results will be compared to the list of barring offenses. If the applicant is not eligible to work, CDCN will inform the Service Recipient/Employer.

### Hiring Employees

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

#### Employee Packet

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

The Employer is required to ensure that the Employee Enrollment Packet is completed. Please double check that the packet is filled out completely. Incomplete packets will be returned for corrections and may cause a delay in pay for the Employee. Employees cannot begin working until the Employer receives an okay to work confirmation from CDCN. Hours worked prior to being hired and being approved to work will not be paid, as the hours are considered unauthorized.

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

### Managing Employees

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

- Give new Employees an orientation to the job.
- Train all Employees
- Set a work schedule.
- Be direct and assertive with communication.
- Give positive and constructive feedback.
- Create a good working relationship.
- Treat all Employees consistently and fairly.
- Deal with conflict.
- If necessary:

- Implement corrective action.
- Terminate Employees.

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

### **Orientation**

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

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

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

Orientation may include:

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

- b. Use a checklist, job description, or other method to explain specific duties in the order the Service Recipient wants them done.
  - c. Have him or her observe an experienced natural support completing all the tasks.
  - d. Instruct one step at a time. Make sure the Employee can do the step before going on to the next step.
  - e. Consider using a training video.
5. Safety and Security
- a. Lifts and Transfers - Review safe procedures for completing lifts and transfers. A pamphlet on this is available upon request.
  - b. Discuss safety guidelines for any disability-related equipment the Employee will be expected to use.
  - c. Reinforce safety guidelines for any household appliances or equipment the Employee will be expected to use.
  - d. Discuss the emergency and backup plan with the Employee.
  - e. How will the Employee get in and out of the Service Recipient's home? If the Service Recipient is not able to open the door, set up a procedure so that the Employee can get in and out.
  - f. Infection Control - Reinforce the importance of washing hands thoroughly before preparing food, and before and after personal care duties. Discuss the use of gloves and where they are stored if preferred. Let him or her know if there is a sharps container.). An Infection Control Plan training pamphlet is available upon request.
  - g. A Safety Orientation pamphlet is available upon request.
6. Expectations – The Employer needs to be clear with expectations of the Employee's performance. It is better to start firm and then relax. The Employer needs to stress the topics that are important to him or her. Here are some examples:
- a. Confidentiality - What you (the Service Recipient/Employer) say and do while the Employee works should remain confidential. The kind of help being provided by the Employee is personal. Your Employee(s) should not discuss your confidential information with others, including friends, family members, or other individuals. Some people think that as long as they are not saying something bad about the Service Recipient, then what they say is not a violation of confidentiality. The Employee should be reminded that it is not only disrespectful, but that violating confidentiality can be grounds for termination. A HIPAA Employee Training Guide is included in the Appendix. As the Employer, you may have your Employee review this guide.
  - b. Use of household items – The Employer needs to give some thought to the rules regarding use of the phone, car, washing machine, computer/printer, and eating the Service Recipient's food. State these rules clearly at orientation. It is easier to state the rules clearly during the first meeting, than to wait until after an offense has happened.

- c. Tell the Employee the rate of pay. Explain the pay schedule and other time sheet reporting requirements.

### Training Employees

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

1. Here are three steps that may be used when training the Employee:

- Tell the Employee what he or she will be taught.
- Tell the Employee what they are expected to learn.
- Repeat what the Employee was told.

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

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

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

### Work Schedule

The work schedule helps the Employee know what days of the week and times he or she needs to work. The Employer sets the schedule and outlines the tasks the Employee needs to complete at work.

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

### **Direct Communication and Being Assertive**

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

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

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

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

### **Positive and Constructive Feedback**

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

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

#### **Constructive Feedback:**

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

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

#### **Positive feedback:**

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

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

Open communication and feedback with the Employee is important. The more transparent the Employer is the better. This will ensure that everyone is on the same page.

The Employer should try to:

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

### **Creating a Good Working Environment**

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

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

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

### **Treating Employees Consistently and Fairly**

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

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

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

### **Employer Responses**

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

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

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

### **Resolving Conflict**

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

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

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

#### 1. Identify the Problem

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

#### 2. Define the Problem

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

- A broken wheelchair is the Employer's problem, but the Employee could help solve the problem.
- An Employee who listens to music when cleaning is the Employer's problem because the Employee cannot hear when the Service Recipient might need him or her.

- The Employee lost her childcare and cannot make other arrangements for a week. This problem belongs to both the Employer and Employee.

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

3. Brainstorm Ideas for Solutions

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

4. Discussion and Evaluation

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

5. Recognize if Compromise is Necessary

Decide on the solution that will best solve the problem.

6. Make a Plan

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

7. Evaluate the Solution

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

### **Corrective Action**

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

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

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

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

If there is a problem, it helps to:

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

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

### Terminating Employees

Employees may choose to end their employment with the Employer, or vice versa. Upon termination of employment, a final time sheet must be submitted. CDCN must receive the final timesheet within two (2) business days of the last date of employment so that the Employee receives final payment timely. The Employee's final check will be paid according to the normal pay schedule.

Unfortunately, not everyone that is hired is capable of doing the job. If the Employer decides to terminate, consider the following:

- State the reasons for termination clearly. Do not attack the Employee personally.
- Have another person there if the Employee might be angry or put your safety at risk.
- Dismiss him or her over the phone, if needed.
- Have a backup Employee ready to start.
- It is illegal to withhold payment of wages. The Employee must be paid, even if the Employer is not satisfied with the work performed.

Employment should be terminated immediately if the Employee has:

- Stolen something.
- Been abusive physically or mentally.
- Broken confidentiality.
- Did not follow the agreement between the Employer and Employee.

Any actions by the Employee that are against the law should be reported to the police immediately. Also, report the incident to the Service Recipient's Case Manager.

Be sure to have your Employee return all keys and borrowed property.

## Paying Employees

Employees are required to record each shift worked through an approved **Electronic Visit Verification (EVV)** method (live-in workers and workers providing services to a minor are exempt from EVV requirements). Employers are required to review and approve each shift. CDCN will issue payment to the Employee on behalf of the Employer after receipt of approved time records. Payment is issued biweekly according to the payroll calendar. Errors or late time may result in late pay.

For EVV time submittal (most employees), 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.

For EVV-exempt employees, time worked is submitted through the online web portal (MyDirectCare.com) or by paper timesheet. Submissions are due the Monday following the work week.

- For web portal, the Employee must enter the time they worked, not the Employer. The Employer must approve the time after the Employee has submitted it. Web portal instructions are available in the Appendix and on the CDCN website.
- For paper timesheets, the Employee enters each shift worked and signs to attest the hours worked are true and accurate. The Employer must review and sign to show approval. For timesheet requirements and submittal deadlines, please refer to the payroll calendar.

## Making Corrections

- EVV - for a device malfunction or if an employee forgets to clock in or out, please call CDCN as soon as possible to resolve the error. An EVV Time Correction/Adjustment form may be submitted to correct errors and is available on the CDCN website.
- Web portal - corrections must be made prior to the Employer approving the entry.
- Paper timesheets - corrections may be made before or after submitting a paper timesheet.
  - Prior to original submission - Draw a single line through the error and enter the correct information on a new line. Do not use whiteout.
  - After original submission – Do not correct and resubmit the original, instead use a blank timesheet and fill out only the lines of time that require correcting.

## Working Hours

Employees must fulfill their commitments to all hours and schedules they accept from the Employer. Definite hours are not guaranteed. Positions are classified as "temporary" because the work is not guaranteed. The Employer will determine job duties and work schedules based on the Service

Recipient's current and approved plan of care.

**An Employee will not be paid for hours worked or tasks performed that are not authorized on the plan of care. Time submitted after 75 days will not be processed.** The Employer may be responsible for payment if the Employer has the Employee:

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

### **Payroll**

Payment may be issued through direct deposit to the Employee's bank account or by pay card. Pay days are every other Friday. For more information, please see the Payroll Calendar located on the CDCN website. Paper checks may be used from time to time. The Employee's first and second paycheck will likely be sent via paper check. Paper checks are sent via United States Postal Service (USPS). Delivery time depends on the local USPS. Paystubs (a summary of pay) are sent to the Employee's current address on file or are accessed electronically. In order for the Employee to be paid correctly, time **must** be received by midnight on the Monday following the week worked.

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

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

### **Workplace Harassment**

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

Characteristics include:

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

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

### **Sexual Harassment**

Sexual harassment, as defined by the U.S. Equal Employment Opportunity Commission (EEOC), is any

unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when any of the following occur:

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

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

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

### **Reporting Harassment**

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

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

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

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

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

### **Confidentiality and Disclosure**

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

There are special circumstances when an Employee may disclosure the Service Recipient's information. **Your Employees should report to CDCN any situations of potential harm.** They should also report the

issue to the Service Recipient's Case Manager and, if necessary, the authorities. CDCN may forward these reports on to the appropriate authorities. Below are examples of concerns that CDCN may report to the appropriate authorities.

Any reasonable cause to suspect:

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

### Termination of Services

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

#### By CDCN

CDCN may terminate the working relationship with a Service Recipient. In accordance with our policy, we must provide advance written notice to the Service Recipient. We will not terminate services without offering additional training to the Service Recipient or encouraging the use of a personal representative. However, for violations of CDCN policies or state regulations, services may be terminated immediately. Please refer to the most recent service agreement for more information; a blank copy may be found on the CDCN website.

#### By the Service Recipient

The Service Recipient may choose to terminate services at any time; however, 30-days prior notice is preferred. The termination may involve dropping out of the self-directed program or transferring services to another program or provider.

### Reporting Status Changes/Notifications to CDCN

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

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

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

### Safe Work Environment

The Employer and their Employee are responsible for:

- ✓ Maintaining a safe and healthy work environment

- ✓ Following all federal, state, and local health and safety laws and requirements
- ✓ Always following correct practices and procedures to avoid injuries and illnesses

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

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

### Employee Safety and Accident Prevention

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

### Insurance

CDCN provides Workers' Compensation Insurance to your Employee(s).

If an Employee is hurt on the job, they **MUST** report the injury or accident to their Employer and immediately call the CDCN **Injury Hotline (1-877-532-8542)**. If the Employee does not report an injury right away, the Workers' Compensation claim may be delayed or denied. See Employee Injury Reporting for more information.

### Employee Injury Reporting

Employees injured on the job **MUST** report their injuries immediately. If an Employee is injured at work or develops a work-related illness, they should follow these steps:

**1. If needed, get medical help.**

- If the injury is serious and life-threatening: Someone should call 911 or take the injured worker to the nearest emergency room.
- If the injury is not life-threatening but requires medical treatment, the injured worker should go to an urgent care/walk-in clinic or doctor's office; if neither is available, the injured should go to the emergency room.

**2. Call the CDCN Injury Hotline to report the injury/illness immediately upon occurrence, whether or not the injury seems serious at the time.**

- Risk Management has a toll free phone line to receive all injury reports.
- The Injury Hotline phone number is: **1-877-532-8542**, and is available 24 hours a day, 7 days a week to report an injury.
- If no one answers, please leave a message and someone will return your call.

### **Service Recipient Injury and Serious Accident Reporting**

Employees **MUST CALL 911** if a Service Recipient is injured, or a serious accident occurs that affects their health or safety.

**The Employee also must REPORT THE INCIDENT TO CDCN AND THE SERVICE RECIPIENT'S CASE MANAGER RIGHT AWAY.** If an Employee learns of an incident after it happens, they must make sure it has been reported to CDCN and the appropriate Case Manager.

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

### **Medicaid Fraud**

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

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

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

All cases of possible Medicaid fraud and abuse must be reported immediately to the appropriate authority - your state's fraud hotline or the Office of Inspector General. Reporting contact information can be found on our website, under the Resources/Fraud Prevention tab, and on the Contact Information page at the beginning of this Handbook.

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

### **The Service Recipient's Backup Plan**

There will be times when a regularly scheduled Employee cannot work. It is important to have a backup plan for these times. CDCN will be unable to provide assistance if the Service Recipient's

regularly scheduled Employee is unable to work. It is the Employer's responsibility to find a replacement.

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

- The Employer and Case Manager are responsible for developing a list of backup workers and scenarios. This list should be used when the regularly-scheduled Employee cannot provide services. Backup workers can be friends, neighbors, church members, or other Service Recipients' Employees.
- Backup plans should be in writing and kept on file.
- It is important to have a backup plan and discuss the plan with your staff.
- Update the backup plan if there are any changes in staff or your needs.
- Backup plans should be updated annually.

### **Emergency Planning**

Emergency planning is a good idea for everyone. Having a plan may help keep the Service Recipient safe and minimize any injury or damage. Remember to plan for different emergencies. Examples of different emergencies are: medical emergencies, hospitalizations, fires, power outages, severe weather, and other natural disasters.

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 Employees if there is a power outage or natural disaster.
3. Make a list of medications and/or equipment to take if it's necessary to evacuate.
4. Organize medical information, emergency contact information and, if applicable, living will information. Place it all together in an easy to access location
5. Store extra food and water in case of a severe weather emergency or other natural disaster.
6. Discuss with and include Employees in emergency planning. It is helpful to keep emergency information near the telephone. Show the Employee this list and talk about an emergency plan during orientation and training.

Other emergencies to consider:

- What is the plan in case of a fire or in a power outage?
- What are the evacuation routes and who should be called?
- In the event of an emergency related to the Service Recipient's disability, what does the Employee need to do? Who should the Employee call? Where should the Employee take the Service Recipient?
- Some fire departments have special stickers to put in the Service Recipient's window to let them know of a disability. Then the firemen can plan for a special evacuation, if necessary.

- Individuals on ventilators or other life-dependent electronic equipment should be registered with their local power companies and fire stations in the case of a major power failure.

It is a good idea to hang the Backup Plan on the refrigerator or in a common place. That way both the Service Recipient and Employee (s) will know where it is and what to do, if needed.

## **Appendices**

**Home Safety Check Resource Form**

**Abuse, Neglect & Exploitation**

**MyDirectCare.com User Instructions (time entry and spending summary reports)**

**Zsecure**

**Status Change Form**

**Feedback Form**



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Member \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

**FIRE:**

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

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

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

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

Phone number of local emergency agency: \_\_\_\_\_

**ELECTRICAL:**

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

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

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

**BUILDING SERVICES AND SAFETY EQUIPMENT:**

Any concerns with the following?

Building Services -  Heat  Sewer  Phone  Water  Electricity

Safety Equipment -  Smoke Detector  Fire Extinguisher  Flashlight  Other: \_\_\_\_\_

**WALKWAYS:**

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

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

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

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

Who will you contact if walkways need clearing?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL SAFETY:**

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

Parking location: \_\_\_\_\_

Describe any apparent safety risks associated with this residence: \_\_\_\_\_

---

Describe procedures to minimize risks: \_\_\_\_\_

\_\_\_\_\_

Any pet issues?: \_\_\_\_\_

\_\_\_\_\_

**HAZARDOUS MATERIALS:**

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

Yes  No  N/A

Are there any hazardous materials in the home?

Yes  No  N/A

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS/OBSERVATIONS:**

\_\_\_\_\_

\_\_\_\_\_

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**DO NOT RETURN TO CONSUMER DIRECT CARE NETWORK**

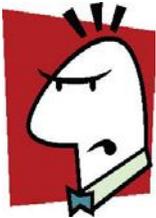
***This form is for use by you, the Member. It is intended to assist you in identifying safety issues in your home. All actions taken in response to any issues that may arise from completing the Home Safety Check are the sole responsibility of the Member.***

# 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.



Employers and Employees associated with Consumer Direct Care Network (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.

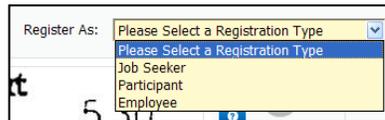


Figure 3. Selecting a Registration Type

4. After selecting a Registration Type, fill in the additional fields that appear (Figure 4).
  - *State* – select Wisconsin.
  - *User ID* – enter the ID provided by 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.

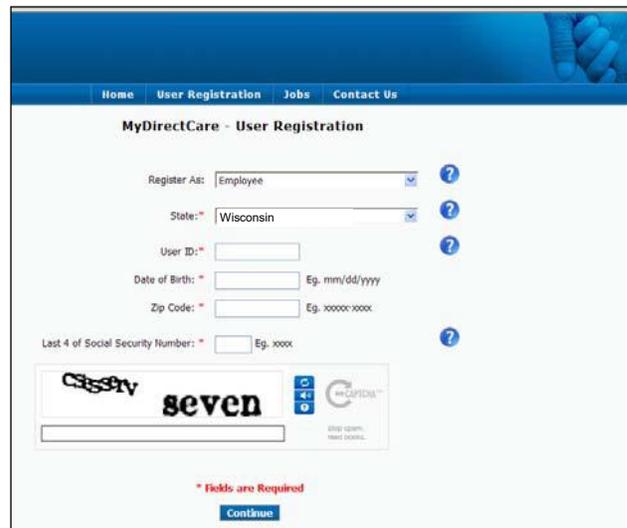


Figure 4. User Registration Page Fields

**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.



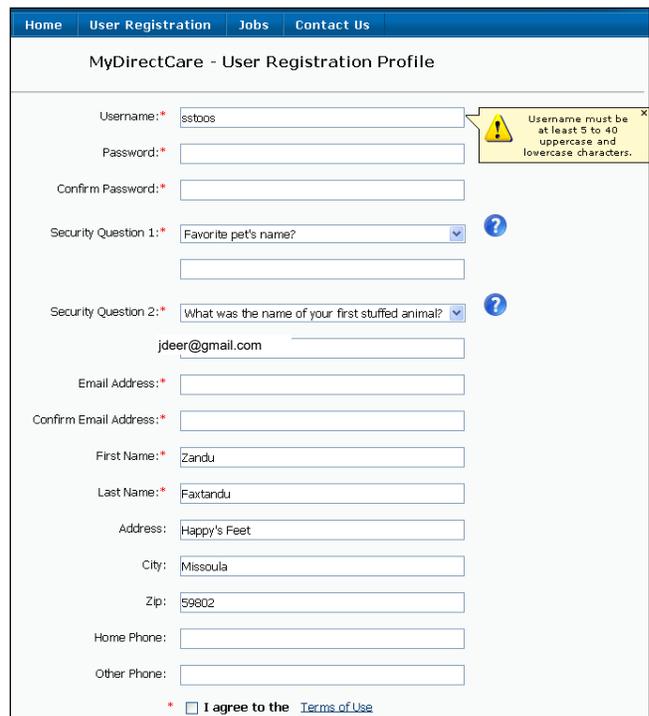
Figure 5. Update User Information Pop-up

## 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.



The image shows the 'MyDirectCare - User Registration Profile' form. It includes a navigation bar with 'Home', 'User Registration', 'Jobs', and 'Contact Us'. The form fields are: Username (sstoos), Password, Confirm Password, Security Question 1 (Favorite pet's name), Security Question 2 (What was the name of your first stuffed animal?), Email Address (jdeer@gmail.com), Confirm Email Address, First Name (Zandu), Last Name (Faxtandu), Address (Happy's Feet), City (Missoula), Zip (59802), Home Phone, and Other Phone. There is a checkbox for 'I agree to the Terms of Use' and a 'Register' button. A yellow warning box indicates: 'Username must be at least 5 to 40 uppercase and lowercase characters.'

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).

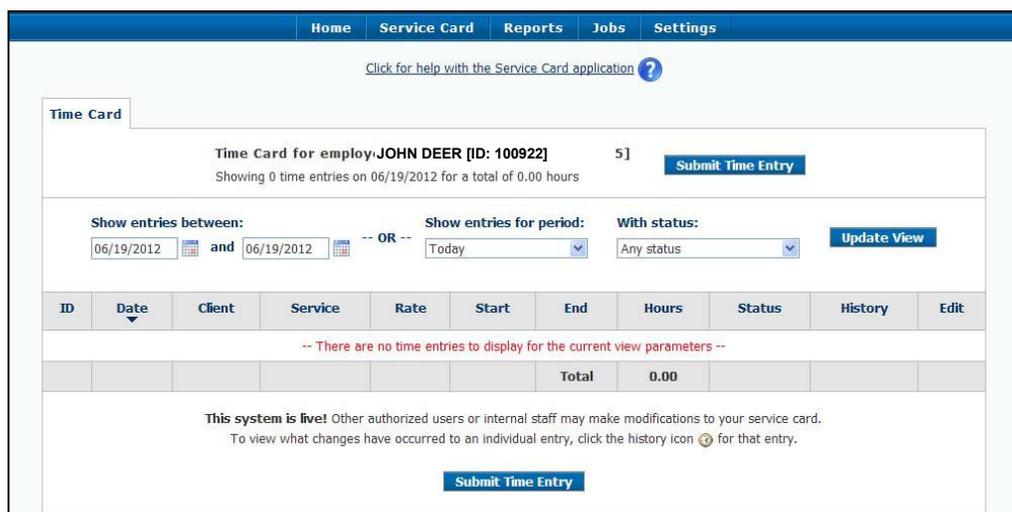


Figure 7. Initial Time Card View

## 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.

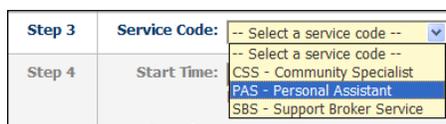
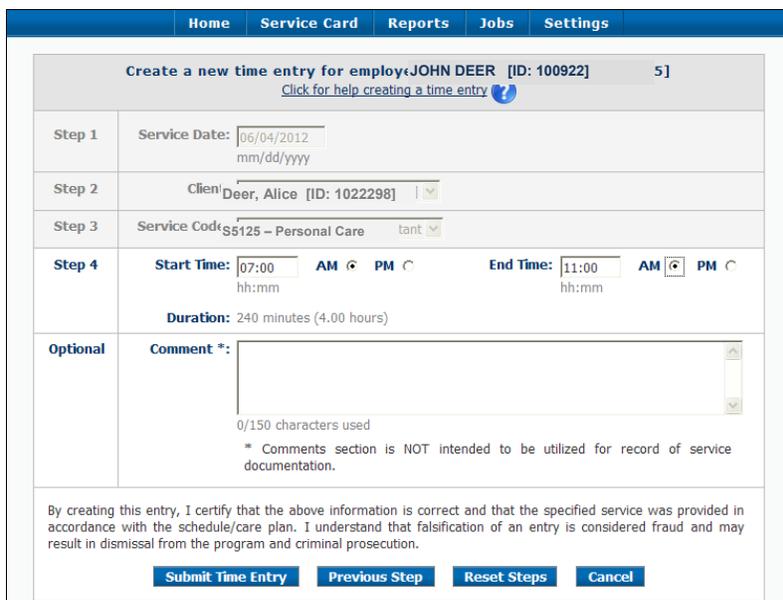


Figure 8. Selecting a Service Code

**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.



The screenshot shows a web form titled "Create a new time entry for employee JOHN DEER [ID: 100922] 5]". The form is divided into several steps:

- 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, End Time: 11:00 AM. Duration: 240 minutes (4.00 hours).
- Optional:** Comment field with a note: "0/150 characters used. \* Comments section is NOT intended to be utilized for record of service documentation."

At the bottom, there is a disclaimer: "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." Below the disclaimer are buttons for "Submit Time Entry", "Previous Step", "Reset Steps", and "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:



The pop-up window has a title bar "Time Entry Successfully Created". It features a question mark icon and the text: "Your time entry was successfully created! Would you like to create another time entry?". At the bottom, there are two buttons: "Yes" and "No".

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).

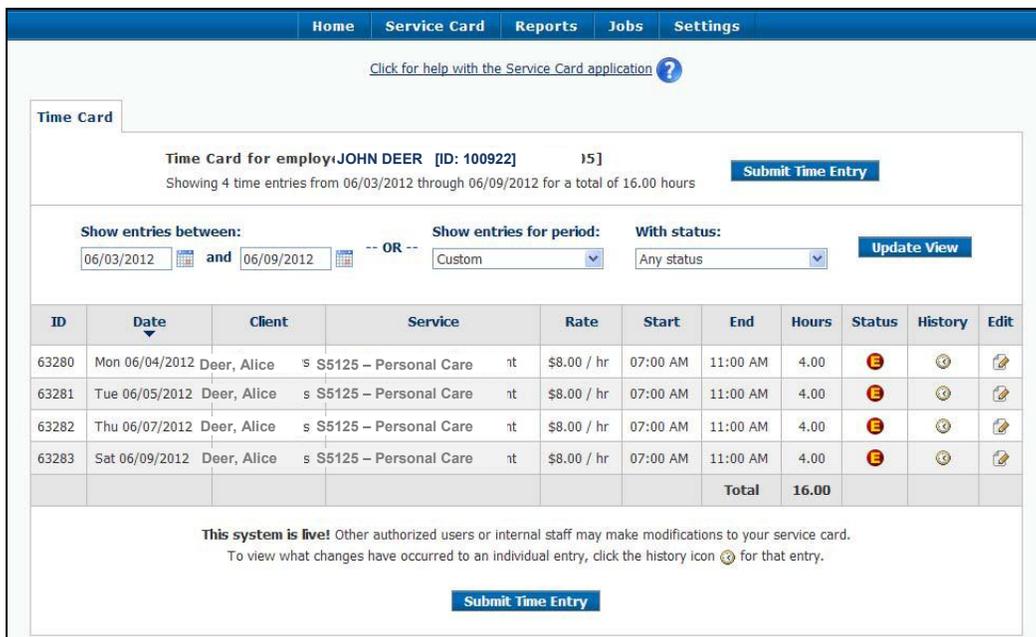


Figure 11. Time Card View

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.

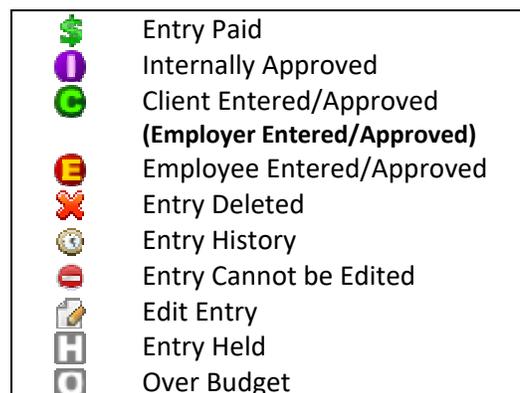


Figure 12. Time Card Symbols

### 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.

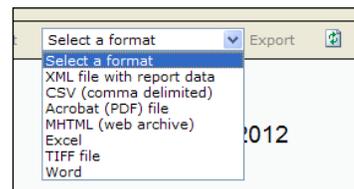


Figure 14. Report Export Options

### 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.

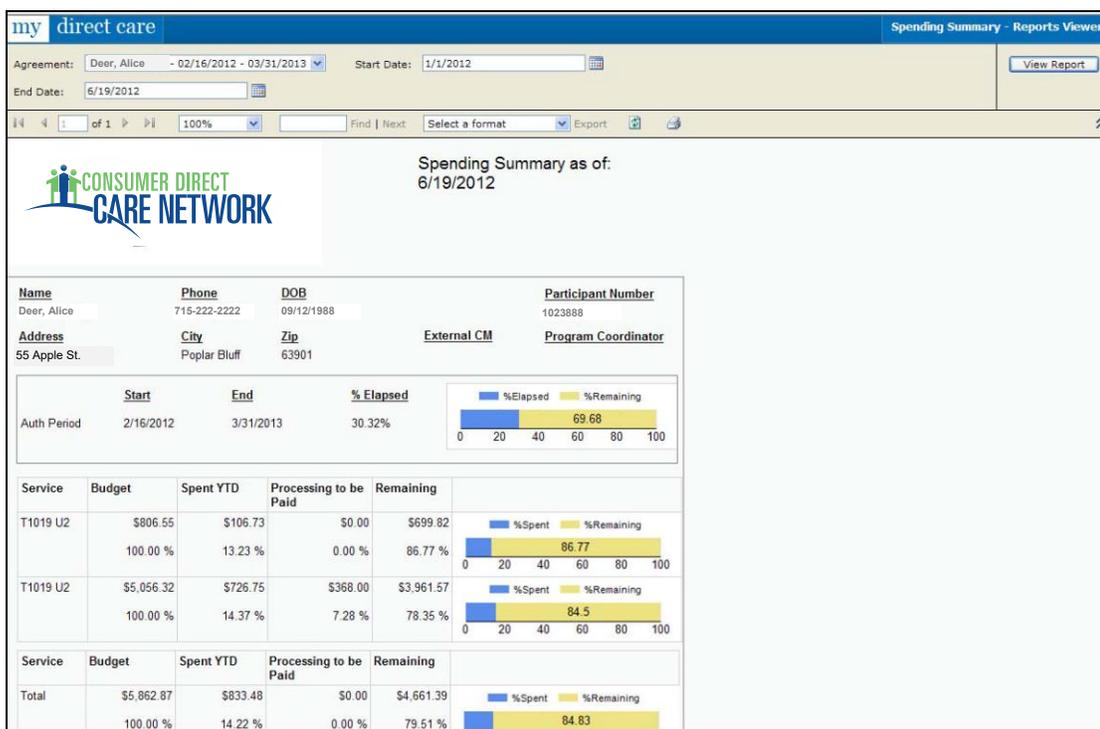
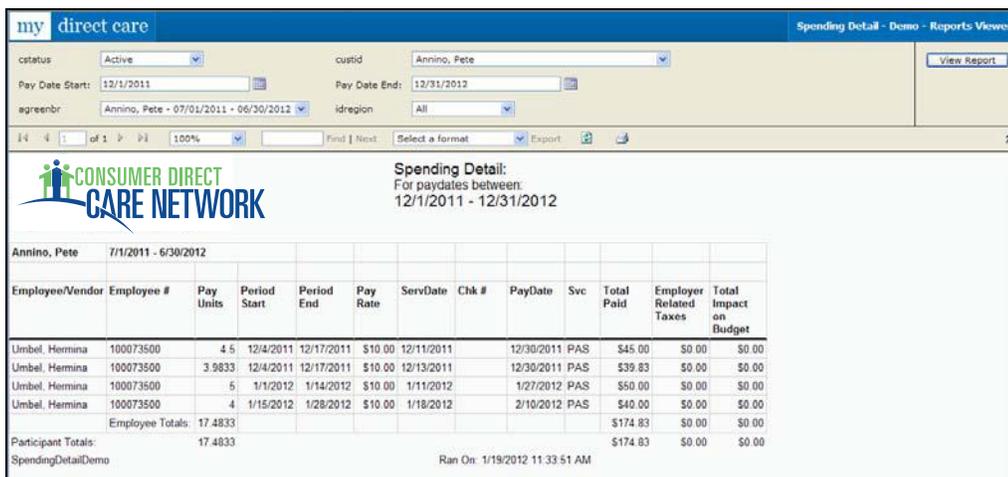


Figure 15. Spending Summary Report

### 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
Employee Totals:		17.4833								\$174.83	\$0.00	\$0.00
Participant Totals:		17.4833								\$174.83	\$0.00	\$0.00

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.



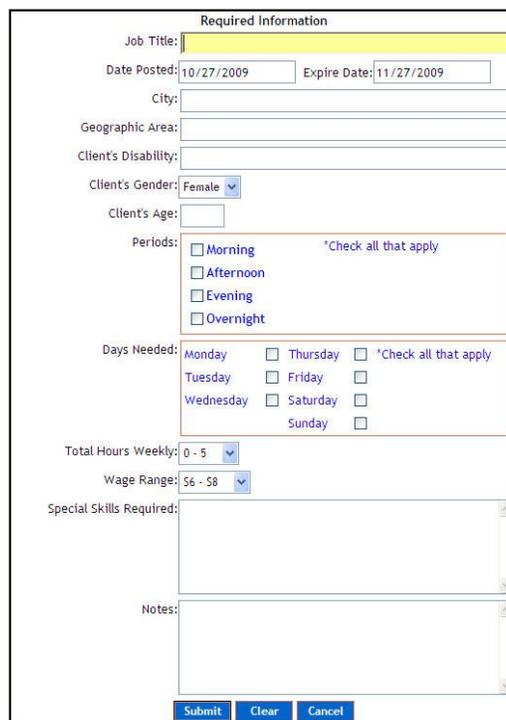
Figure 17. Job Openings Submenu

**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 (text input), Date Posted (10/27/2009), Expire Date (11/27/2009), City (text input), Geographic Area (text input), Client's Disability (text input), Client's Gender (Female dropdown), Client's Age (text input), Periods (checkboxes for Morning, Afternoon, Evening, Overnight), Days Needed (checkboxes for Monday through Sunday), Total Hours Weekly (0-5 dropdown), Wage Range (\$6-\$8 dropdown), Special Skills Required (text area), and Notes (text area). 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	Bigtown	<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>

 Click Job details to apply for a job.

**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.

Figure 19. Edit/Delete Posted Jobs

Participant's Archived Jobs							
Date Posted	Title	Location	Wage-Min	City	Job Details	Re post 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>	

 Click Job details to apply for a job.

**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.

Figure 20. Archived Posts

**Job Seeker**

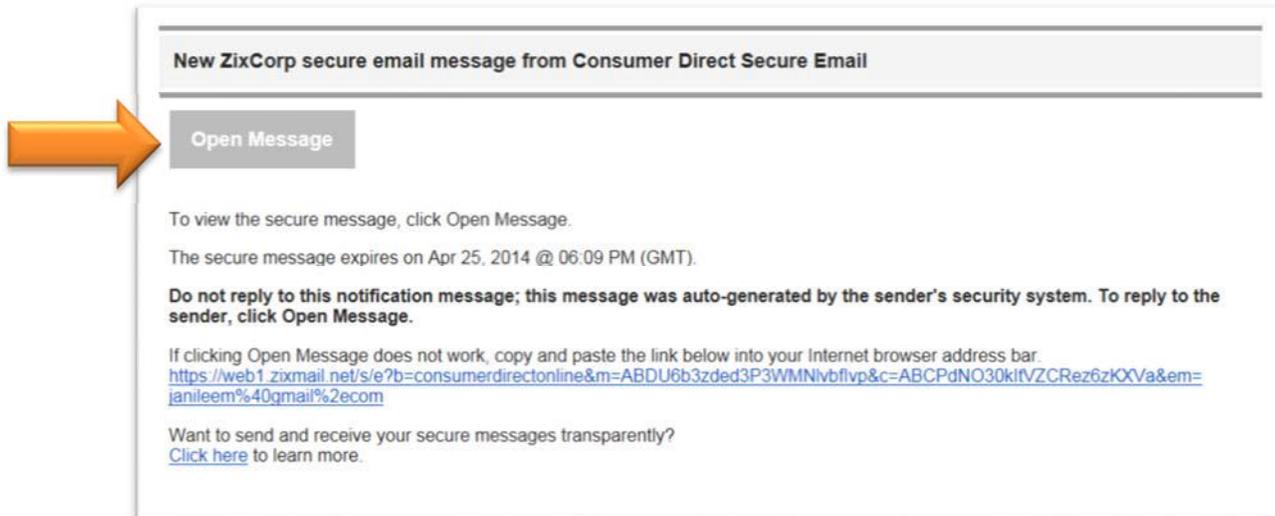
When a Job Seeker selects the **Jobs** link from the top menu, they are taken directly to a User Registration screen where they must register before viewing and applying for posted jobs. Once registered, a Job Seeker can view and apply for posted jobs. Once an application has been submitted via the Job 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.

### Accessing Secure Email Sent by Consumer Direct Care Network

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

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

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



**New ZixCorp secure email message from Consumer Direct Secure Email**

**Open Message**

To view the secure message, click Open Message.

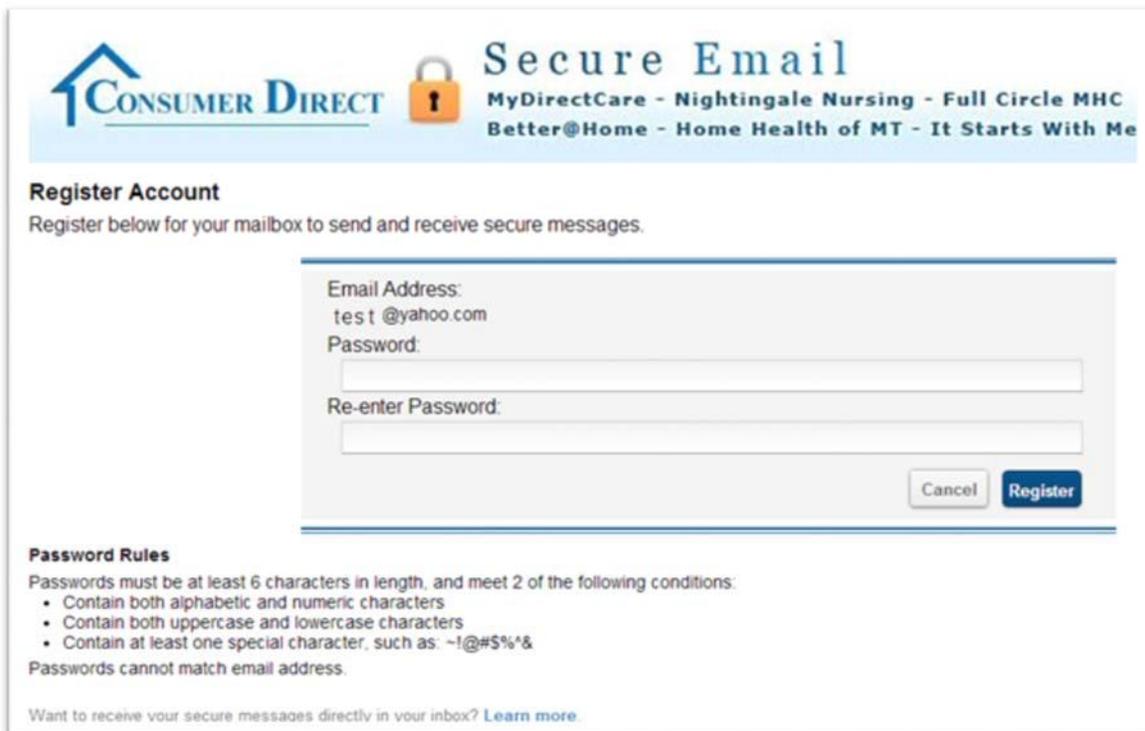
The secure message expires on Apr 25, 2014 @ 06:09 PM (GMT).

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

If clicking Open Message does not work, copy and paste the link below into your Internet browser address bar.  
<https://web1.zixmail.net/s/e?b=consumerdirectonline&m=ABDU6b3zded3P3WMNlvflvp&c=ABCPdNO30kitVZCRez6zKXVa&em=janileem%40gmail%2ecom>

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

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



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

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

Email Address:  
test@yahoo.com

Password:

Re-enter Password:

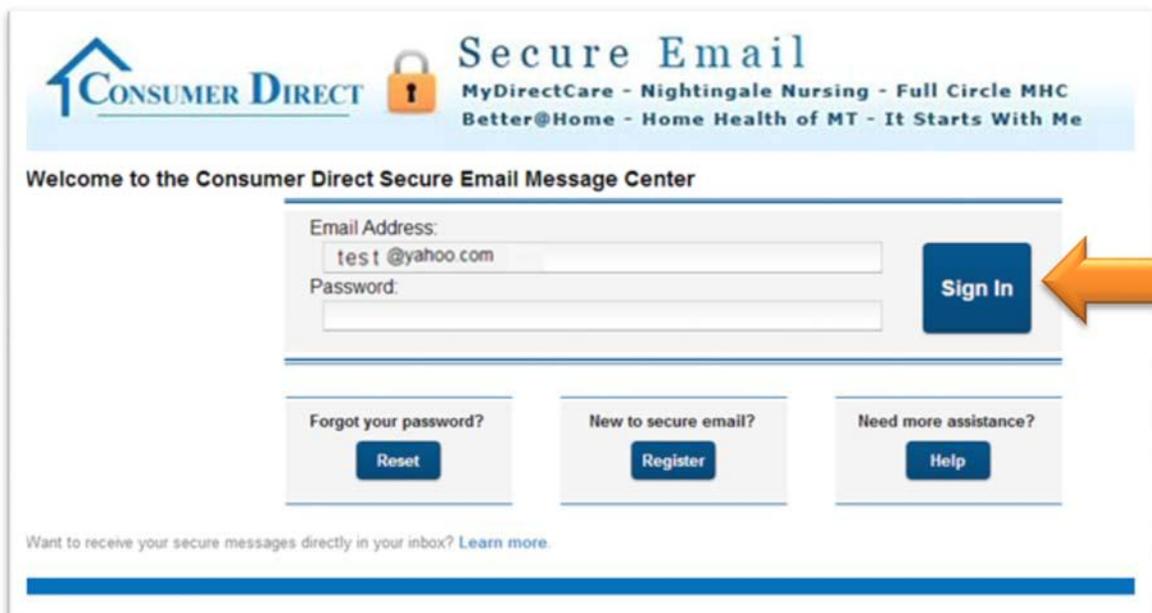
**Password Rules**  
Passwords must be at least 6 characters in length, and meet 2 of the following conditions:

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

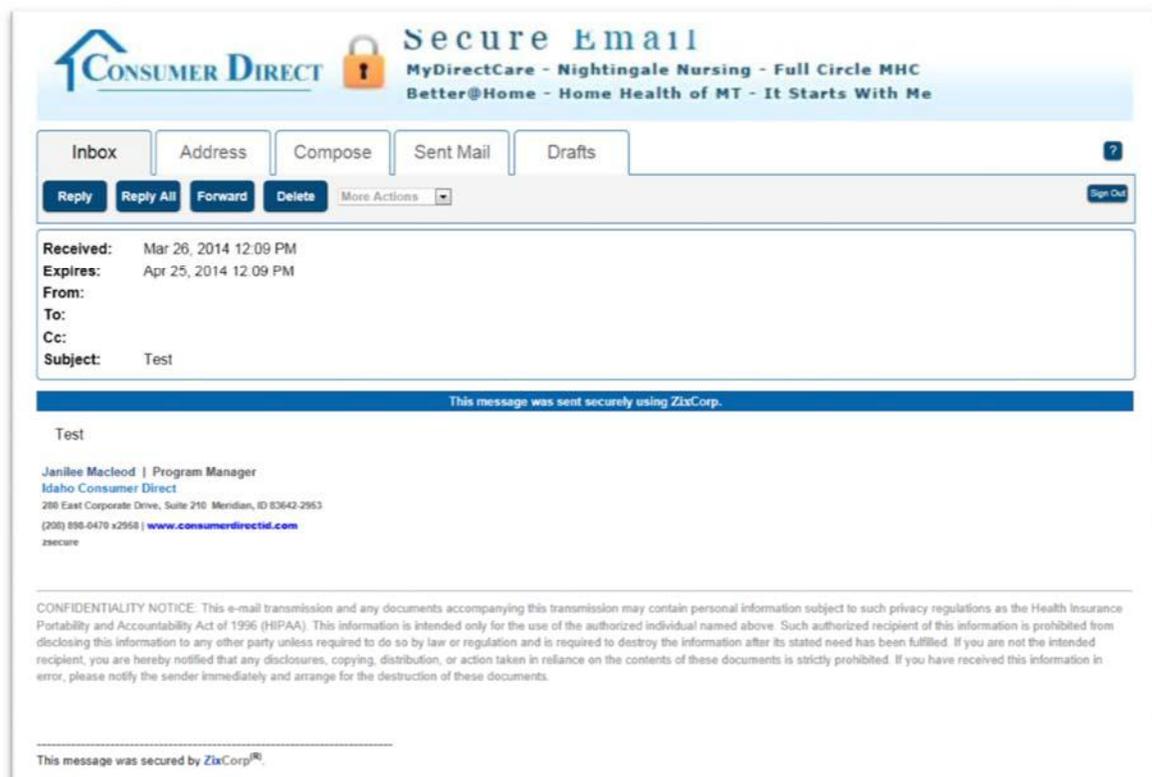
Passwords cannot match email address.

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

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



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

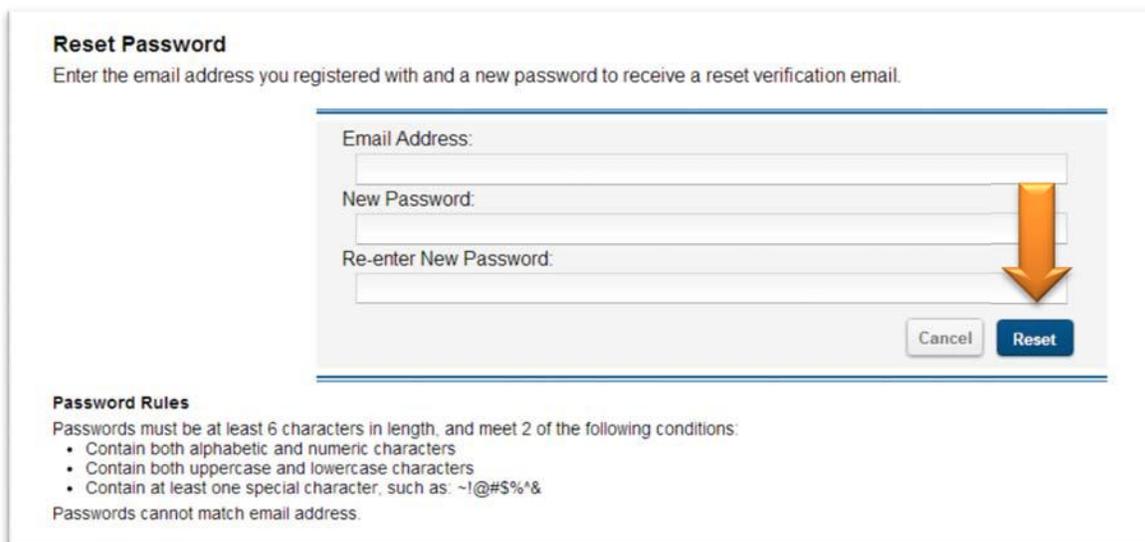


## Changing Your Secure Email Password

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



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



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

Your Consumer Direct Secure Email password is pending.

To ACTIVATE your new password, click the link below:

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

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

To DECLINE your new password, click the link below:

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

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

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



## Secure Email

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

### Activation Successful

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

[Continue](#)

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



# STATUS CHANGE FORM

**Name:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_

EIN Holder (if applicable): \_\_\_\_\_

Service Recipient (Client, Consumer, Member)     Managing Party (PR, LR, DR)     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>	Service Recipient Name:	New Wage:	
	Service Code(s):	<input type="checkbox"/> New Modified Wage Agmt	
		<input type="checkbox"/> Change MWA	
	<input type="checkbox"/> End MWA		
<b>Service Recipient –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Deactivation</b> <input type="checkbox"/> <b>Hold</b> <input type="checkbox"/> <b>Transfer</b> <small>* change in Auth requires supporting paperwork</small>	Explanation: <input type="checkbox"/> Reactivate for billing purposes only		
<b>Employee/Caregiver –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Dismissal</b> <input type="checkbox"/> <b>Hold</b> <small>*if <b>Dismissal</b>, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient *<b>reactivation</b> 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>	Previous location:	New location:	

### Other/Additional Information:

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

\_\_\_\_\_  
Date





