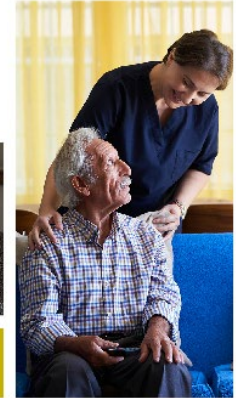




CDVA Fiscal/Employer Agent Training for Service Facilitators

Agenda

- Introduction to Consumer Direct Care Network (CDCN)
- Maintaining HIPAA Compliance with Email
- Overview of CDCN's Website
- Fiscal Agent Request Form
- EIN Requirements
- Interactive Voice Response System
- Care Attend-Coming Soon
- CDCN's Web Portal and Resources



Who Does CDCN Serve?

Department of Medical Assistance (DMAS) approved Medicaid waivers:

- Community Living (CL) waiver
- Family and Individual Supports (FIS) waiver
- Commonwealth Coordinated Care (CCC)Plus waiver
- Any Consumer-Directed Fee-for-Service (FFS) member not enrolled in managed care

Authorized Services

- ☐ Attendant Services (S5126)
- ☐ Respite Services (S5150)
- ☐ Companion Services (S5136)

HIPAA-Compliant Emails

- Sensitive information (PHI or PII) will be sent with encryption via a secure messaging system
- The encryption system is ZixCorp (aka Zsecure)
- Check your spam folder
- Instructions are available on our website
 - Look for “Secure Email Instructions” under the *Forms* tab under DMAS, in the *Other* section

CDCN Website

www.ConsumerDirectVA.com



INTRODUCING THE NEW
ConsumerDirectVA.com



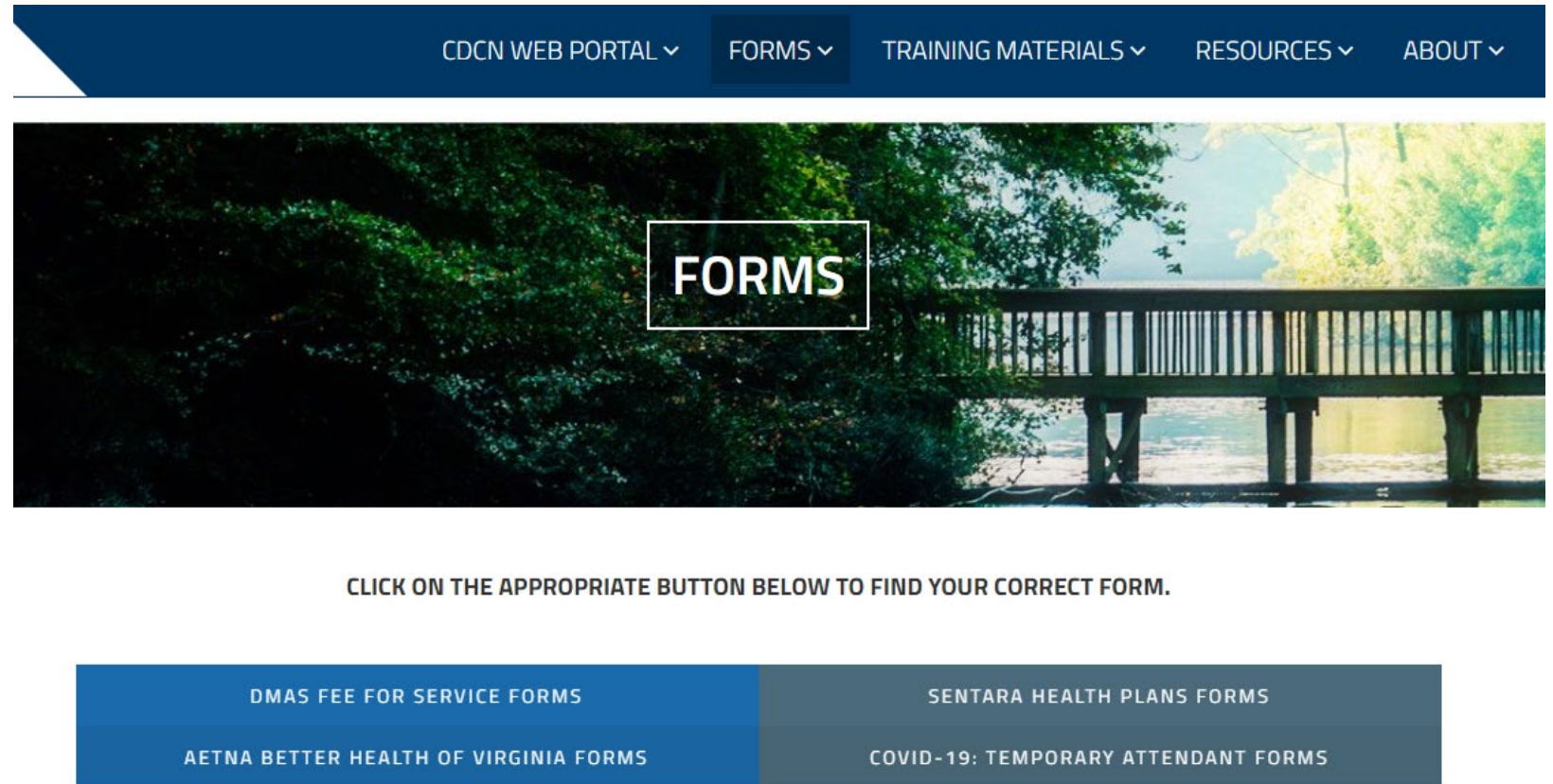
We've redesigned our website with you in mind.



Submitting a Fiscal Agent Request Form (FARF)

The electronic Fiscal Agent Request Form (FARF) is located on the Consumer Direct Care Virginia website at www.consumerdirectva.com

On the home page find the Forms tab, use the drop-down arrow to select Forms.



Select the form of your participant agent authorizing services-Aetna, DMAS, or Sentara.

For the purpose of this training, I am selecting DMAS, English forms.

See Enrollment Packets list, select Fiscal Agent Request Form (FARF).

Use drop down arrow, select Electronic Fiscal Agent Request Form (FARF)-(recommended)

⌵ Employer of Record (EOR) Enrollment

⌵ Attendant Enrollment

⌵ COVID-19 Temporary Attendant Forms

 ⌵ Fiscal Agent Request Form (FARF)

This form is for Service Facilitators.

[Electronic Fiscal Agent Request Form \(FARF\) \(recommended\)](#)

[FARF DocuSign User Guide](#)

[Printable Fiscal Agent Request Form \(FARF\)](#)

DocuSign requires your name and email. Select Begin Signing.

A validation code will be emailed to you to continue.

PowerForm Signer Information

Fill in the Service Facilitator name and email in the fields provided.
They will receive an email inviting them to complete and sign this document.

Please enter your name and email to begin the signing process.

Service Facilitator

Your Name: *

Full Name

Your Email: *

Email Address

Please provide information for any other signers needed for this document.

CDCN

Name: *

VA Referrals

Email: *

VAReferrals@ConsumerDirectCare.com



BEGIN SIGNING

Complete Agency Information, select Agency Authorizing Services, and Service Request.



FISCAL AGENT REQUEST FORM (FARF)

Press the Finish button upon completion of all applicable fields.

Services Facilitator/Agency Information			
Agency Name:	<input type="text"/>	Agency NPI #:	<input type="text"/>
Services Facilitator Name:	Chrison Fraser	Services Facilitator Phone #:	<input type="text"/>
Services Facilitator Email: chrisonf@consumerdirectcare.com		<div>Required - ApprovingEntity</div>	
Referral Date	<input type="text"/>	Effective Date	<input type="text"/>
Agency Authorizing Services			DMAS Fee for Services <input type="button" value="v"/>
Referral Type/Service Request			
<input checked="" type="radio"/> Yes <input type="radio"/> No – Is the individual new to consumer directed services?			
<input type="checkbox"/> Existing Consumer transitioning to CDCN from a different Fiscal Employer Agent Prior FEA: <input type="text"/>			
<input type="checkbox"/> Existing Consumer changing their Employer of Record Prior EOR: <input type="text"/> New EOR: <input type="text"/> <i>New EOR submits (1) a New EOR packet and (2) an EOR Change Attendant Attestation Form for each Attendant.</i>			
<input type="checkbox"/> Existing Consumer-Loss of Eligibility Prior Enrollment (Fee-For-Service/MCO): <input type="text"/> New Enrollment (Fee-For-Service/MCO): <input type="text"/>			
<input type="checkbox"/> Existing Consumer changing their Services Facilitator			

Complete the following applicable fields with accuracy. Use legal names no nicknames. Verify Medicaid ID Number, Date of Birth, Social Security Number. Please encourage the participant to have an email address.

Consumer Information

First Name:

Last Name:

Medicaid I.D. #:

Date of Birth:

Social Security Number:

Telephone:

Email Address:

Physical Address (Street/City/State/Zip):

Employer of Record Information

☐ Yes

☒ No

 – Consumer will be the Employer of Record? If NO, complete below. If YES, Stop.

First Name:

Last Name:

Telephone:

Email Address:

Enrollment/Transition Packet Submittal

The Employer of Record is encouraged to complete and submit an electronic Enrollment or Transition Packet to CDCN via DocuSign. DocuSign packets can be accessed on the CDCN website at www.consumerdirectva.com/forms/.

Hard copies of blank packets are available upon request. Filling out the packet electronically results in faster processing and fewer errors. If Consumer/EOR requests a paper packet, please complete below.

☐ Please mail a paper Employer Enrollment/Transition Packet to:

Name:

Mailing Address:

Street

City

State


Zip

Rev. 11/04/2020
DocuSign Envelope ID: 534DC9A3-5291-49EB-9040-78A26824E7EE

CDVA_Fiscal Agent Request Form_DocuSign_20201118.pdf

1 of 1

FINISH

 CONSUMER DIRECT
CARE NETWORK
VIRGINIA

Select Finish. You will have the option to download or print a copy.

[Clear Form](#)

FISCAL AGENT REQUEST FORM (FARF)

Please email completed form to CDCN at VAREferrals@ConsumerDirectCare.com or fax it to 1-877-571-8649.

Services Facilitator/Agency Information			
Agency Name:		Agency NPI #:	
Services Facilitator Name:		Services Facilitator Phone #:	
Services Facilitator Email:			
Referral Date	Effective Date	Agency Authorizing Services --select--	
Referral Type/Service Request			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Is the individual new to consumer directed services?			
<input type="checkbox"/> Existing Consumer transitioning to CDCN from a different Fiscal Employer Agent Prior FEA: _____			
<input type="checkbox"/> Existing Consumer changing their Employer of Record Prior EOR: _____ New EOR: _____ <i>New EOR submits (1) a New EOR packet and (2) an EOR Change Attendant Attestation Form for each Attendant.</i>			
<input type="checkbox"/> Existing Consumer-Loss of Eligibility Prior Enrollment (Fee-For-Service/MCO): --select-- New Enrollment (Fee-For-Service/MCO): --select--			
<input type="checkbox"/> Existing Consumer changing their Services Facilitator			
Consumer Information			
First Name:		Last Name:	Medicaid I.D. #:
Date of Birth:	Social Security Number:		Telephone:
Email Address:			
Physical Address (Street/City/State/Zip):			
Employer of Record Information			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Consumer will be the Employer of Record? If NO, complete below. If YES, Stop.			
First Name:		Last Name:	Telephone:
Email Address:			
Enrollment/Transition Packet Submittal			
<p>The Employer of Record is encouraged to complete and submit an electronic Enrollment or Transition Packet to CDCN via DocuSign. DocuSign packets can be accessed on the CDCN website at www.consumerdirectva.com/forms/.</p> <p>Hard copies of <u>blank</u> packets are available upon request. Filling out the packet electronically results in faster processing and fewer errors. If Consumer/EOR requests a paper packet, please complete below.</p> <p><input type="checkbox"/> Please mail a paper Employer Enrollment/Transition Packet to:</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p style="text-align: right;">Street City State Zip</p>			

Rev. 02/20/2024





Completing Enrollment Packets

Enrollment Packets

DocuSign enrollment packets result in faster processing with fewer errors

Enrollment packet instructions and DocuSign user guides available

ENROLLMENT PACKETS

- ⌵ Employer of Record (EOR) Enrollment
- ⌵ Attendant Enrollment
- ⌵ Fiscal Agent Request Form (FARF)

FORM/PACKET INSTRUCTIONAL MATERIALS

- ⌵ Form/Package Instructional Materials

[Employer Enrollment Packet Instructions](#)

[Attendant Enrollment Packet Instructions](#)

[DocuSign User Guide](#)

[Secure Email Instructions](#)

[I-9 Instructions](#)

Enrollment Packets- EOR

Employer Packet instructions available.
Include sample pages with highlighted,
mandatory fields

Welcome to Consumer Direct Care Network (CDCN)! Please see the instructions below for filling out the Employer Enrollment Packet. Images are included as examples for how to correctly fill out each document. Fields highlighted yellow are required in order to complete your enrollment.

1. Consumer Data Form (Figure 1).

Consumer Information Section

Name in Program – enter the Consumer’s First Name, Middle Name, and Last Name as shown on Medicaid documents. Name may differ from Social Security card.

Consumer Physical Address – the address must be the street address where the Consumer lives and will be receiving services. **DO NOT** enter a PO Box or mailing address.

Phone and Email – Enter if you have one.

Medicaid ID, Gender, Date of Birth, Social Security # – Complete all fields.

Prior Fiscal Agent – Check one box either Yes or No as to whether the Consumer is switching services to CDCN from another fiscal agent. If yes, enter the prior agent’s name on the line provided.

Prior Employer of Record (EOR) Section

Check one box either Yes or No as to whether the Consumer is currently receiving self-directed services but is switching who will serve as their EOR. If yes, enter name of prior EOR.

New Employer of Record (EOR) Information

EOR Relationship to Consumer – If the Consumer will also serve as the EOR, check the Consumer box. If not, check the Other box and provide a description of the relationship.

Name on Social Security Card – Enter EOR’s First, Middle and Last name exactly as appears on Social Security Card. Name on Social Security card is used on all tax documents.

EOR Physical Address – Enter the EOR’s physical address. Physical address is required for tax forms.

EOR Mailing Address – Enter the EOR’s mailing address where CDCN can mail documents to.

Phone – At least one phone number, Home or Cell is required for tax documents. Enter EOR’s contact phone numbers.

Fax – Enter if exists.

Date of Birth and Social Security # – Enter both.

Email – Enter the EOR’s email address. This is the preferred method for CDCN to contact the EOR.

Prior Accounts – Check the Yes or No box as to whether the person to serve as the EOR already has established Household Employer business accounts that CDCN should link to. If accounts exist, enter account numbers on the lines provided.

EIN Requirements for Employer of Records

EORs will be placed on hold if the EIN application is unsuccessful

CDCN will contact the EOR throughout the next 30 days to assist with obtaining the EIN

Dear Employer of Record,

We applied for a Federal Employer Identification Number (EIN) for you with your SS-4. However, the Internal Revenue Service (IRS) notified us that you already have an EIN.

This has delayed your service start date! We cannot process your paperwork until your EIN is obtained from the IRS. Only you can get your existing EIN from the IRS by asking for an "EIN Verification Letter 147c."

Your immediate action is required! Please obtain the EIN Verification Letter by following the instructions below. Submit the letter to Consumer Direct Care Network (CDCN) as soon as possible!

How To Ask The IRS For An EIN Verification Letter 147c

The only way to get the EIN Verification Letter 147c is by phone. Your two calling options are:

OPTION #1: Use this option if you speak English or Spanish.

1. Before calling, have your Social Security Number or ITIN ready. The IRS will ask you for this.
2. Call the IRS at **1-800-829-4933**. Select "English" or "Spanish." Dial extension #1, then extension #3.
3. You will speak to an IRS agent. The IRS agent will ask you some questions to confirm your identity.
4. The IRS agent will ask why you are calling. Tell them that you would like them to send you a 147c letter to confirm your EIN.
5. The IRS agent will offer to fax the letter to you. Ask them to fax the letter to CDCN at: **406-532-8588**

OPTION #2: Use this option if you do not speak English or Spanish.

1. Find someone who can translate for you in English.
2. Put your phone on speakerphone. The IRS needs to hear your translator ask you the question and they need to hear you give a response. Your translator will repeat your response to the IRS in English.
3. Call the IRS with your translator (**1-800-829-4933**) and select "English." Dial extension #1, then extension #3.
4. An IRS agent will answer the phone. Your translator will need to explain that they will translate the IRS's questions to you and translate your answers back to the IRS.
5. The IRS agent will ask your translator why you are calling. Tell them that you would like them to send you a 147c letter to confirm your EIN.
6. The IRS agent will offer to fax the letter to you. Ask them to fax the letter to CDCN at: **406-532-8588**

Where to Submit Packets to CDCN

Packets can be submitted via:

- Email to InfoCDVA@ConsumerDirectCare.com
- Fax to 1-877-747-7764
- Mailed to:
300 Arboretum Place, Suite 410
Richmond, VA 23236

Employee's Hire Date

- ☐ Hire date is determined by the Employer.
- ☐ All forms need to be completed within 3 days of starting work.
- ☐ The I-9 form is required to be completed by all new attendants enrolling in services.



Care Attend

Beginning October 15, 2024-we will be transitioning to a new and improved EVV application called Care Attend.

Over the next several months, we will provide more information and step by step trainings to help use the app.



Simple, Easy, Compliant

EVV and other helpful resources

www.consumerdirectva.com

- ❑ **Training Material videos and instructions**
- ❑ **Resources, FAQ, News, 2024 Payroll Calendar**

When do I use the Directmycare.com Portal?

The portal is **NOT** EVV Compliant!

- ☐ Live-in attendants are the only ones using the portal to submit time.

Portal Features

- ☐ Employers can:
 - Review authorization utilization.
 - View active authorizations.
 - View their completed packet.
 - Reject time if EVV option was not available at the time of the shift.
- ☐ Attendants can:
 - View their completed packet.
 - Submit time, if EVV option was not available at the time of the shift.
 - View current and historical paystubs.
 - Link to ADP to view W2s.
 - View Sick Time Balance.

❖ When shifts are submitted through Care Attend, they will also be visible in the portal.

Payroll Interactive Voice Response (IVR)

Attendants and Employers can call the toll-free number of their payor Aetna (888) 444-2418, DMAS (888) 444-8182, or Sentara Health Plans (888) 444-2419 and follow the IVR prompts to check the total hours submitted by the payment date.

Employers can also call to obtain the balance of their respite hours.

When the Employer or Attendant calls in, please make sure they have their 7-digit Consumer Direct ID Number and their 4-digit pin.



The CDCN Payroll IVR is a self-serve option. Employers can access hours submitted and respite amounts. Attendants can access pay amounts and hours submitted.

You will need your 7-digit Consumer Direct ID number and PIN. The default PIN is 1234. This is the same PIN you will use for the landline EVV option. You can change your PIN by emailing infoCDVA@consumerdirectcare.com or calling **888.444.2419**.

Attendant Steps

1. Call **888.444.2419**.
2. **Press 1** for English or **2** for Spanish.
3. **Press 1** for Payments and Pay Amounts.
4. **Press 1** that you are a caregiver.
5. Enter your 7-digit Consumer Direct ID number.
6. Enter your 4-digit PIN number (default is 1234).
7. **Press 1** to hear pay amounts by pay date.
8. **Press 2** to hear total hours submitted by pay date.
9. **Press 0** at any time to speak with an agent.

Employer Steps

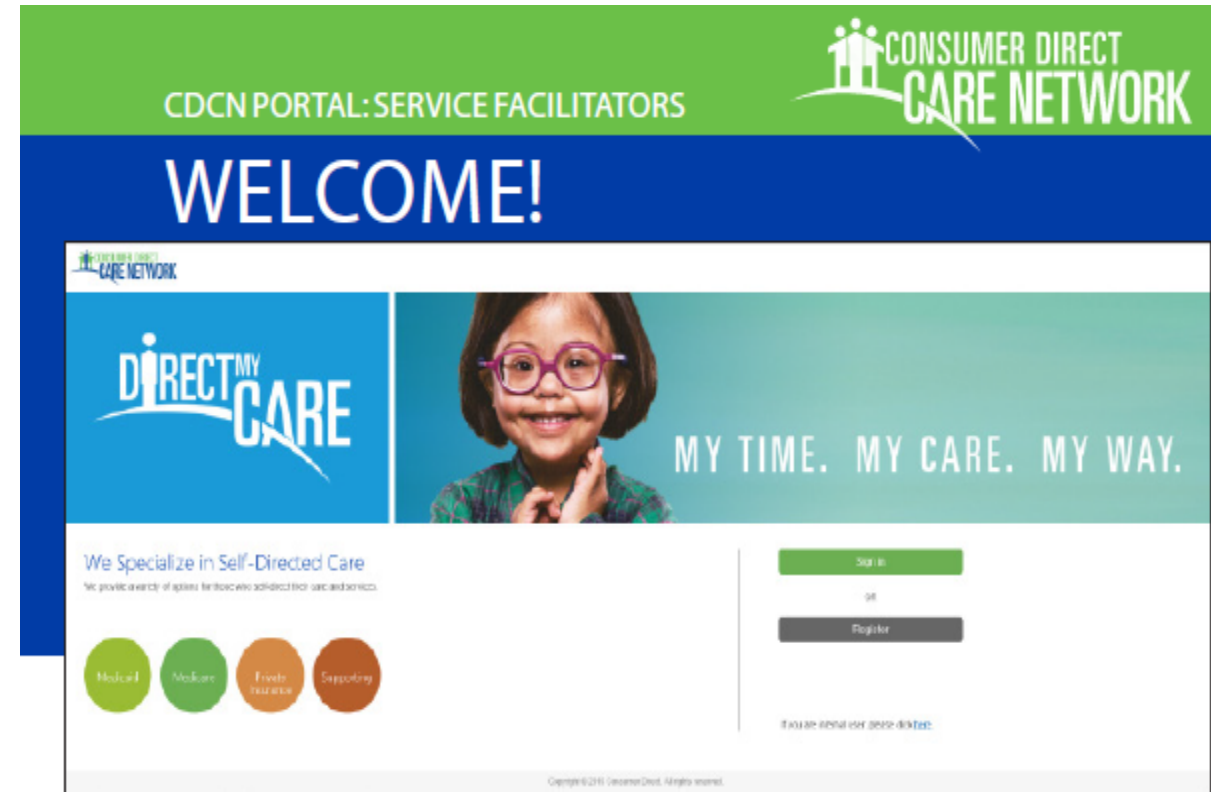
1. Call **888.444.2419**.
2. **Press 1** for English or **2** for Spanish.
3. **Press 1** for Payments and Pay Amounts.
4. **Press 1** that you are a participant.
5. Enter your 7-digit Consumer Direct ID number.
6. Enter your 4-digit PIN number (default is 1234).
7. **Press 1** to hear total hours submitted by pay date.
8. **Press 2** to hear total Respite hours remaining.
9. **Press 0** at any time to speak with an agent.



Service Facilitator Portal and Website Resources

Web Portal Resources

- Service Facilitator Web Portal User Guide
 - Agency Administrator User Guide
- Both available on our website under the Training Materials tab



The Consumer Direct Care Network Portal, or CDCN Portal, allows Service Facilitators to see a participant's service activity and an overview of participant authorizations. They can see when services were performed and how funds/units have been used over time.

This guide shows service facilitators how to find

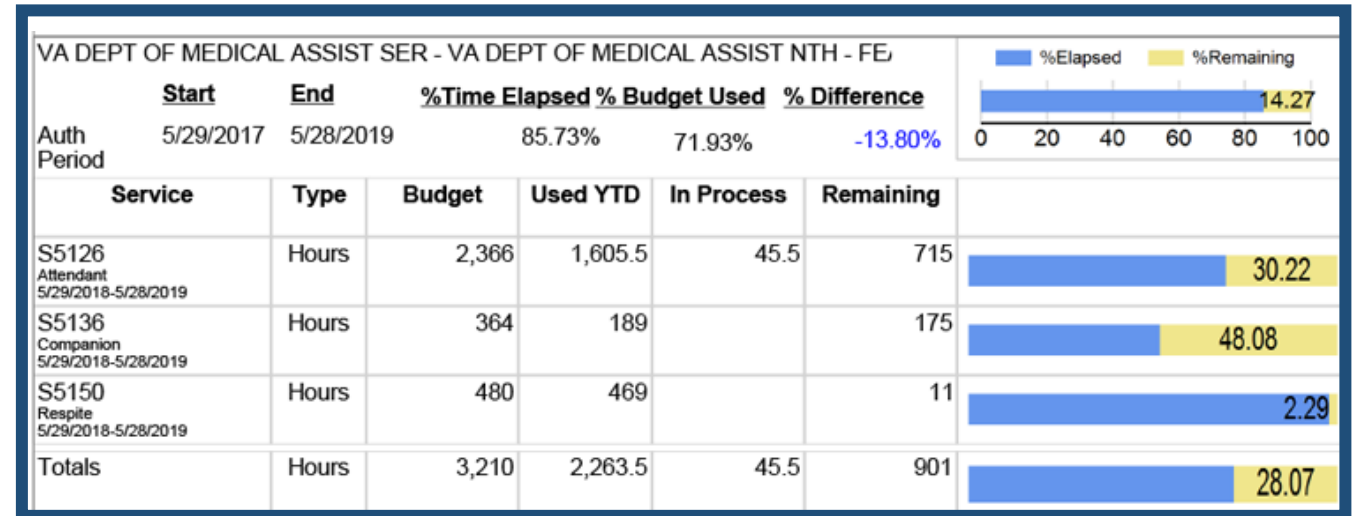
Contents

My Participant Dashboard	Page 2
Participant Details	Page 4
Reports, Summaries, Authorizations	Page 7
Shift Summary	Page 8
Authorizations Dashboard	Page 9

Service Reports


Spending Summary –

An overview of how many authorized hours the Participant has used so far and how many hours are remaining.



Attendant Pay Schedule

- Bi-weekly pay schedule.
- Pay periods run from Thursdays to Wednesdays.
- Time due by midnight each Friday to be paid the following pay day.



2024 Payroll Calendar

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

CONSUMER DIRECT CARE NETWORK

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	7/19/2024*
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 Phone: 888-444-8182

Overtime

- Attendants may work up to 16 hours of OT, per week.
- Attendants cannot exceed the member's bi-weekly authorized hours.
- Live-In Attendants do not qualify for OT.

Paid Sick Leave for Attendants

- Attendants who work an average of 20 hours per week or 90 hours per month qualify for sick leave benefits
- Find more information including our Paid Sick Leave One-Pager and FAQ page at: www.consumerdirectva.com/news/

Paid Sick Leave for Attendants- Training Materials

- CDCN has a training video available on our website to show Employers how to approve sick time.
- [EOR: Approving Sick Time \(iorad.com\)](http://iorad.com)

Contact Information

Email:

infocdva@consumerdirectcare.com

VAReferrals@consumerdirectcare.com

Website: www.consumerdirectva.com

Aetna: (888) 444-2418

DMAS: (888) 444-8182

Sentara Health Plans: (888) 444-2419

Call Center Hours: Monday-Friday 8 AM – 6 PM and Saturday 9 AM – 1 PM

EVV / IVR: (855) 967-0581 (English), (855) 967-0582 (Spanish)

Fax: (877) 747-7764



Questions?