

Thanks for your willingness to provide services to a Consumer (person receiving services) in the Texas option for Consumer Directed Services. You are helping the State of Texas meet the goal of giving people with disabilities and the elderly more choice and control over their services, and the ability to stay in their home and community.

## **Introduction**

Consumer Direct Care Network Texas (CDCN) is a Financial Management Services Agency (FMSA) approved by the Texas Health and Human Services Department (HHS). We perform payroll, budget oversight, and accountant functions to a person enrolled in a program administered by HHS – a Consumer. CDCN provides the Consumer with the necessary paperwork to get set up as an employer. We also provide the paperwork for a person to become the Consumer’s employee. After the employee’s paperwork is processed we are able to pay the employee as directed by their Consumer/Employer.

As your employer, the Consumer’s role is to:

- Assume the responsibilities of being an employer.
- Recruit, hire, train, manage (supervise), and dismiss employees.
- Determine appropriate work schedules and schedule employees.
- Train employees on Electronic Visit Verification (EVV) time submittal procedures.
- Ensure employees use an approved EVV system to clock-in and clock-out for each shift worked.
- Treat employees consistently and fairly.
- Keep required records and receipts.

## **Completing the Forms**

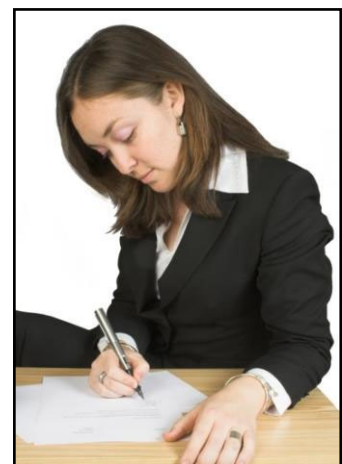
The purpose of this Packet is to provide all required paperwork to be enrolled as the Consumer’s employee. The Packet includes some forms you can fill out by yourself, and some that you and the Consumer must fill out together. There is additional information in these instructions that you will need as an employee.

If you have questions about how to fill out any of the forms, please call (1-877-903-0832) or stop by the CDCN office during business hours Monday - Friday, 8:00 am - 5:00 pm.

After completing all of the forms, please mail or fax them to CDCN at:

Consumer Direct Care Network  
60 E. McDermott Drive, Suite B  
Allen, Texas 75002

Toll Free Fax: 1-866-409-5389



**!** ***Note:** All forms must be reviewed and approved by CDCN prior to an employee starting work. Each new employee will receive written notice of their official employment start date through an **Okay to Work authorization letter**. You cannot start work until you receive this Okay to Work authorization letter from CDCN.*

**!** ***Note:** All employment forms are submitted to CDCN for review and approval. However, you will become an employee of the Consumer. You will not be an employee of CDCN or the State of Texas.*

## **Instructions/Descriptions of payroll related forms in the packet**

1. **Employee Data Form**: This form is designed to gather basic information about you so we can set your file up in CDCN's accounting system. Please:

- Complete all of the blanks on the form as labeled (for example: name, mailing address, phone and so on).
- Enter the name of the Consumer you are applying to work for.
- Sign and date the bottom of the form to indicate all the information is correct.

2. **New Employee Packet Checklist**: This lists all of the forms in the Employee Packet that you need to complete, as well as the certificates and/or licenses you need to provide. Use this checklist to keep track of which forms you have finished.

3. **Employee-Employer Relationship Determination**: This form is used to determine if an employee's relationship to their employer exempts them from some federal and state payroll taxes. When filling in the form:

- Write the name of the employee, the consumer, and the employer in the boxes on the top of the form. The employer is usually the consumer, but not always.
- The employee checks one relationship description. If the employee is the parent or child of their employer, they answer the additional questions.
- Both employee and employer read the acknowledgement and sign and date the form.

4. **Employee-Consumer Live-in Determination**: This form is used to determine (1) an employee's Fair Labor Standards Act overtime pay status, and (2) for employees who live with the consumer, whether they qualify for the Difficulty of Care income tax exclusion. When filling in this form:

- Write the name of the employee, the consumer, and the employer in the boxes on the top of the form. The employer is usually the consumer, but not always.
- The employee checks Yes or No as to whether they live with the consumer.
- If employee lives with the consumer, they answer the additional question about Difficulty of Care income tax exclusion. Please refer to IRS Notice 2014-7 for additional information at: <https://www.irs.gov/pub/irs-drop/n-14-07.pdf>.
- Both employee and employer read the acknowledgement and sign and date the form.

5. USCIS I-9 Employment Eligibility Verification: This form documents that you are authorized to work in the United States. Section 1 of the form is filled out by you, the employee. Section 2 of the form is completed by your employer (usually the Consumer), who must review documents that prove your identity and authorization to work in the United States. Complete I-9 instructions are available on the CDCN Texas website under the Resources tab.

6. IRS Form W-4: This determines the amount of federal income tax to be withheld from your pay. You will need to fill out and sign page 1 of the form. Pages 2-4 are instructions and worksheets to help you complete the form.

Step 1: Enter Personal Information. Enter your demographic information, including (a) Name, (b) Social Security number, and (c) Filing status – check only one box for filing status.

Step 2: Multiple Jobs or Spouse works. Complete only if applicable. Applies if you hold more than one job, or are married filing jointly and your spouse also works. Refer to the Multiple Jobs Worksheet on page 3 of Form W-4.

*Note: If you have multiple jobs and will submit multiple W-4s to different employers, ensure steps 3 through 4b are only completed on one W-4.*

Step 3: Claim Dependents. Complete only if applicable. Enter total dollar amount for all claimed dependents on line 3.

Step 4: Other Adjustments. Complete only if applicable.

- a. Enter amount on line 4a for other income (not from jobs) you expect in the coming year that won't have tax withheld. This could be interest or dividends.
- b. Enter the amount on line 4b from the Deductions Worksheet line 5.
- c. Enter the amount on line 4c any additional tax you want withheld for each pay period (including any amount determined from the multiple jobs worksheet).

Step 5: Sign Here. Sign and date the form.

7. Pay Selection Form: CDCN wants all employees to be paid in a timely and consistent manner. We offer two pay options: direct deposit to a bank/credit union account or to a pay card. Pay stubs and W-2s are sent by first class mail to your address on file or electronically. When filling out the form please:

- Choose one of the two pay options by placing a check mark in the box that describes your choice.
- If you choose direct deposit to a bank or credit union account, provide the name of the institution on the line provided, and then check the appropriate box to indicate if it is a checking or savings account. Attach a voided check or other document with exact numbers for processing.
- Sign and date at the bottom of the form.

8. Wage and Benefits Plan Employee Compensation (Form 1730): This form documents exact hourly pay for the employee and identifies if there are any payroll garnishments or additional withholdings.
9. Employee Health Questionnaire: This Questionnaire helps ensure that employees are able to perform the required tasks without injuring themselves or the Consumer. The information from the Questionnaire is kept confidential. However, if it is necessary to make a determination regarding an applicant's fitness for work, some information may be disclosed to the Consumer and CDCN's Risk Manager.

### **Listing of Health and Human Services forms in the packet**

1. New Employee Packet Coversheet (Form 1724)
2. Criminal Conviction History and Registry Checks (Form 1725)
3. Applicant Verification for Employees (Form 1729)
4. Service Provider and Employer Certification of Relationship Status for CDS (Form 1734) – This state form documents your relationship with the consumer and, if applicable, their legal representative to determine if you are eligible to provide services dependent on those relationships. On this form the applicant for employment is the "Service Provider", and the Consumer is the "Individual Receiving Services".
5. Liability Acknowledgement (Form 1728)  
*Note: CDCN is one of the only providers in Texas that offers Workers Compensation. Workers Compensation pays for medical services if you are hurt on the job and will reimburse you for lost work for an injury. Because CDCN offers workers compensation to all consumer' employees, the bottom section of Form 1728 has been populated with our carrier information. **The employer and employee must each sign the top AND bottom sections of this form.***
6. Acknowledgement of Workers' Compensation Network
7. Employee Work Schedule and Assigned Tasks (Form 1731)
8. Employer and Employee Service Agreement (Form 1737)
9. Service Provider Agreement (Form 1739)
10. Occupational Exposure to Bloodborne Pathogens (Form 1727)
11. Exemption from Nursing Licensure (Form 1733)
12. Management of Service Provider (Form 1732)
13. Employee Misconduct Registry Notification (Form 1732-EMR)
14. Acknowledgement of Nursing Requirements (Form 1747, if applicable)
15. Licensed Vocational Nurse Supervision (Form 1747-LVN, if applicable)

**CDCN and HHS forms in the above lists must be submitted to CDCN for approval.**

## Occasional use Forms

The following forms are issued to the Consumer in an “Employer Binder” and are available online on CDCN’s website at [www.consumerdirecttx.com/forms/](http://www.consumerdirecttx.com/forms/).

**Status Change Form:** This form is used to inform CDCN if there is new information about a Consumer or an employee. It is important that you notify CDCN of any changes right away in your name, address or phone number to make sure that you receive your paycheck or other information timely. Please fax, scan or mail the form to the CDCN office.

**Feedback Form:** CDCN is **always** interested in receiving feedback from you. Your feedback helps us improve our services. We want to hear about what worked well for you (compliments or comments), ideas you have for doing things better and any concerns you have with CDCN services. To give us feedback you can:



- Call the office (toll free 1-877-903-0832). Staff will listen to your feedback and respond to it quickly. We appreciate hearing about what is working well for you, because we want to keep doing these things! We also want to hear your ideas about how to improve things, because this will make our services better.
- Fill out the Feedback Form and mail or fax it to the CDCN office.
- If you have feedback regarding the Service Coordinator you are working with, contact the Program Manager directly (the toll free number is 1-877-903-0832).

If you are unhappy (dissatisfied) about something involving CDCN, PLEASE let us know right away. Don’t let a problem become bigger. We will try to work out the problem with you.

## Getting Paid

CDCN will pay the employee on behalf of their employer on a bi-weekly basis. Payment is made through direct deposit to a bank account or pay card. The employee selects their preferred pay option with the *Pay Selection Form* submitted with enrollment materials. CDCN will deduct taxes, and if applicable, other withholdings such as garnishments. Payroll stubs and W-2s are sent first class mail to the employees address on file or electronically.



Employees must use an approved Electronic Visit Verification (EVV) method to clock-in and clock-out for each shift worked. Approved EVV methods include the Vesta mobile app, consumer landline or Vesta alternative device. Your employer is responsible to train you on EVV procedures and to ensure you use EVV consistently. Corrections to an EVV time entry (visit maintenance) must be submitted by the Monday following the two-week pay period.

Training materials for EVV are found under the Resources tab of the CDCN Texas website.

**Payroll Calendar:** The Payroll Calendar shows bi-weekly pay periods, pay days and visit maintenance deadline. Submittal of visit maintenance logs after the due date may result in late pay. The Payroll Calendar must be displayed, according to State regulations, in the place of work. It is available in the Employer Binder and online at [www.consumerdirecttx.com/forms/](http://www.consumerdirecttx.com/forms/).

### **Employee Injury Reporting**

CDCN offers workers' compensation and liability insurance to the Consumer's employees. This means, if you are injured on the job your medical costs will be paid and you may be paid for lost work. If you are injured on the job, PLEASE report the injury immediately. Please follow these steps:

**1. Get medical help if needed.**

- If the injury is serious and life-threatening, someone should call 911.
- If the injury needs medical treatment (but is not life-threatening), you should go to an urgent-care clinic or doctor's office. If you cannot get to a clinic or a doctor's office, go to the emergency room.

**2. Call the CDCN Injury Hotline to report the injury/illness immediately. The employee must call as soon as the injury or illness happens, even if it does not seem serious.**

- The Injury Hotline number is **1-888-541-1701**.
- Injuries can be reported 24 hours a day, 7 days a week.

**3. Please tell the Consumer of the injury or illness before you leave work.**

The employee must also report injuries that occur away from the work place to the Injury Hotline. This is for your safety. CDCN wants to make sure that the injury will not worsen by working. If an injury occurs away from work, please call the Hotline.

### **Abuse, Neglect and Exploitation**

Because you are being paid to care for an older Texan or person with a disability you are a mandated reporter of abuse and neglect. If you are concerned about the treatment of an older Texan or someone with a disability, PLEASE call **1-800-458-9858** to contact HHS Consumer Rights and Services.

Consumer Rights and Services employees take complaints about the treatment of people who receive services in long-term care facilities or in their homes. They can also answer your questions about HHS programs and services.

**How can I contact Consumer Rights and Services?** – The Consumer Rights and Services toll-free line — **1-800-458-9858** — is answered Monday through Friday from 8 a.m. to 5 p.m., Central time. Voice mail is available 24 hours a day, seven days a week. Voice mail messages are monitored between 8 a.m. and 5 p.m., Central time, including weekends and holidays. Calls are returned on or before the next work day.

When leaving a voice mail, please:

- state and spell your name;

- provide a daytime phone number, with area code; and
- leave a brief message.

There is a handout that you will be given by your Employer that gives more information about abuse, neglect and exploitation.

### **Conclusion and Contact Information**

We look forward to enrolling you as the Consumer's employee. **Remember, all employee enrollment forms need to be reviewed and approved by CDCN before you can begin work.** You will receive an Okay to Work authorization letter, providing notice of when you are eligible to begin working.

**Please feel free to contact us with any questions you may have regarding the hiring process:**

**Address:**

Consumer Direct Care Network  
60 E. McDermott Drive, Suite B  
Allen, Texas 75002

**Phone/Fax:**

Toll Free Fax: 1-866-409-5389  
Toll Free Phone: 1-877-903-0832

**Email:**

Infocdtx@consumerdirectcare.com

**Web:**

[www.consumerdirecttx.com/](http://www.consumerdirecttx.com/)