CDCN PORTAL: SERVICE FACILITATORS



WELCOME!



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 participants, view their details, and view related reports.

If you have not yet registered with the CDCN Portal see the Web Portal Registration guide at https://www.consumerdirectva.com/trainingmaterials/

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Abbreviations used in this guide: ECM, External Case Manager SF, Service Facilitator EOR, Employer of Record

Terminology:

In the CDCN Portal, attendants are called "caregivers." An attendant is an employee of the employer of record.

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My Participant Dashboard

All information available to External Case Managers and Service Facilitators starts from a single dashboard once they have logged in to the portal. Note that in this guide we have protected our participants. Information such as address and social security number may be empty.

My Participant Dashboard

Everything starts with the My Participant Dashboard. When you select a participant you can find out more about them, the caregivers who work with them, the Employer of Record, and spending/utilization reports.

Participants are grouped	l by agency,	CARE NETWORK			Jeff DemoSF2 Service Facilitator - VA	Sign out Español
and the very first thing y	ou'll need to	My Participant Dashboa	ard		Home	FAQ Contact Us
do is pick an agency ^(A) .		Search Paricipant Diametroved ID Q Search	Clear		detect Agency Con	A_
Once this is done, a list c	of participants	Participant ID 7 Y P	erticipant T Insu No data to display	ared ID	T Email ID	0 - 0 of 0 items
in that agency appears i dashboard ^(B) .	n the					
(If you are still not seeing	g results, your a	gency needs to assig	n you a caseload	I.) Select CDCNA	Agency	r
On the next page is an o	verview of this	dashboard.		Jeff De	mo Agency	
CARE NETWORK				UATTF Service Faci	LSFVA Sign out Español italor - VA	
В					Home FAQ Contact Us	
My Participant Dash	hboard		-	Edit Agency Select Agenc	y Test Agency 1	
Participant ID †	T Participant	T Insured ID	T	Email ID	Ť	
2345678	Smith, John	123456789				
H H 1 2 3 4 H					1 - 10 of 32 items	

My Participant Dashboard, cont.



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Participant Details

Participant Details: Overview

Once a Participant is chosen from My Participant Dashboard, you'll see information about them, including Demographics and Contact Data. You will also see a list of caregivers and can open their shift details and rates of pay.

The upper right area of the window leads to key information like Authorizations, Reports, and Shift Summaries.

	Home Start over.							
		_				Home	FAQ	Contact Us
			Sł	nift Summary	/	Authorizatio	on	Reports -
Lin Info	ks to Key ormation				*		— Patie Serv Serv	ent Pay Report ice Summary ice Details
De	scriptions							
sta	rt on page 7.							

Conorol Information		CARE NETWORK					Service Facilitator - VA	и сорини
General mormation							Home FAQ	Contact Us
Such as name, CDCN		← Participant Det	tails		View Document	s Patient Pay Shift Summar	y Authorization	Reports •
ID, Birthdate, Insured		General Information						
ID.		Name	Insured ID	Waiver Cod	le			
		Birth Date	Participant ID	Social Secu	rity Number			
Demographics		Agency	FIPS Code					
Such as address,								
phone number, email		Demographics and Con	tact Data					
		Email ID	Cell Phone	Address 1				
duuress.		Address 2	Zip	Gender				
Caracivarlist		City	State					
Caregiver List		Constitut			Freelower of Decord List			
A list of Caregivers					Employer of Record List			
who perform services		rume i		ŏ		01/30/2019	12/31/2078	,
for the participant.				ò	H 4 1 > H	1		1 - 1 of 1 items
Click their name		H < 1 > H		1 - 2 of 2 items Convrictit © 2020 Consur	Englaver			
					Employer of	r Record (EO	R) LIST	
to see details. Shift					A historical	list of EORs I	known by	/
Details and Pay Rate					Consumer E	Direct. Click t	heir nam	ie
are available					for EOR deta	ails (page 6).		
(see page 5).								

Participant Details, Caregiver Info

Information about Caregivers

At the bottom of each participant's detail page is a list of caregivers. Clicking their name shows information about the caregiver.

Caregiver List			
Name 🕇	T	Shift Details	Rates
A			ě B
Matter, Solar			ŏ
Mallon, Inc.		Ē	ŏ
Salles, local		Ē	ŏ
			1 - 4 of 4 items

Caregiver Details (A)

This includes details such as Hire Date, Date of Birth, and Address.

CARE NETWORK		Jeff DemoSF2 Sign out Español Service Facilitator - VA
		Home FAQ Contact Us
← Caregiver [Details	
General Information		
Name	Caregiver ID	Date of Birth
Athattilad, Margarette	20202400	Sep 11, 1962
Social Security Number	Hire Date	
Demographics and Co	ntact Data	
Email ID	Cellphone	Address 1
	5400200796	1301 LOGAN HEIGHTS CB
Address 2	Zip	
	24050	
City	State	
monthly mentality	Weighting	

Caregiver Rate (B) 🤞

Shows the Caregiver's pay rates by Service Code.

Customer Employe	e Rate	Caregiver	×
Service Code 🕇 🛛 🍸	Rate	▼ Start Date ▼	End Date
Attendant	9.22	12/13/2018	06/30/2019
Attendant	9.4	07/01/2019	12/31/2078
Companion	9.22	12/13/2018	06/30/2019
Companion	9.4	07/01/2019	12/31/2078
Respite	9.22	12/13/2018	06/30/2019
			1 - 5 of 6 items

Shift Summary (C) 🗈

Shifts performed by the caregiver for the participant are listed one by one. Each includes the date and time of service. Change the date range to view past shifts (up to a 30-day span).

← Shift Su Participant Name:	mmary											
Start Date 09/25/2024	End Date	10/25/2024	Search	Clear								
Caregiver Name	Caregiver ID	▼ 5	Service Code Descri 🔻	Service Date	T	Tasks	т	Additional Informat Y	Time In	Ŧ	Time Out	Ŧ
											No dat	ta to displ
<												

Participant Details, Employer Info

Information about Employers

At the bottom of each participant's detail page is a list of employers of record. Click the employer's name to see more information about them.

Employer of	Record List					
New T	T FUN	Ŧ	Rart Clair	Ŧ	Ind Date	Ŧ
			енсцоем		D/M/ORTH	
	(1-	of Literatu

Employer Details

Employer Details shows more about the employer, such as address, name, Employer ID and FEIN Number.

CARE NETWORK		Jeff DemoSF2 Service Facilitator - VA	Sign out Español
		Home	FAQ Contact Us
\leftarrow Employe	r Details		
General Information	tion		
Name	Caregiver ID		
FEIN	Social Security Number		
Demographics a	nd Contact Data		
Email ID	Cell Phone	Address 1	
Address 2	ZIP		
City	State		

Reports, Summaries, and Authorizations

This section covers information that can be found from the top right corner of the Participant Detail screen.

Shift Summary:

Shows services performed for a participant by date and time. It starts with shifts from the past 30-days, but any date range up to 30-days can be chosen.

Authorization

Lists all authorizations and agreements by service code. Displays units/funds available and utilized.

Patient Pay Report

If the Participant is required to pay a portion of their care services, this report details how those funds are applied.

Service Summary

An over view of each authorized service, units/funds used to date, and remaining units/funds available.

Service Details

Lists services performed for the Participant in the past month. Includes Service Code, Date of Service, and pay details.



Shift Summary

Shift Summaries are found by clicking the Shift Summary button in the top right corner of a Participant Detail screen. This opens a Shift Summary screen.

This summary shows all services performed for a participant by Service, Date, and Time. It starts with shifts from the past 30-days, but any date range up to 30-days can be chosen.





1
Reason
If time was denied in
CDCN's system, the
reason is listed here.

Authorizations & Agreements

Learn more about a participant's authorization(s). Clicking the Authorization button in the top right corner of a Participant Detail screen opens the Authorizations Dashboard.

Click an authorization to open Agreement Details. This shows more information and an overview of unused units/funds by service code.





Patient Pay Report

For Participant's who pay for a portion of their services, the Patient Pay report will identify how much they are responsible for.

\leftarrow Patient Pay

		Well-							_
Patient	assumed the	Search							
Responsibility is				1					
the amount the	→ Patient Pay	Detail Report for	August 201	19					
participant is	Consumer Name	Patient Responsibility:	Summary of Ded	uctions by Employee:					
responsible to pay	Charlie Brown	\$127.45					24 14 1		
the Caregiver for	Medicaid ID	Total Deductions:	Employee Id	Employee Name	Patient Pay Amount	Check Net Amount	Check Number	Check Date	
the month listed.	123456789105	\$127.45			\$127.45	\$920.88	D000126374	09-06-2019	\$
This amount is	Consumer ID	Remaining Balance	1					1 - 1 of	1 items
deducted from	1234567	\$0.00							
the caregiver's pay									
prior to Consumer									
Direct making									
payment.									

Summary Report

A Participant's Summary Report shows each service within an authorization, the amount of services used to date, and remaining funds/units within each service. Values are provided in units/funds as well as percentages.

5							CONSUMER DIRECT CARE NETWORK 2/12/2019	of:		
he vice. vell as		% ⁻ Ho au pa 50 ⁰ thr	Time Elap w much o thorizatic ssed as a % means rough the	osed of the on period h percentag half-way e Authoriza	nas e. ation.		High Paragraph Barrier Hallen Marrier Hallen			
							Before annexes in the Processing column include estimated environments for the statution one to exclude a the relations. Since a cost of our Process Council and A Antine and So	naming available fands, engelster oans rivat		
Participant Number 201XXXX Phone	am Coordinate	Curren Ba 0.1	<u>t Suta.</u> 65 1%							
VA DEPT OF MEDICA FEA Start Auth 9/5/2018 Period	L ASSIST End 9/3/202	I SER - VA DE <u>%Time E</u> 0	PT OF MEDI- lapsed % Au 38.13%	CAL ASSIST S th Used % 56.25%	ERV - Difference 18,12%	0 20 40	14Remaining 61.07 60 80 100	-		
Service	Туре	Authorized Amount	Used YTD	In Process	Remaining					
85128 Attendant 952318-6/82019	Hours	2,080	920	40	1,120		53.85			
S5150 Resplix 950318-6/300019	Hours	480	480				0.00			
Totals	Hours	2,560	1,400	40	1,120		43.75			
		Ψ					Ŧ			
Authorized The total fu authorizatio used during	Amou nds/ur on and g the A	nt/Used Y1 nits in the the amou uth Period	rD nt	In Proce Commit funds n paid.	ess tted ot yet	Graph A quic Author	Graph A quick way to view the Authorization at a glance.			

Detail Report

The Detail report lists each service performed for a participant in the past 30-days. To keep a running list of services, download it regularly.

Payroll and Admin Fees

These fees are in addition to employee

		Spendi	ng Detail: 3	3/13/2020	12:00:00	AM - 4/13/20	020 12:00:0	0 AM			4	+			
Service Details		En	nployee	Service Code	Service Date	Pay Period	Pay Date	Pay Units	Pay Rate	Pay Total	Payroll Costs	ADMN Fee	Total Spent	Estimate	
Includes the				S5150	3/16/2020	3/12/2020- 3/25/2020	4/3/2020	5.5	\$9.40	\$51.70	\$0.00	\$0.00	\$57.15		
who, what, when, and how much of each service				S5150	3/23/2020	3/12/2020- 3/25/2020	4/3/2020	5.25	\$9.40	\$49.35	\$0.00	\$0.00	\$54.55		
				S5150	4/6/2020	3/26/2020- 4/8/2020	4/17/2020	7.5	\$9.40	\$70.50	\$0.00	\$0.00	\$77.93	Yes	
				S5150	4/8/2020	3/26/2020- 4/8/2020	4/17/2020	6.75	\$9.40	\$63.45	\$0.00	\$0.00	\$70.13	Yes	
								25		\$235.00	\$0.00	\$0.00	\$259.75		
			Totals The last line adds up each pay and financial column.												
										Total Spent The final amount for all services performed in the past 30-days. I adds together the employee's p					
									fees.						