



Financial Management Services Training Existing Service Facilitators

April 2019



Agenda

- Forms on the CDCN Website
- Difficulty of Care
- Service Facilitator Web Portal
- FARF
- Interactive Voice Recognition
- US Bank Card
- Ok to Work and Attendant Start Date
- 2019 Training Dates
- Meeting Minutes

Using Forms from the CDCN Website

- Periodically Consumer Direct Care Network updates the forms on our website.
- Please go to our website to print off fillable forms each time you use them.
- It is highly discouraged to save forms to your computer for use at a later time or to make copies of forms previously downloaded.
- Thanks for printing off new forms each time you use them!

<https://www.consumerdirectva.com/forms/>

Difficulty of Care: Federal Rules

- Certain Medicaid Waiver payments may be excluded from income, resulting in exclusion of federal income tax.
- If an attendant meets the following criteria, their wages are not reportable to the IRS.
 - The care provider receives payment from a Medicaid home and community-based waiver program.
 - The care provider lives in the home with the client they are providing services for and does not have a separate home.
- If a care provider is exempt under this IRS ruling, the exemption is not optional.
- For more information go to:
https://www.irs.gov/publications/p926#en_US_2019_publink100086740



STATEMENT OF COMPLIANCE IRS SECTION 131 NOTICE 2014-7

Individual Care Provider (Employee) Name	Participant/Consumer Name
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INDIVIDUAL CARE PROVIDER

Per the above notice, the undersigned hereby declares:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a qualifying state Medicaid Waiver program as defined in IRS Notice 2014-7. I provide care to and reside in the home of _____.

I am not required to report income earned under this program. Federal and state income taxes should not be withheld from my paycheck. I understand that since I am eligible for 2014-7, I am also Live-In Exempt and will not be eligible for overtime.

If non-taxable wages have been reported by Consumer Direct Care Network (CDCN) in Box 1 of my Form W-2, I can deduct the nontaxable wages from my taxable income as directed in IRS Notice 2014-7 when I file my tax return.

If I no longer qualify for IRS Notice 2014-7, I will notify CDCN in advance of the change. At that time, the federal and state income tax withholding will resume. If the IRS deems I was not eligible for 2014-7 and taxes were not paid, I agree that I will be liable for any back taxes owed.

I agree that CDCN will quit withholding on all time submitted after this form is signed and provided to CDCN. All of the following information is required:

Printed Name: _____

Signature: _____ Date: _____

Employee ID #: _____ Social Security #: _____

PARTICIPANT/CONSUMER

I am the person receiving care from _____. I am familiar with the laws supporting this Notice. I agree with my individual care provider's statement and signature above. I also agree that this is an accurate representation of the facts regarding services performed on my behalf.

Printed Name: _____

Signature: _____ Date: _____

Difficulty of Care: State Rules

- The care providers may also be exempt from state withholding taxes, depending on the state they live in.
- In Virginia, Difficulty of Care payments are exempt payments, so State taxes are not withheld.
- Following is the Virginia Statute:
<https://law.lis.virginia.gov/vacode/title58.1/chapter3/section58.1-402/>
- All care providers claiming this exemption, must sign a Difficulty of Care exemption form stating, under penalties of perjury, they are in fact eligible for the Difficulty of Care exemption.



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Signature: _____ Date: _____

Employee ID #: _____ Social Security #: _____

PARTICIPANT/CONSUMER

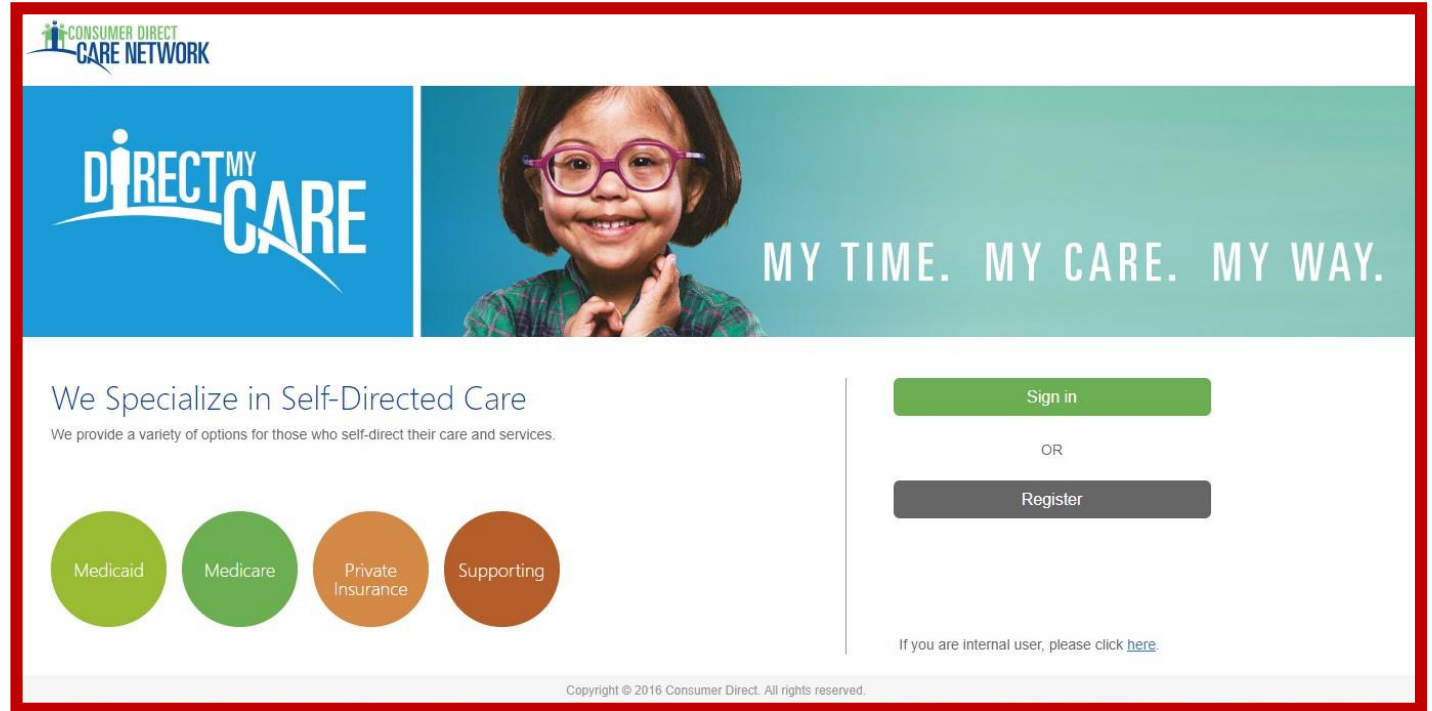
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Printed Name: _____

Signature: _____ Date: _____

Web Portal

- Used by:
 - **Attendants** to submit time worked and view reports (e.g., pay stubs, W2)
 - **Employers** to approve submitted time and view reports (e.g., spending summary, spending detail report)
 - **Service Facilitators** to view reports applicable to their Agency's caseload



<https://DirectMyCare.com>

Web Portal Registration

We Specialize in Self-Directed Care

We provide a variety of options for those who self-direct their care and services.

Medicaid

Medicare

Private
Insurance

Supporting

Sign in

OR

Register

If you are internal user, please sign in [here](#).

RESOURCES

News

CDCN Portal

Training Schedule

Training Materials


Program Documents

Brochures and Flyers

Fraud Prevention

Careers

Web Portal Registration Cont.



Email Address

New Password

Confirm New Password

First Name

Last Name

Role

State

Phone (Numeric Characters Only. No Dashes.)

If you are already registered, please sign in [here](#).

Consumer Direct [Privacy Policy](#)

Microsoft on behalf of B2C CDMS AAD

Sat Oct 27 2018 18:16:08 GMT-0600 (Mountain Daylight Time)


Verify your email address

Thanks for verifying your justkeepsfloating@mailinator.com account!

Your code is: 857627

Sincerely,
B2C CDMS AAD

This message was sent from an unmonitored email address. Please do not reply to this message.



Service Reports

Spending Summary –

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

VA DEPT OF MEDICAL ASSIST SER - VA DEPT OF MEDICAL ASSIST NTH - FE							<div><div>%Elapsed</div><div>%Remaining</div></div>	
	Start	End	%Time Elapsed	% Budget Used	% Difference		<div><div></div><div></div></div>	
Auth Period	5/29/2017	5/28/2019	85.73%	71.93%	-13.80%		<div><div></div><div></div></div>	
Service	Type	Budget	Used YTD	In Process	Remaining			
S5126 Attendant 5/29/2018-5/28/2019	Hours	2,366	1,605.5	45.5	715		<div><div></div><div></div></div>	
S5136 Companion 5/29/2018-5/28/2019	Hours	364	189		175		<div><div></div><div></div></div>	
S5150 Respite 5/29/2018-5/28/2019	Hours	480	469		11		<div><div></div><div></div></div>	
Totals	Hours	3,210	2,263.5	45.5	901		<div><div></div><div></div></div>	



FARF

Providing Services for New Consumers

Fiscal Agent Request Form (aka FARF)

- You will need to submit a FARF to CDCN when:
 - There is a brand New Participant/Employer
 - An Existing Participant is changing to a different EOR
 - An existing Participant is changing to a new Service Facilitator
 - If the Participant lost waiver eligibility and is now on the Fee-for-Service program
- Submit to VAReferrals@ConsumerDirectCare.com or fax to

1-877-571-8649

Employer Enrollment Packet

- ☐ Request that CDCN mail a blank packet to the Employer
- ☐ The Service Facilitator will print and bring an enrollment packet to the Employer

Choose all that apply:

- ☐ New Consumer
- ☐ Existing Consumer/Employer of Record Change
- ☐ Existing Consumer/Services Facilitator Change
- ☐ Change of FEA (fill below)

Current FEA: _____

New FEA: _____



Clear Form

FISCAL AGENT REQUEST FORM

Instructions for Service Facilitators to enroll a new Consumer

- Please complete this form and email it to CDCN at VAReferrals@ConsumerDirectCare.com or fax it to 1-877-571-8649.
- In the Enrollment Packet box below - please indicate which option will be used for this enrollment:
 - Request that CDCN mail a blank packet to the Employer.
 - Please allow CDCN 3 business days to mail the packet to the Employer.
 - The Service Facilitator will print the EOR Enrollment Packet from CDCN's website at www.ConsumerDirectVA.com/forms. CDCN does not need to mail the packet.

Date of Referral	Employer Enrollment Packet	
	<input type="checkbox"/> Request that CDCN mail a blank packet to the Employer <input type="checkbox"/> The Service Facilitator will print and bring an enrollment packet to the Employer	
Services Facilitator Agency Information	Choose all that apply:	
Services Facilitator Agency Name:	<input type="checkbox"/> New Consumer	
Agency Name/NPI #:	<input type="checkbox"/> Existing Consumer/Employer of Record Change	
Email: _____ Contact #: _____	<input type="checkbox"/> Existing Consumer/Services Facilitator Change	
	<input type="checkbox"/> Change of FEA (fill below)	
	Current FEA: _____	
	New FEA: _____	
Consumer Information		
All items with an *Asterisk are required. Medicaid eligibility must be active to process this request.		
Full Name (First/Middle/Last)*		
Date of Birth*	SSN*	Medicaid I.D. #*
Email Address		Telephone #
Physical Street Address*		
City*	State*	Zip*
Mailing Street Address (if different than Physical)*		
City*	State*	Zip*
Employer of Record Information		
IMPORTANT INSTRUCTIONS - All items with an *Asterisk are required. Please validate the name and SSN against the Social Security Card. The name MUST match. A PHYSICAL address is REQUIRED to process this request.		
<input type="checkbox"/> Existing Employer for another CD Consumer EIN: _____		
<input type="checkbox"/> CONSUMER will be the Employer of Record		
<input type="checkbox"/> CONSUMER will NOT be the Employer of Record		
First Name (As shown on SS card)*		
Full Middle Name (As Shown on SS card)		
Last Name (As shown on SS card)*		
Social Security Number (Required)*		
Email Address*		Telephone #
Physical Street Address (Required)*		
City*	State*	Zip*
Mailing Address (if different than Physical)*		
City*	State*	Zip*

Questions? Call CDCN at 1-888-444-8182 or

Email our customer service account at InfoCDVA@ConsumerDirectCare.com

Rev. 03/25/2019



10058



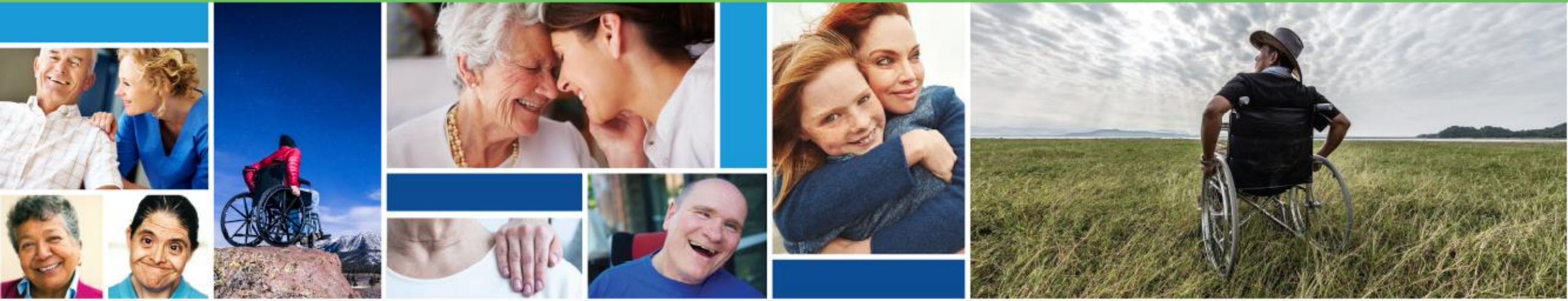


Email FARF's

VaReferrals@ConsumerDirectCare.com

FAX: 877-571-8649





Interactive Voice Response

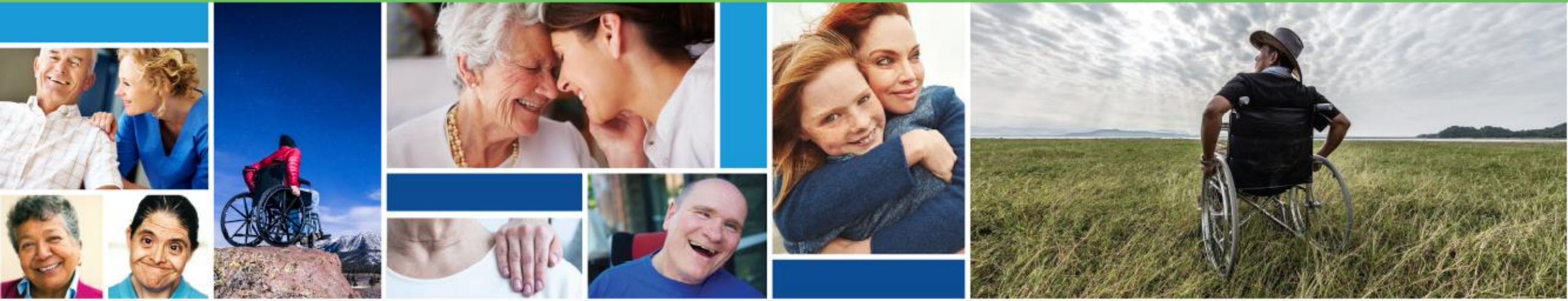


US Bank Focus Card

- Pay is bi-weekly
- Direct deposit or US Bank Focus Pay Card
- Immediate access to funds
- No paper check option
- Default US Bank Focus Pay Card option
- Your card is delivered in an unmarked blank envelope within 7-10 business days



Replacement Card call US Bank at 877-474-0010



OK to Work Letters

Communication with Service Facilitators

- **Monthly conference calls via WebEx**
Held on the 3rd Tuesday and 3rd Thursday of every month
- **Monthly email reminders and meeting summaries**
- **Dates posted for the year on the training calendar on CDCN's website.**
- **Reminders sent 48 hours prior to the Service Facilitator Trainings**

Tuesday Sessions at 10 am	Thursday Sessions at 4 pm
March 19, 2019	March 21, 2019
April 16, 2019	April 18, 2019
May 21, 2019	May 16, 2019
June 18, 2019	June 20, 2019
July 16, 2019	July 18, 2019
August 20, 2019	August 15, 2019
September 17, 2019	September 19, 2019
October 15, 2019	October 17, 2019
November 19, 2019	November 21, 2019
December 17, 2019	December 19, 2019

Meeting Minutes

- Located on past E-blast invites or at <https://www.consumerdirectva.com/sfforms>
- Available to all Service Facilitators
- Outlines previous trainings, up to current trainings.

Meeting Minutes		
Meeting Title:		
MINUTES	Meeting Date	Meeting Time
Meeting Location:		
Meeting called by:		
Type of meeting:		
Facilitator:		
Note taker:		
Timekeeper:		
Attendees:		
Minutes		
Present:	<name>	<name>
	<name>	<name>
	<name>	<name>
Apologies:	<name>	<name>
	<name>	<name>
Agenda Item		Action
1. <topic>		<name>
a. <discussion/comments>		
2. <topic>		<name>
a. <discussion/comments>		
3. <topic>		<name>
a. <discussion/comments>		
4. <topic>		<name>
b. <discussion/comments>		



Contact Information

 **Email:** infoCDVA@consumerdirectcare.com

 **Website:** www.ConsumerDirectVA.com

 **Phone:** 888-444-8182

 2112 W. Laburnum Avenue, Suite 112
Richmond, VA 23227

 **Fax:** 877-747-7764



EVERY LIFE. EVERY MOMENT. EVERY DAY.