



TRANSITIONING ATTENDANT DATA FORM
(The Attendant's Employer is switching to CDCN from another Fiscal Agent)

Attendant Information
Name: \_\_\_\_\_
Physical Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_
Email: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
[ ] Yes [ ] No - The Consumer is my child and the Consumer is a minor under age 18?
[ ] Yes [ ] No - The Consumer is my spouse?
If yes to either question above, the Attendant is ineligible to work under this program.

Employer Information
Name of Employer of Record (EOR): \_\_\_\_\_
EOR Phone #: \_\_\_\_\_
EOR Email: \_\_\_\_\_
Name of Consumer: \_\_\_\_\_
Consumer Medicaid ID #: \_\_\_\_\_
Age of Consumer (check one): [ ] Adult 18 years old or older [ ] Minor under age 18

The EOR will receive an Enrollment Confirmation Form from CDCN. This confirms that CDCN has received and approved all employment paperwork. CDCN is not the Attendant's employer.

The Attendant attests that the Attendant Information listed above is accurate. If this information changes, the Attendant must notify CDCN.

Attendant Signature Date Employer of Record Signature Date



Dear future Attendant,

Welcome to Consumer Direct Care Network Virginia (CDCN). CDCN provides financial management services for individuals, "Consumers", enrolled in certain Medicaid programs. This packet contains information and forms, to establish you as an employee. CDCN will pay and file payroll taxes on your behalf.

Once you have received notice from CDCN that your enrollment documents have been received and approved:

1. Register for online services. Our web portal is [www.DirectMyCare.com](http://www.DirectMyCare.com). Here you can review pay stubs, adjust time records, etc.
2. Sign up for Electronic Visit Verification (EVV). All attendants are required to clock-in and clock-out using an approved EVV method for each shift.

Please review training materials and instructions regarding the CDCN web portal and EVV at <https://www.consumerdirectva.com/training-materials/>.

Questions? We are happy to help! Please call us 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](mailto:infocdva@consumerdirectcare.com)

### Important Contact Information

#### **CDCN Customer Service Center:**

DMAS Services.....1-888-444-8182  
 Aetna Better Health of Virginia Services.....1-888-444-2418  
 Sentara Health Plans Services.....1-888-444-2419

**CDCN Fax** (Forms).....1-877-747-7764

**CDCN Email** (Forms/Correspondence).....[InfoCDVA@consumerdirectcare.com](mailto:InfoCDVA@consumerdirectcare.com)

**CDCN Web** (Forms/Packets/Instructions/Training Materials).....[www.ConsumerDirectVA.com](http://www.ConsumerDirectVA.com)

**CDCN Web Portal** (Pay Information/Time Approval).....<https://DirectMyCare.com/>

#### **State Hotlines:**

Virginia Medicaid Fraud Hotline.....1-800-371-0824  
 Adult Protective Services Hotline.....1-888-832-3858  
 Child Protective Services Hotline.....1-800-552-7096

## Checklist of Attendant Transition Packet Forms to Submit to CDCN

*(Forms are listed in the order they appear in the packet. Some forms are completed by the Attendant.  
Some by both the Attendant and the Employer.)*

1.  **Transitioning Attendant Data Form**
  - *Attendant completes the Attendant Information section of the form.*
  - *Employer completes the Employer Information section of the form.*
  - *Both Attendant and Employer sign and date the form.*
2.  **Payroll Tax Exemptions Determination**
  - *Enter the Attendant's, Employer's and Consumer's name on the top of the form.*
  - *Attendant checks one relationship.*
  - *If Attendant is the Employer's parent or child, check additional descriptions that apply.*
  - *Both Attendant and Employer sign and date the form.*
3.  **Attendant-Consumer Live-in Determination**
  - *Enter the Attendant's, Employer's and Consumer's name on the top of the form.*
  - *Attendant checks one living arrangement.*
  - *If Attendant lives full time with the Consumer:*
    - *Send proof of address to CDCN, and*
    - *Check Yes or No for Difficulty of Care income tax exclusion.*
  - *Both Attendant and Employer sign and date the form.*
4.  **W-4 Employee's Withholding Allowance Certificate** – A complete W-4 with instructions and worksheets is found on the forms page of the CDCN Virginia website.
  - *Attendant completes steps 1-4 as needed.*
  - *Attendant signs and dates step 5.*
5.  **VA-4 Virginia Employee's Tax Withholding Exemption Certificate** – A complete VA-4 with instructions is found on the forms page of the CDCN Virginia website.
  - *Attendant completes the demographic section (name, SSN, address).*
  - *Attendant completes lines 1 through 4, as applicable, depending on withholding status.*
  - *Attendant signs and dates the form.*
6.  **Pay Selection Form** – Wisely Card information and fee schedule are found on the forms page of the CDCN Virginia website.
  - *Enter the Attendant's name on the top of the form.*
  - *Choose one of the two direct deposit pay options.*
  - *For an existing bank account (1) Enter the bank's name, (2) Check the account type, and (3) Upload a voided check or other document with exact routing numbers.*
  - *Attendant signs and dates the bottom of the form.*
7.  **Employment Agreement**
  - *Enter the Attendant's and Employer's name on the top of the form.*
  - *Attendant and Employer review the Agreement.*
  - *Both Attendant and Employer sign and date the Agreement to acknowledge their understanding.*





PAYROLL TAX EXEMPTIONS DETERMINATION

Table with 3 columns: Attendant Name, Employer of Record (EOR) Name, Consumer Name

Background: Employees providing domestic services may be exempt from some payroll taxes. This is based on the Attendant’s age and relationship to the Employer of Record (EOR). Consumer Direct Care Network (CDCN) will apply any exemptions based on the relationships identified below. Incorrectly filling this form out may result in inaccurate tax withholdings.

Note: If the Attendant and EOR qualify for tax exemptions, they must be taken. Exemptions cannot be waived. If the Attendant’s earnings are exempt from these taxes, they may not qualify for related benefits. An example is unemployment insurance.

Attendant-Employer Relationship
Attendant select one relationship below.

Form with four sections: I am the spouse of the Employer, I am the parent of the Employer, I am the child of the Employer, I am not related to the Employer or my relationship is not described above.

Acknowledgement: The Attendant and EOR attest the exemptions listed above are accurate. If this information changes, the Attendant must notify CDCN. If CDCN is not notified of changes, the Attendant may have to pay back money that should have been withheld from pay.

Attendant Signature Date Employer of Record Signature Date

1FICA – Federal Insurance Contributions Act (Social Security and Medicare)
2FUTA – Federal Unemployment Tax Act
3SUTA – State Unemployment Tax





# ATTENDANT-CONSUMER LIVE-IN DETERMINATION

Attendant Name	Employer of Record Name	Consumer Name

Attendant Care Workers may be exempt from overtime pay requirements and exempt from paying income taxes. Consumer Direct Care Network (CDCN) will apply exemptions based on your answers below.

**Attendant-Consumer Live-in Status**  
 Attendant select one living arrangement below.

<p>1. <input type="checkbox"/> I live full time in the same house as the Consumer and have the same physical address.</p> <p><u>If Checked Above:</u></p> <ul style="list-style-type: none"> <li>• <b>Send proof of residence to CDCN.</b> We will accept a driver’s license, voter registration card, bank statement, credit card statement, utility bill, or phone bill.</li> <li>• <input type="checkbox"/> Yes <input type="checkbox"/> No I attest that I qualify for IRS Difficulty of Care income tax exclusion. State and Federal income taxes will not be withheld from my pay. For more information please refer to <a href="https://www.irs.gov/pub/irs-drop/n-14-07.pdf">https://www.irs.gov/pub/irs-drop/n-14-07.pdf</a></li> </ul> <p><i>Note: Payroll withholding changes are applied at the beginning of the pay period following the processing of your request.</i></p>
<p>2. <input type="checkbox"/> I live temporarily, but for extended periods with the Consumer (at least 120 hours per week or 5 consecutive days or nights per week).</p>
<p>3. <input type="checkbox"/> I live at a separate residence than the Consumer.</p>

**Live-in Attendants (1 or 2 above):** You will be paid at the regular hourly rate for all hours worked. You are exempt from the overtime payment rate. You may submit time worked by Electronic Visit Verification (EVV) mobile application, Interactive Voice Response (IVR) or web portal.

**Non Live-in Attendants (3 above):** Overtime hours worked will be paid at 1.5 times the regular pay rate. You must submit time worked through an approved EVV method.

**Acknowledgement:** The Attendant and Employer of Record agree the statements above are accurate. If living arrangements change, the Attendant must notify CDCN immediately as overtime and tax status will also change.

\_\_\_\_\_  
 Attendant Signature                      Date                      Employer of Record Signature                      Date



# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period		<b>4(c)</b> \$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

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Detach here and give the certificate to your employer. Keep the top portion for your records  
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### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

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PAY SELECTION FORM

Attendant Name: \_\_\_\_\_  
(please print)

Date of Birth: \_\_\_\_\_

Consumer Direct Care Network (CDCN) issues pay by direct deposit. This is to a bank account or a pay card. Direct deposits avoid all possible delays from mail delivery. That helps you access your pay on pay day. Pay stubs (summaries) are available online through our secure web portal, DirectMyCare.com.

**CDCN offers the following pay options. Please check one option below.**

- Direct Deposit to a Wisely Pay Card Account.** I authorize CDCN to issue me a Wisely Pay Card and make payroll deposits to my card account. It is mailed to me by ADP in an unmarked envelope about 2 weeks after my enrollment paperwork is approved.
- Direct Deposit to an Existing Checking, Savings or Pay Card Account.** I authorize CDCN to initiate payroll deposits to my bank or financial institution.

The Name of my bank is: \_\_\_\_\_

The Account Type is (check one):  Checking.  Savings.  Pay Card.

**AN ATTACHMENT IS REQUIRED.**

**For a Checking Account.** Please attach a voided check. This is preferred. A bank-issued direct deposit form or bank letter\* is ok too.

**For a Savings Account or Pay Card.** Please attach a bank-issued direct deposit form or bank letter.\*

*\*Do not submit a deposit slip. The routing numbers differ from direct deposit routing numbers.*

**Acknowledgement.** I authorize CDCN to process my selected method of pay. I understand that:

- I will be issued a Wisely Pay Card if I do not select a Direct Deposit option above or I fail to provide an attachment with routing numbers for bank deposits.
- I may receive a paper check for my first two pay periods during account set up.
- CDCN reserves the right to refuse any direct deposit request.
- I am responsible to confirm that each deposit has occurred. I must pay any fees caused by overdrafts on my account.
- All direct deposits are made through an Automated Clearing House (ACH). Processing is subject to ACH terms. The terms of my bank also apply.
- If funds are deposited to my account in error, or an improper payment is made, I authorize CDCN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDCN may withhold future payments until the erroneous deposited amounts are repaid.
- I must submit a new Pay Selection Form to CDCN if I wish to change my Direct Deposit option.

\_\_\_\_\_  
Attendant Signature

\_\_\_\_\_  
Date





Attendant Name	Employer of Record Name

This Agreement is between the Attendant and Employer of Record (EOR) named above. It establishes the responsibilities of the parties to each other.

This Agreement will be effective when it is signed by both parties. Either party may terminate this Agreement. Notice to the EOR can be made orally or in writing. Notice must also be supplied to Consumer Direct Care Network Virginia (CDCN). The EOR must send a *Notice of Discontinued Employment Form*.

**Attendant Acknowledgements**

As the Attendant, I acknowledge the following:

- I am at least 18 years old.
- I have a valid Social Security Number. I am authorized to work in the United States.
- I am an employee receiving payments under a state Medicaid Home and Community-Based Services program. I will not be paid by CDCN for services performed if the Consumer is not authorized for services.
- I am an employee of the EOR. I am not an employee of CDCN.
- My hourly pay rate is set by the Virginia General Assembly. The rate is based on the Consumer’s physical address.
- This Agreement does not guarantee me employment or payment of wages for any time period.
- I will keep information about the Consumer confidential.
- I will carry out assigned duties and tasks. These will be explained by the Consumer or EOR. Approved tasks are outlined in the Consumer’s Plan of Care.
- I must report to the Dept. of Social Services:
  - Neglect or abuse of a Consumer.
  - Misuse of funds or property of a Consumer.
- 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.
- Federal and state taxes will be withheld from my wages, as applicable. Garnishments, support orders, and liens may also apply. I will submit to CDCN:
  - *IRS Form W-4.*
  - *Virginia Form VA-4.*
  - *CDCN Payroll Tax Exemptions Determination.*
  - *CDCN Attendant-Consumer Live-In Determination.*



- I cannot be paid if:
  - The Consumer is no longer authorized for services
  - I work more hours than what the Consumer is authorized.
- I must notify CDCN of changes in my information on file. Such as name, address, contact information and tax withholdings.
- I am classified as a “domestic service employee” under Virginia law. I am not covered by Workers' Compensation Insurance.

### **EOR Acknowledgements**

As the EOR, I acknowledge the following:

- I am responsible for completing the *USCIS Form I-9*. I will keep a copy for my record and send a copy to CDCN.
- I will hire, dismiss, and train the attendant.
- I will submit to CDCN a *Notice of Discontinued Employment* form when an Attendant is no longer employed.

### **Background Check Requirements**

- The Attendant is subject to background checks prior to hire. These include:
  - Criminal History Record Name Search. This is by the Virginia State Police.
  - List of Excluded Individuals/Entities (LEIE). This is by the U.S. Dept. of Health and Human Services; Office of Inspector General.
  - Child Abuse and Neglect Central Registry Records Check. This is by the Virginia Dept. of Social Services. *This is only required if the Consumer is a minor (under the age of 18).*
- Attendant authorizes CDCN to proceed with required background checks. Results cannot be released for any other purpose without Attendant’s written consent. The results of background and LEIE checks are made available to CDCN, the EOR, and the clients Medicaid program.
- Background checks are paid for by the clients Medicaid program.
- The Attendant may be hired on a temporary basis for no more than thirty (30) days. This is pending results of all background and LEIE checks.
- An Attendant who fails a background or LEIE check is not allowed to work or be paid under this program upon or after discovery of failed results.

### **Time Records and Payment**

- The Attendant must clock-in and clock-out for each shift worked using an approved Electronic Visit Verification (EVV) method.
- Use the EVV exception process only as needed. The reasons an Attendant 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.
- Attendant wages are paid biweekly by CDCN. Payment is through Electronic Funds Transfer. Payment is to a bank account or pay card.
- CDCN will not pay for services provided when:
  - They are not authorized.
  - They exceed the service authorization.
  - The Consumer has lost program eligibility.
  - Time records are submitted more than one (1) year from the date of service.
- If the Consumer is responsible for any “Patient Pay” amount, CDCN will deduct the amount from the Attendant’s net pay. The Consumer pays the Attendant the Patient Pay amount shown on the pay stub.

**Attestation**

By signing below, the parties attest and agree that they:

- Have read and understand all program rules and responsibilities.
- Understand what is being requested.
- Must sign and return this Agreement.
- Will abide by the terms and conditions of this Agreement.

\_\_\_\_\_  
Employer of Record, Printed Name

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attendant, Printed Name

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

