

CONSUMER DATA FORM**Consumer Information**Name in Program _____
*First Middle Last*Consumer Physical Address _____
(Street address only. No PO Box. This is where service will be provided.)

City _____ State _____ Zip _____ County _____

Phone _____ Email _____
*Home Cell*Medicaid ID _____ Gender Male Female

Date of Birth _____ Social Security # _____ - _____ - _____

Prior Fiscal Agent: Yes No – Is Consumer switching services to CDCN from another Fiscal Agent?

If yes, Agent Name: _____

Prior Employer of Record (EOR)? Yes No – Is Consumer switching their EOR? If yes, previous EOR name: _____**New Employer of Record (EOR) Information**EOR Relationship to Consumer Consumer (self) Other (describe): _____Name on Social Security Card _____
*First Middle Last*EOR Physical Address _____
(Street address only. No PO Box. This is where service will be provided.)

City _____ State _____ Zip _____ County _____

EOR Mailing Address *(Street or PO Box.)* _____

City _____ State _____ Zip _____

Phone _____
Home Cell Fax

Date of Birth _____ Social Security # _____ - _____ - _____ Email _____

Prior Accounts: Yes No – Does EOR have an existing Sole Proprietor or Household Employer business with established accounts? If yes, provide confirmation of your Employer Identification Number from the IRS (EIN Certification Letter 147C or EIN Confirmation Letter CP575).**Services Facilitator**

Name _____

Phone _____ Email _____





Dear future Employer,

Welcome to Consumer Direct Care Network Virginia (CDCN). CDCN is the Fiscal/Employer Agent (F/EA) for Sentara Health Plans consumers enrolled in the Consumer-Directed Services Program. This packet contains information and forms, to transition you from your previous F/EA to CDCN. You will serve as the Employer of Record (EOR) for the attendants you hire. CDCN will pay and file payroll taxes for your attendants.

Once you complete the Enrollment Packet, please follow the steps below:

1. Register for online services. Our web portal is www.DirectMyCare.com. Here you manage payroll activities, approve time, and can view service authorizations.
2. Review Electronic Visit Verification (EVV) procedures. EVV is how your Attendants clock-in and clock-out for each shift they work. They must use an approved EVV method – the CellTrak Mobile App or Cell Trak IVR system.

For EVV and DirectMyCare.com instructions and user guides, please visit <https://www.consumerdirectva.com/training-materials/>.

3. Hire Attendants. Each attendant must submit a New Hire Packet to CDCN. The electronic packet is available on the Forms Page of our website.

Questions? We are happy to help! Please call us at 1-888-444-2419 Monday-Friday from 8:00 a.m. to 6:00 p.m. and Saturday from 9:00 a.m. to 1:00 p.m., excluding federal holidays or email us at infocdva@consumerdirectcare.com

Important Contact Information

Phone

CDCN Customer Service Center	1-888-444-2419
Virginia Medicaid Fraud Hotline.....	1-800-371-0824
Adult Protective Services Hotline.....	1-888-832-3858
Child Protective Services Hotline.....	1-800-552-7096
<u>CDCN Fax</u> (Forms).....	1-877-747-7764
<u>CDCN Email</u> (Forms/Correspondence).....	InfoCDVA@consumerdirectcare.com
<u>CDCN Web</u> (Forms/Packets/Instructions/Training Materials).....	www.ConsumerDirectVA.com
<u>CDCN Web Portal</u> (Pay Information/Time Approval).....	https://DirectMyCare.com/



Checklist of Employer Enrollment Packet Forms to Submit to CDCN

(Forms are listed in the order they appear in the packet)

1. **Consumer Data Form**

- *Consumer Information - Complete all fields.*
- *Prior Employer of Record (EOR) - Check yes or no as to whether the Consumer is switching who serves as their EOR. If yes, enter the prior EOR's name.*
- *New EOR Information - Complete all fields.*
- *Services Facilitator Information - Enter Services Facilitator's name and contact information.*

2. **Employer of Record Attestation**

- *Enter the Consumer's and EOR's name in the boxes on the top of the form.*
- *EOR reads, signs and dates the Attestation form.*

3. **IRS Form 2678**

- *Line 1 - If you have an existing FEIN, enter it on line 1. If you do not, leave line 1 blank.*
- *Line 2 - First Name, Middle Initial and Last Name followed by "HCSR". Example: John F Smith HCSR.*
- *Line 3 through 5 - No action required.*
- *Sign your name here - Sign your name at the bottom of the form. Signature must include First Name, Middle Initial and Last Name.*
- *Date - Enter date of signature.*
- *Print your name here - First Name, Middle Initial and Last Name.*
- *Print your title here - Enter title as "HCSR - Household Employer".*
- *Best daytime phone - Enter your preferred telephone number.*

EMPLOYER OF RECORD ATTESTATION

Consumer Name	Employer of Record Name

Acknowledgements

As the Employer of Record (EOR), I will do the following:

1. Fill out all the forms required by Consumer Direct Care Network Virginia (CDCN).
2. Obtain a Federal Employer Identification Number. CDCN will help me with this.
3. Recruit, interview, hire, train, manage and dismiss employees. Resources are available in the *Consumer-Directed Employer of Record Manual* to help me with these responsibilities.
4. For each employee, I will:
 - Send new hire paperwork to CDCN.
 - Make sure they only work approved hours.
 - Make sure they do not work when the Consumer is in a hospital or nursing home.
 - Make sure they clock-in and clock-out for each shift worked using an approved Electronic Visit Verification (EVV) method.
5. Use the approved EVV manual exception process only as needed. The reasons an employee would need to adjust or correct a shift include:
 - The Attendant clocked-in or clocked-out at the wrong time.
 - The Attendant forgets to clock-in or clock-out.
 - The Attendant’s phone or tablet was not working.
 - The Attendant did not have their phone or tablet.
 - The mobile app was not working.
 - The Consumer had an emergency.
 - The Attendant was a new enrollee and worked prior to being setup in CDCN’s system.

The manual exception process is not EVV compliant.
6. Report abuse, neglect, or exploitation of a Consumer to the Department of Social Services.
7. Wages are from federal and state funds. I can report suspected Medicaid fraud to the Virginia Medicaid Fraud Hotline. Reporting contact information is available on the CDCN website under the Resources/Fraud Prevention tab.

I understand that CDCN will serve as my fiscal agent for the purpose of payroll and payroll tax filing. I authorize CDCN to set up and manage tax accounts on my behalf with state and federal agencies. If needed, I authorize CDCN to make corrections to my SS-4 and 2678 forms prior to submitting them to the IRS. Corrections would be made based off of information provided on the Data Form or notification sent to CDCN by me.

Employer of Record, Printed Name

Signature

Date



Form **2678** **Employer/Payer Appointment of Agent**

(Rev. December 2023) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're filing this form.

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

--	--	--	--	--	--	--	--	--	--	--	--

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number	Street	Suite or room number
City	State	ZIP code
Foreign country name	Foreign province/county	Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945, Annual Return of Withheld Federal Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1, Employer's Annual Railroad Retirement Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	<input type="checkbox"/>	<input type="checkbox"/>

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here

Print your name here


Print your title here













Date









Best daytime phone










Now give this form to the agent to complete.















Symbol Key:  Pay Day  Postal and Bank Holiday

JANUARY							FEBRUARY							MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	 1	2	3	4	 5	6					1	 2	3						 1	2
7	 8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9
14	 15	16	17	18	 19	20	11	 12	13	14	15	 16	17	10	11	12	13	14	 15	16
21	22	23	24	25	26	27	18	 19	20	21	22	23	24	17	18	19	20	21	22	23
28	29	30	31				25	26	27	28	29			24	25	26	27	28	 29	30
														31						

APRIL							MAY							JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6				1	2	3	4							1
7	8	9	10	11	 12	13	5	6	7	8	9	 10	11	2	3	4	5	6	 7	8
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	 26	27	19	20	21	22	23	 24	25	16	17	18	 19	20	 21	22
28	29	30					26	 27	28	29	30	31	23	24	25	26	27	28	29	
														30						

JULY							AUGUST							SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	 4	 5	6					1	 2	3	1	 2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	 13	14
14	15	16	17	18	 19	20	11	12	13	14	15	 16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	 27	28
28	29	30	31				25	26	27	28	29	 30	31	29	30					

OCTOBER							NOVEMBER							DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5						1	2	1	2	3	4	5	 6	7
6	 7	8	9	10	 11	12	3	 4	5	6	7	 8	9	8	9	10	11	12	13	14
13	 14	15	16	17	18	19	10	 11	12	13	14	15	16	15	16	17	18	19	 20	21
20	21	22	23	24	 25	26	17	18	19	20	21	 22	23	22	23	24	 25	26	27	28
27	28	29	30	31			24	25	26	27	 28	29	30	29	30	31				

2024 Bank & Post Office Holidays

*Consumer Direct Care Network office closures

*New Year's Day - Monday, January 1

*Martin Luther King, Jr. Day - Monday, January 15

Presidents Day - Monday, February 19

*Memorial Day - Monday, May 27

*Juneteenth - Wednesday, June 19

*Independence Day - Thursday, July 4

*Labor Day - Monday, September 2

Indigenous Peoples Day - Monday, October 14

*Veterans Day - Monday, November 11

*Thanksgiving Day - Thursday, November 28

*Christmas Day - Wednesday, December 25





Work weeks are Thursday through Wednesday. You must submit time daily using Electronic Visit Verification (EVV). Corrections are due by the correction deadline. Late time or time with mistakes may result in late pay. Thank you!

Two Week Pay Period		EVV Time Correction	
Start Date	End Date	Deadline	Pay Date
Thursday	Wednesday	Friday	Friday
12/14/2023	12/27/2023	12/29/2023	1/5/2024
12/28/2023	1/10/2024	1/12/2024	1/19/2024*
1/11/2024	1/24/2024	1/26/2024	2/2/2024
1/25/2024	2/7/2024	2/9/2024	2/16/2024*
2/8/2024	2/21/2024	2/23/2024	3/1/2024
2/22/2024	3/6/2024	3/8/2024	3/15/2024*
3/7/2024	3/20/2024	3/22/2024	3/29/2024
3/21/2024	4/3/2024	4/5/2024	4/12/2024*
4/4/2024	4/17/2024	4/19/2024	4/26/2024
4/18/2024	5/1/2024	5/3/2024	5/10/2024*
5/2/2024	5/15/2024	5/17/2024	5/24/2024
5/16/2024	5/29/2024	5/31/2024	6/7/2024
5/30/2024	6/12/2024	6/14/2024	6/21/2024*
6/13/2024	6/26/2024	6/28/2024	7/5/2024
6/27/2024	7/10/2024	7/12/2024	7/19/2021*
7/11/2024	7/24/2024	7/26/2024	8/2/2024
7/25/2024	8/7/2024	8/9/2024	8/16/2024*
8/8/2024	8/21/2024	8/23/2024	8/30/2024
8/22/2024	9/4/2024	9/6/2024	9/13/2024*
9/5/2024	9/18/2024	9/20/2024	9/27/2024
9/19/2024	10/2/2024	10/4/2024	10/11/2024*
10/3/2024	10/16/2024	10/18/2024	10/25/2024
10/17/2024	10/30/2024	11/1/2024	11/8/2024
10/31/2024	11/13/2024	11/15/2024	11/22/2024*
11/14/2024	11/27/2024	11/29/2024	12/6/2024
11/28/2024	12/11/2024	12/13/2024	12/20/2024*
12/12/2024	12/25/2024	12/27/2024	1/3/2025

*If applicable, Patient Pay amount is subtracted from pay on these dates.

Web: www.ConsumerDirectVA.com

Email: InfoCDVA@ConsumerDirectCare.com

Phone: 888-444-2419

Fax: 877-747-7764

00540





DirectMyCare Web Portal Registration

DirectMyCare.com is your secure online web portal for payroll and management tools. Employers can use the web portal to approve submitted time and view reports. Participants, Attendants, Designated Representatives, Employers of Record, and Service Facilitators need to register.

HOW TO REGISTER

1. Open your internet browser. CDVA recommends using Google Chrome.
2. Go to DirectMyCare.com
3. Select the **Register** button to open the registration page. (Fig. 01)

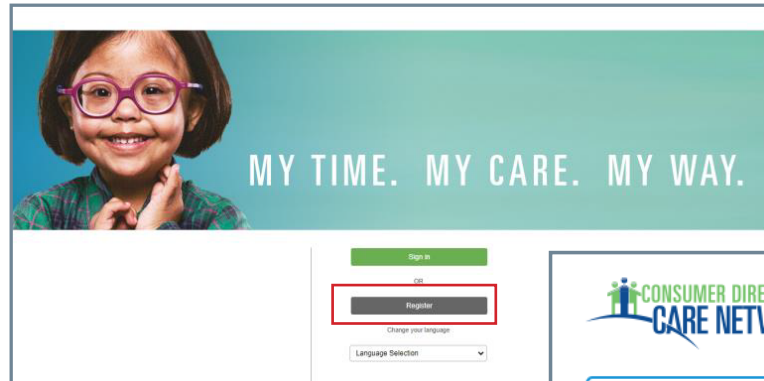


Fig. 01

4. Enter your email address and select **Send Verification Code**. (Fig. 02)

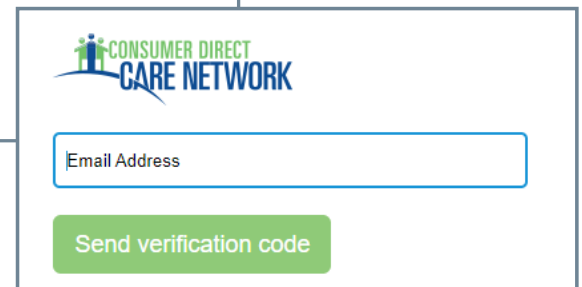


Fig. 02

ENTER VERIFICATION CODE

5. **Open a new browser window** and check your email for the verification code. (Fig. 03)
6. **Return to the registration page** and enter the code from your email into the verification box. (Fig. 04)
 - Select **Verify Code**.

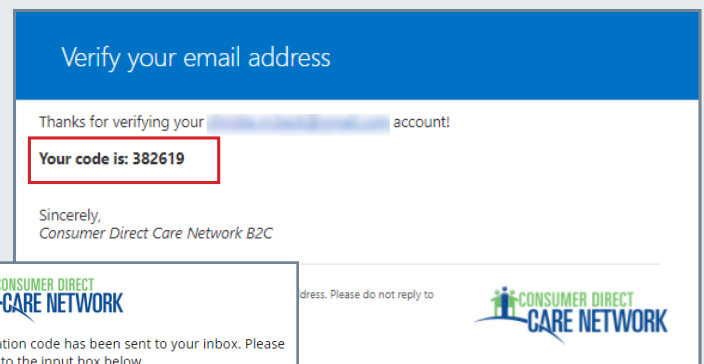


Fig. 03

*If needing a new verification code, click "**Send new code**."

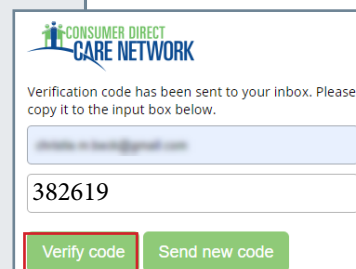


Fig. 04

CREATE PROFILE

7. Create a password.
8. Retype the same password.
9. Enter your first, middle, and last name into the boxes.
10. Select your role from the dropdown menu*.
11. Choose Virginia for the state where service is provided.
12. Enter your phone number.
13. Enter your date of birth as MM/DD/YYYY.
14. Enter the last four digits of your Social Security Number.
15. Select **Create** to finish the registration process.

*Users with multiple roles are able to log into DirectMyCare.com with one username and password. Once logged in, users are able to switch between roles by selecting the drop-down arrow under their name in the top right corner of the page.

The form consists of the following fields and controls:

- 7. New Password
- 8. Confirm New Password
- 9. First Name
- Middle Name
- Last Name
- Suffix
- 10. Role (dropdown menu)
- 11. State of Program (dropdown menu)
- 12. Phone (Numeric Characters Only. No Dashes.)
- 13. MM/DD/YYYY Date of Birth
- 14. Last 4 Digits of SSN
- 15. Create (button, highlighted with a red border)

Fig. 05