

Introduction

Welcome – and thank you for choosing Community Involvement Programs to assist you in managing your Consumer-Directed Community Supports (CDCS). This handbook provides basic information about Consumer-Directed Community Supports. It lists roles and responsibilities for you, your support workers, and Community Involvement Programs. It explains the most common forms you and your support workers will need, and includes directions for completing them. The last page of the handbook lists the names, phone numbers, and email addresses for all of the FSE staff. At the end of this handbook are policies and procedures that we are required to have that explain how we provide Fiscal Support Entity services. These materials may be made available in alternate formats upon request; please contact the FSE Director for additional information. We welcome your comments on this handbook and appreciate suggestions for improving our services.

What is Community Involvement Programs?

Community Involvement Programs is a non-profit organization that supports individuals with disabilities. We are committed to being responsive to the individual needs and preferences of each person we support. We firmly believe that each person has a right to experience a quality of life that reflects their choices and interests, that reflects their talents and abilities, and that includes relationships with family, friends, neighbors, and co-workers. Our mission statement reflects this commitment:

As listeners, learners, and leaders, we will stand with and support people with disabilities in their communities as they pursue their personal dreams and goals.

Community Involvement Programs was founded in 1971 as an outreach of Westminster Presbyterian Church in Minneapolis. The first program was an Apartment Training Program that provided an opportunity for adults with developmental disabilities to learn independent living skills. During the next several decades, Community Involvement Programs developed variety of services and supports. Today we provide services to individuals living with mental illness as well as for individuals with intellectual or developmental disabilities. Mental health services include Adult Rehabilitative Mental Health Services (ARMHS), Independent Living Skills (ILS), Supportive Housing, and Adult Foster Care homes, and home health services.

Services to people with intellectual disabilities have expanded to include community-based supported employment, senior services for older people with disabilities, SILS (Semi-Independent Living Skills), and supportive living in licensed adult foster care homes. While most services are provided in the Twin Cities area, residential services are also provided to individuals with disabilities who live in Pine County. A list of all the programs and services that Community Involvement Programs provides is included in the “Forms” section of this manual.

In March 2001 we began assisting individuals and families using Consumer Directed Community Supports (CDCS) as a fiscal intermediary organization. In December of 2004 we were certified by the State of Minnesota as a Fiscal Support Entity and now offer our services to all Minnesotans using CDCS services. We currently have contracts with the following counties: Anoka, Dakota, Dodge, Hennepin, and Ramsey. We may also be able to provide FSE services to individuals in other counties; contact the FSE Director for additional information. We look forward to working with you as you implement your community support plan.

What is CDCS?

CDCS is a unique option for people receiving waived services or participating in the Alternative Care program. People choosing CDCS receive a budget amount instead of selecting specific services from a waiver “menu.” Using their budget amount, the person determines what will be purchased and how much it will cost. The CDCS option is available to individuals enrolled in one of these programs:

- Alternative Care (AC) Program
- Community Alternative Care (CAC) Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Elderly Waiver (EW)
- Developmental Disabilities (DD) Waiver
- Minnesota Senior Health Options (MSHO)
- Minnesota Disabilities Health Options (MnDHO)
- Traumatic Brain Injury (TBI) Waiver

How Does CDCS Differ from Traditional Services?

Consumer-Directed Community Supports have evolved from what people are learning about self-determination. Four key principles of self-determination are:

- **Freedom** to plan and live a life you choose;
- **Support** to arrange and receive the help you need;
- **Authority** to control the money allocated to you within established parameters; and
- **Responsibility** to accept the benefits and risk for choices made and to be accountable for the money you spend

CDCS encourages self-determination by making it possible for you to choose when and where your services are provided. If you choose the CDCS option, you will have responsibility for directing the employment of your support workers and deciding how much to pay them for their work. Because you choose your own support workers, you can make sure that they know your language and understand your culture and traditions. If you wish, you may hire family members, neighbors, or friends to provide your support. In some situations, parents of minor children may be paid to provide support to their child with a disability. Spouses of individuals receiving services through the CDCS option may also be paid to provide care. You may also decide to use other services, such as Personal Care Assistance (PCA) or licensed In-Home Family Support.

With the freedom and authority to direct your services, you also have additional responsibilities. You will be able to make more choices about how resources are used, but you will be accountable for the money that you spend. You may have greater flexibility with purchases and planning, but you will also be responsible to make sure you stay within your budget and follow the state guidelines. You can choose your own support workers, but you are also responsible for making sure they work when they are scheduled and that their timesheets are accurate.

As a Fiscal Support Entity, we can help you with a variety of tasks related to your services and supports. You can choose how much or how little assistance you want with the implementation of your community support plan. If you decide to use licensed services as a part of your plan, you can choose from any qualified provider. As a Fiscal Support Entity, our role is to assist you in the financial aspects of your plan—not to limit your choices or access to a variety of services. We offer a range of fiscal services that you can purchase from us depending on your unique situation.

The Department of Human Services has developed an excellent guidebook you may wish to review. The Consumer Directed Community Supports Consumer Manual available to download from the internet at:

<http://edocs.dhs.state.mn.us/lfs/legacy/legacy/DHS-4317-ENG>

This resource includes a detailed description of the Consumer Directed Community Supports program, as well as information about developing your plan, the types of services and supports that may be purchased, and sample plans.

Additional information about Consumer Directed Community Supports, self-determination, and person-centered planning is available on the internet at the following websites:

Minnesota Department of Human Services:

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs_Disabilities.hcsp

The Research and Training Center on Community Living

<http://www.rtc.umn.edu/person/>

The Center for Self-Determination:

<http://www.self-determination.com/>

A number of excellent articles on person-centered approaches, self-determination, and individualized funding are available on the website of the Center for Human Policy at Syracuse University:

<http://thechp.syr.edu/rsapub.ht>

Choosing Financial Supports to Meet Your Needs

If you choose the CDCS option, you must be willing to direct your services and manage your employees. If you are unwilling to accept these two basic responsibilities, the consumer-directed option may not be for you. You may wish to consider other services available from the waiver menu and contact your county for additional information.

This section will help you determine what CDCS financial supports you may want to purchase. It also lists your roles and responsibilities depending on the services you choose. As a Fiscal Support Entity (FSE), Community Involvement Programs offers these three basic options for financial supports:

Option	Brief Description of Services Provided
Fiscal Conduit Model	Reimburse all expenditures, bill Medical Assistance, provide required reports and monitoring (consumer is the employer)
Payroll Model	Provide payroll services, act as the fiscal employer agent for federal and state taxes, bill Medical Assistance, provide required reports and monitoring (consumer is the employer)
Agency with Choice	Act as the employer for support workers hired by consumer, provide all payroll services, bill Medical Assistance, provide required reports and monitoring (Community Involvement Programs is the employer)

As you consider each of these options, you will want to think about how much responsibility you are willing to assume and how much support you want in employing your support workers. The following sections explain the options in more detail and list the fees for each of these services.

Fiscal Conduit Option

If you want as much autonomy as possible and minimize fees paid for services consider the Fiscal Conduit Option.

Consumer Directed Community Supports (CDCS) make it possible for you to develop a plan that meets your unique needs. No two plans will look alike, even if two individuals have very similar life situations. One consumer may decide to hire a neighbor and a family member to provide personal assistance and use most of his budget to pay for support workers. You may decide to use a combination of licensed services, chore services, and environmental modifications to help with your day-to-day living.

For example, you may develop a plan that uses a combination of PCA services, chore services provided by a community resource, and modifications to your home to make it more accessible. You would research and select a PCA agency, make arrangements with the chore service you select, and get bids and select a contractor to complete the modifications. In this situation, even though you have directed and selected your supports, you still need a way to access Medical Assistance funds to pay for the goods and services.

Individuals receiving services cannot bill Medical Assistance (MA) directly. As a Fiscal Support Entity (FSE), Community Involvement Programs will bill MA on your behalf and reimburse you for these purchases. We can act as your Fiscal Conduit—the “pipeline” that gets the Medical Assistance funds to you to pay for the approved goods and services.

Many individuals prefer to recruit and hire their own support workers rather than using the services of a PCA agency or licensed service provider. If you want the greatest level of control over the people that provide your personal assistance, you may want to become the **common law employer** for your support staff. As the common law employer, you have the rights as well as the role of an employer. This option will enable you to have a lot of autonomy, but there are some important responsibilities as well.

As the legal employer, the laws and regulations about employment apply to you. This includes regulations from the IRS (Internal Revenue Service), the Department of Labor, the Department of Homeland Security, and the Minnesota Department of Employment and Economic Development. You will be required to get an employer tax identification number from the state and the IRS. As the common law employer, you will be responsible for these employment tasks:

- Withholding state and federal income taxes and employee’s share of FICA;
- Depositing state and federal withholding taxes for your employees on time;
- Paying the employer’s share of FICA;
- Obtaining federal and state unemployment insurance, if applicable;
- Arranging for professional liability insurance; and
- Obtaining Workers’ Compensation insurance, if applicable.

As the common law employer for your support workers, you are responsible for making sure your employees are paid correctly and on time. If you have only one or two employees, you may decide to purchase a simple business software program for your computer that can be used for payroll. You could also purchase payroll services from a community vendor or accountant. If you do not have experience with the payroll process, it is very important to get advice from someone knowledgeable about regulations and tax laws.

If you want to be the common law employer we can work with you to make sure you have considered all of the labor law requirements. However, you will still need an FSE agency to bill Medical Assistance. As your FSE, Community Involvement Programs will bill Medical Assistance and reimburse you for your payroll and related expenses. Community Involvement Programs can provide this service for a monthly fee. The fee is based on the amount that we bill during any given month. Here is a summary of the roles, responsibilities, and fees for maintaining as much autonomy as possible by being the common law employer and using an FSE:

What It's Called	What You Do	What We Do	What It Costs (effective 1-1-10)
<p>Fiscal Conduit Services</p> <p>Because you are also the common law employer you have other responsibilities and costs.</p>	<p>Arrange and pay for services and supports that are approved in your community support plan.</p> <p>Recruit, hire, train, supervise, and evaluate support workers. Complete employment related tasks, including payroll, withholding, insurance, and reporting. Arrange for Workers' Compensation insurance. Pay employees and submit a request for reimbursement to us.</p>	<p>Bill the state and reimburse you for services that have been provided.</p>	<p>FSE fees based on monthly financial activity (per month):</p> <p>Less than \$1000: \$40.00 \$1000 - \$1999: \$50.00 \$2000 – 2999: \$65.00 \$3000 or greater: \$80.00</p> <p>You are also responsible for the cost of Workers' Compensation, Unemployment insurance, liability insurance, FICA match.</p>

Payroll Model Option

If you want a lot of autonomy but are willing to pay for employment and payroll services consider the Payroll Model Option.

You may decide that you want to be in charge of recruiting, hiring, training, supervising, and evaluating all your support workers, but want to purchase assistance in managing payroll and other employment-related tasks. This is typically referred to as using the **payroll model**. You would still be the **common law employer**, and be responsible for purchasing worker's compensation insurance for your employees. Under the **payroll model**, Community Involvement Programs can act as your **fiscal employer agent** and provide **payroll services**. A fiscal employer agent makes sure that all of the payroll taxes are paid accurately and on time. A fiscal employer agent also has specific reports that must be filed with the IRS.

Community Involvement Programs can provide you with information about obtaining a Federal Employer Identification Number and Minnesota state income tax number. If you wish, we can assist you in completing this process. If you are interested in the Payroll Model, we will meet with you to review the forms and procedures needed to comply with IRS regulations.

We can also provide you with information on where you might purchase Workers' Compensation Insurance and liability insurance. However, as the common law employer, these tasks are ultimately your responsibility. Our role would be to provide you with information, resources, and assistance if requested.

As your fiscal employer agent, we will act as your “go-between” for many of the specific responsibilities of employers, including processing your payroll. As your fiscal employer agent, we will complete all of the required IRS forms on your behalf, make sure that withholding taxes are paid on time, and help you purchase Workers’ Compensation Insurance with money from your individual budget. Payroll services include paying your employees every two weeks, computing, withholding, paying and reporting applicable taxes. We will also verify each applicant’s eligibility for employment, and report all new hires to the state of Minnesota.

If your employees are members of your immediate family, the Payroll Model may be the most cost effective option to consider. Current IRS regulations exempt wages paid to a spouse, parent, or child under the age of 21 from some employer tax liability if you are the employer. Here’s an example:

John has chosen the CDCS option under the CAC waiver. He wants to use the Payroll Model to hire his wife Mary to provide his care. Because John is the common law employer and his employee is his spouse, he does not need to pay Social Security taxes, Medicare taxes, or Federal Unemployment taxes on her wages.

The Payroll Model offers you a way to maximize your resources if your employees are family members by reducing the dollars paid for employment taxes. Because IRS regulations can be complicated, we will meet with you to explain the details of the Payroll Model if you are interested.

On the next page is a summary of the roles, responsibilities and fees for the Payroll Model:

What It’s Called	What You Do	What We Do	What It Costs
Payroll Model (sometimes called Fiscal Employer Agent with Payroll Services)	<p>Obtain federal and state tax ID numbers</p> <p>Recruit, hire, train, supervise, and evaluate all support workers.</p> <p>Arrange for workers’ compensation insurance.</p> <p>Purchase liability insurance</p>	<p>Bill the state and reimburse you for services that have been provided.</p> <p>Complete all processes involved in paying your employees, including computing, withholding, paying and reporting applicable taxes.</p> <p>Verify applicants’ eligibility for employment, report all new hires to the state of Minnesota.</p>	<p>These costs must come out of your budget: Workers’ Compensation insurance, unemployment insurance, liability insurance, and employer’s share of Social Security taxes (FICA)</p> <p>NOTE: IRS regulations may exempt wages paid to immediate family members from employment taxes under certain circumstances.</p> <p>FSE fees of \$ 150 per month for payroll services, fiscal employer agent services, reimbursements of purchases, and billing the state.</p>

Agency with Choice Option

If you want choices about who works for you, when they work, and how much they are paid—but do not want the legal responsibilities of being an employer, consider the Agency with Choice Option.

You may decide that you don't want the additional responsibilities and risks of being the **common law employer**, but you want choice about your support staff. If this option fits your situation, Community Involvement Programs FSE Services will act as a provider **agency with choice**. This means that you recruit, interview, select, hire, supervise and evaluate your support staff, but they are employed by Community Involvement Programs. You determine what hours they will work, how much they will be paid, and what their job responsibilities will be. You will have more freedom and authority than if you use many licensed services. However, you have fewer legal responsibilities.

If you decide on the **agency with choice** option, we will process your support workers' timesheets, issue paychecks, make the required tax and insurance deductions, and file forms and make tax deposits with the IRS and the state. Your support workers will be required to pass a criminal background check and will be given orientation materials to review. At your request, we will check the driving record of any of your employees that will provide transportation as a part of their job responsibilities.

As employees of Community Involvement Programs, your support staff are covered by our Workers' Compensation insurance and unemployment insurance. Our professional liability and general liability insurance also includes your support workers. We will also process requests for income verification and verification of employment for your employees, as well as any garnishments and judgments that may be necessary.

We also provide several "perks" to all our employees. If you choose the **agency with choice option**, your support workers will be eligible to participate in our employee orientation program, our Employee Educational Assistance Program, and our annual employee appreciation event. Employees who regularly work thirty (30) hours a week or more are eligible for additional benefits, such as health and dental insurance, life insurance, and long-term disability insurance. The cost of these additional benefits must be covered by your budget.

Our Human Resources staff are available to you for questions regarding employment issues. For example, if one of your employee's job performance does not meet your requirements, the Human Resources manager can suggest strategies for providing feedback. Because your support workers are the employees of Community Involvement Programs, our Human Resources department must be involved if you are considering terminating one of your support workers. As the agency with choice, it is our responsibility to make sure that all employment laws are observed.

Agency with choice services also includes acting as the fiscal conduit for other purchases. We will reimburse you for expenses that are included in your approved plan, and work with vendors that you select to pay for other services.

The cost of agency with choice services is currently \$150 per month, PLUS the actual cost of FICA, unemployment taxes, and workers' compensation insurance (12.25% of the hourly wage effective 4-1-10). The following is a summary of the roles, responsibilities and fees for agency with choice services:

What It's Called	What You Do	What We Do	What It Costs
Agency with Choice	<p>Recruit, hire, train, supervise, and evaluate all support workers.</p> <p>Verify and submit timesheets on time.</p> <p>Submit invoices for goods and services purchased as a part of your community support plan.</p>	<p>Complete the hiring process for any new employees, including background checks</p> <p>Provide payroll services for your support workers</p> <p>Bill Medical Assistance on your behalf for additional licensed services</p> <p>Issue checks to pay for goods and services</p>	<p>The actual cost (currently 12.25%) of: Workers' Compensation, unemployment insurance, and employer's share of Social Security taxes (FICA)</p> <p>The FSE fee is \$ 150 per month for all services.</p>

Support Planning

Some individuals may need or want additional help in developing their community support plan. You can use part of your waiver budget to purchase **support planner** services. You choose the individual or organization that you want to provide your support planner services. Their fees are paid from your individual budget.

A support planner is a person who has been certified by the Department of Human Services as someone who understands the CDCS service, person-centered planning and the process of developing a support plan. Your support planner can help you write your plan, identify community resources, help you find specific items you need to purchase, advocate and problem-solve with you on concerns, and work with you to manage your employees. Your support planner needs to provide you with a copy of their training certificate showing that they are certified by the Department of Human Services.

You may determine that your support planner must have additional experience or skills based on your unique needs. For example, you may want a support planner that has experience working with individuals with your specific disability or life situation. You may want your support planner to be fluent in a language other than English. Any additional requirements for your support planner should be listed in your community support plan.

Community Involvement Programs provides support planner services. However, we **cannot** provide support planner services if you use us as the **agency with choice** option. We can provide support planner services to you if we are your fiscal employer agent or fiscal conduit. We have a list of other people and agencies that provide support planner services, and would be happy to provide you with more information. You can also contact your county case manager for information and resources. As an FSE, we work with many different support planners to insure the successful implementation of your plan.

Information about support planner services can be found on the Department of Human Services' website: <http://www.dhs.state.mn.us>, including training materials for individuals interested in becoming a support planner. For additional information about support planner services, contact your county social worker, case manager, or public health nurse.

Roles and Responsibilities

Consumer-directed community supports provide you with more freedom and autonomy, but there are additional responsibilities you have for your services. Many of these responsibilities are listed in agreements that you need to sign when you decide to participate in the CDCS option. Your county may require you to sign a Participation Agreement. Below is an example of a county participation agreement and some of the responsibilities—remember, your county may not require an agreement or it may be different and include more or different responsibilities. This is just a sample.

Sample County Participation Agreement

By signing this agreement, I commit to participating in County's Consumer Directed Consumer Supports program. I understand that as a participant I am entering into a new way of doing things which could change according to state, federal and county regulations. I will be accountable for spending funds within my approved plan. I am willing to learn together with others and give feedback along the way. I agree to the following:

- I understand that I am responsible for developing a Community Support Plan and may include whomever I chose to prepare my plan.
- I understand that my approved Community Support Plan will be the plan in effect.
- I will plan and manage needed supports as identified in my initial approved plan. I can only purchase supports and items identified in this plan.
- I have read and understand the Minnesota Department of Human Services Involuntary Exit Policy.
- I understand that I must have documentation that substantiates all supports provided and items purchased. I understand that falsified documentation will result in county or state action.
- I understand that I assume full responsibility for my choice of people to provide unlicensed support. I agree not to hold the County responsible for any act or omission on the part of the person providing the unlicensed support under this agreement.
- I understand that if I misuse funds, it may be reportable as Medicaid fraud and I may be required to immediately return the funds given to me or face recovery action of the funds by the County or the State of Minnesota. I understand that I must cooperate with any investigation regarding misuse of funds.

Signature _____ Date _____

Signature _____ Date _____

When you choose Community Involvement Programs to be your FSE, you will be required to sign an agreement that lists your roles and responsibilities, and our roles and responsibilities. This agreement will be based on services that you are purchasing. On the following page is an excerpt from an agreement for purchasing Fiscal Conduit services:

Community Involvement Programs
Agreement for Fiscal Conduit Services

This agreement is between Community Involvement Programs and (consumer) regarding Fiscal Conduit Services as described in the guidelines and regulations established by the Minnesota Department of Human Services. This agreement establishes your selection of Community Involvement Programs as your FSE and details the terms and conditions of the relationship between you and Community Involvement Programs in providing Fiscal Conduit Services.

Community Involvement Programs agrees to do the following:

1. Provide fiscal conduit services for (consumer)
2. Reimburse expenses for approved goods and services as described in the Community Support plan for (consumer)
3. Bill the State of Minnesota in a timely manner
4. Provide monthly financial reports, including total annual budget, amount budgeted by category, expenditures by category, balance by category, percentage of budget used to date, prorated percentage of budget used, and payments made to vendors.

(Consumer) agrees to:

1. Provide Community Involvement Programs with a copy of my approved Community Support Plan
2. Provide timely, adequate, and reasonable documentation to reimburse expenses for approved goods and services
3. Authorize Community Involvement Programs to invoice for FSE fees at the current published rates.

Both parties agree that:

1. The term of this agreement shall be from (start date of budget year) to (end date of budget year) and shall be renewed or extended by the written agreement of both parties.
2. Either party has the right to terminate this agreement with or without cause with a 30 day written notice.
3. Any changes to the agreement must be executed in writing by both parties.

Signature _____ Date _____

Signature _____ Date _____

In addition to an agreement with the county to participate, and an agreement with Community Involvement Programs to provide Fiscal Support Entity services, your employees will be required to sign an agreement that states the terms of their employment. If you are using the Agency with Choice option, we will provide this agreement to you. It is an important part of your responsibility as the supervisor for your support workers to review the agreement with your employees. Here is an excerpt from the agreement between Community Involvement Programs and a support worker under the Agency with Choice option:

Community Involvement Programs
Sample of an Employee Agreement

I, (employee's name), acknowledge that I have been hired by Community Involvement Programs to provide support to (consumer's name). Under the policies of Community Involvement Program FSE Services, I am in a special class of employees within Community Involvement Programs. The terms and conditions of my employment are:

1. My hourly rate of pay will be (hourly wage).
2. I will be covered under Community Involvement Programs' workers' compensation and unemployment insurance policies.
3. I will not be covered by any other benefits as a part of this class of employees except those that are specifically listed here: (list any additional benefits, such as medical or dental insurance, paid time off, etc.)
4. I will be paid on a biweekly basis and my check will reflect the required deductions for state and federal taxes, Social Security and Medicare.

As a condition of my employment I agree to:

1. Submit my time sheets on a timely basis to my supervisor to be signed.
2. Record the hours that I work accurately. I understand that knowingly falsifying a timesheet could be considered fraud and is grounds for immediate termination.
3. Submit mileage forms in an accurate and timely manner. I understand that knowingly falsifying an expense or mileage form could be considered fraud and is ground for immediate termination.
4. Provide written confirmation that I have received, read, and understand the training materials provided by Community Involvement Programs.

Signature _____

Date _____

A copy of the employee agreement for the Agency with Choice model is included in the forms section of the handbook. If you using the fiscal employer agent option and are the common law employer for your support workers, you may wish to adapt the employee agreement to meet your specific requirements. Community Involvement Programs requires that all support workers under the CDCS option have an employee agreement on file.

Hiring Your Support Workers Using the Agency with Choice Model

If you are using the Agency with Choice model, your support workers will be employees of Community Involvement Programs. We will provide you with a packet of information and forms for each person that you want us to hire. If you need translation or interpreter services, please contact the FSE Director at (612) 362-4437. We will arrange for the services that you and your support workers need.

The packet includes a return envelope; please make sure your employees have completed all of the forms before mailing the packet back to us. Please pay careful attention to the documentation required for the I-9 form. This form establishes a person's eligibility to work in the United States. Community Involvement Programs is required to use the E-Verify We cannot pay anyone until we have the required documentation on file. You will be contacted by someone from our Human Resources department when your employees may start working.

We will provide you with as many new employee packets as you wish. There is no charge for the employee packets. You may want to ask for one or two more than you need right now so that you have the information on hand to show potential employees. The packet includes all of the forms that are required for us to hire your support workers. Once we receive the forms, we will process a background check on your potential employees. Community Involvement Programs requires a background check for anyone employed under the Agency with Choice model.

Getting Your Support Workers Paid

Paying employees accurately and on time is one of the most important responsibilities of any employer. We will work closely with you, no matter what financial support services you purchase from Community Involvement Programs, to insure that your support workers receive their pay on schedule. However, you have a responsibility to manage some parts of this process. This section will explain in detail our payroll procedures.

On the opposite page is a sample timesheet that is used for support workers providing personal assistance. Most support workers will use this timesheet. We will provide you with timesheets, or if you prefer, we can email you a master copy and you can print them when you need more. If you need more timesheets, please contact us before you run out; sometimes it takes longer than you might expect for mail to arrive.

At the top of the form on the right are the fax numbers and our address. When you fax your timesheets, please use a cover sheet and let us know how many pages you are faxing. We encourage you to leave a message on our fax confirmation line. The fax confirmation line number is (612) 547-0535. Our staff will check the messages before processing payroll to make sure that we have your support workers' timesheets. If you do not call the fax confirmation line, and we did not receive your faxed timesheets, we cannot guarantee that your support workers will be paid on time. It is your responsibility as the managing party to make sure we receive all timesheets by the deadline.

You can also mail us your support workers' timesheets. If you prefer to use the mail, we can provide you with envelopes with our address for your convenience. You are also welcome to drop off timesheets at our office at 1600 Broadway Street NE in Minneapolis. Our office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday.

Make sure that each timesheet has the employee's name and the date the pay period ends. The current payroll schedule is always printed on the back of the timesheets. Please make sure that the dates are filled in for each week of the pay period. The date should be written under the day of the week. There are two columns for "time in" and two for "time out" for employees who work a "split shift." For example, you support worker may assist you in the morning from 6:00 a.m. until 8:00 a.m. and then return at 5:00 p.m. and stay until 9:00 p.m. Total the hours for each day, and then total the hours for the week.

Your support worker **MUST** sign the timesheet and you **MUST** sign the timesheet. Your signature verifies that the hours listed on the timesheet are the actual hours that the employee worked. As a participant in CDCS, you have a responsibility to make sure that all timesheets are accurate. After we have reviewed the timesheet, we will sign the timesheet to indicate that it has been approved to pay. If you sign a falsified timesheet, it may be considered fraud. It is our responsibility as an FSE to report all suspected instances of Medicaid fraud to the appropriate authority.

Employees are paid every two weeks. The pay period ends at midnight on Saturday. Timesheets are due no later than the next Wednesday by 5:00 p.m. Employees are paid nine days later, on the next Friday. This means that depending on when during the pay period your employee starts working, it may be several weeks before they get their first paycheck. For example, a support worker starts working on October 3, 2010, the first day of a pay period. The pay period ends on October 16, 2010. Timesheets are due on Wednesday, October 20th, and payday is October 29th, 2010. As the managing party, it is your responsibility to review the payroll schedule with your support workers.

Community Involvement Programs
 Hourly Time Sheet for Support Staff
 FSE Services

FAX timesheets to:
 612-362-4411 or 612-362-4479
 or email to: fsetimesheets@cipmn.org
 Community Involvement Programs
 1600 Broadway Street NE
 Minneapolis, MN 55413

Employee: _____ Pay Period Ending _____

Position: Support for _____ Department: _____

Instructions: This time sheet covers both weeks of the pay period. Please write the date under the day of the week listed. Record the actual number of hours you worked. Time sheets must be signed by the employee and supervisor. The payroll schedule is printed on the reverse side. If you fax your timesheets, please call the fax confirmation line at (612) 547-0535.

Week 1						Week 2							
Date	Time In	Time Out	Time In	Time Out	# of Hours Worked	Date	Time In	Time Out	Time In	Time Out	# of Hours Worked		
Sunday						Sunday							
Monday						Monday							
Tuesday						Tuesday							
Wednesday						Wednesday							
Thursday						Thursday							
Friday						Friday							
Saturday						Saturday							
					Total Hours	<input type="text"/>						Total Hours	<input type="text"/>

 Employee Signature

 Date

 Supervisor Signature

 Date

 Approval Verified By

 Date

Signature verifies that these are actual hours worked

Paying for Goods and Services

There are four categories of services and supports that you may include in your community support plan. The four categories are:

- Personal Assistance;
- Treatment and Training;
- Environmental Modifications and Provisions; and
- Self Direction Support Activities.

Your county will be able to provide you with more detailed information about what can be purchased under the CDCS option. Here is a brief overview of the kinds of goods and services that are included in each category:

Personal assistance includes in and out-of-home respite care, peer companionship, housekeeping, support by paid staff, including family members within the guidelines of the Department of Human Services.

Treatment and training includes a wide range of options that promote your ability to live in and be an active participant in your community. Many treatment and training services are provided by licensed providers. Treatment and training would include day services and programs and prescribed alternative therapies. Training for your support workers would also be included in the category of treatment and training.

Environmental modifications and provisions include services and goods needed to maintain a physical environment that assists you to safely live in and participate in the community. Here are some examples of items in this category: assistive technology, home and vehicle modifications, environmental supports (snow removal, lawn care, heavy cleaning), supplies and equipment, special diets, and adaptive clothing.

Self Direction Support Activities are the necessary expenses for administering CDCS. Payroll expenses (but not wages) are included in this category. This would include Workers' Compensation and liability insurance and the employer's share of any benefits, such as health insurance. If you put an advertisement in the newspaper to recruit support workers, the cost of the want ad would be considered a self-direction support activity expenses.

Before we can reimburse you for any expense, we must know that it is an approved part of your community support plan. We check all expenses submitted to make sure that they are listed in your plan and that they have been approved. If you submit an expense for reimbursement that is not listed in your plan, one of the FSE staff will contact you for clarification within two working days. If we are unable to reach you right away, there may be a delay in getting your reimbursement. Choosing the consumer-directed option includes making sure that the required paperwork is completed accurately and on time. If you need assistance with managing these tasks, you may need to purchase support planner services.

If you make any changes during the year, please make sure that we are informed of the change so that there won't be a delay in processing your reimbursement. If your county case manager approves a change, please ask him or her to send us an email or fax approving the change to your plan and any items or services that have been approved. We will not be able to process your request for reimbursement until we have verification from the county that the change has been approved.

On the next page is a copy of the form used for expense reimbursement. You can mail this form and receipts to our office, or you can fax the request form and a copy of all receipts. If the receipts are difficult to read when faxed, we may contact you for clarification. The receipt must include a legible date, list the items purchased, and show the cost of each item. Copies of cancelled checks are not accepted as receipts.

Community Involvement Programs
Expense Reimbursement Form
 Fiscal Intermediary Services
 FAX: 612-362-4411

Mail or Fax Form and Receipts to:
 Community Involvement Programs
 1600 Broadway Street NE
 Minneapolis, MN 55413

Make Check Payable to: _____

Please PRINT Name

Date	Expense	Amount

Total _____

 Signature of Person Requesting Reimbursement

 Date

 Signature of Family Member or Support Coordinator

 Date

 Approved by

 Date

Department:

Account:

When you fill out the form, please print the name of the person to whom you want the check written. List the date of each purchase, what was purchased, and the amount of the purchase. The person requesting reimbursement should sign the form; this may be you, or it may be another family member or support worker. You or your support planner should also sign the form, if you are not the person requesting reimbursement.

For example, if one of your support workers has registered for a first aid class and they are requesting reimbursement, your support worker would fill out the form with their name, sign it, and then give it to you for approval. You would then sign the request and send it to us with the receipt. We will verify that the expense is part of your approved plan, sign on the “approval verified by” line, and then process the check. We will mail the reimbursement check to the person whose name is at the top of the form, unless you give us other instructions.

Our policy is to reimburse you as soon as possible after receiving your request. Checks for reimbursement are printed on Thursday. If we receive your request by Monday at 5:00 pm, you can typically expect that your check will be mailed by Friday. This schedule may change for several reasons—staff time off due to vacation or illness, holidays, or other circumstances that we cannot control.

Even though we usually will process your request within a week, there may be delays, especially if we have a question. If we need to contact you for clarification, there may be a delay. If we need written approval for an item that isn’t in your plan, there will be a delay while we get written approval. Please plan on ten days from when we receive your request to when we mail the check.

It is important that you submit your receipts on time. We ask that you submit receipts for purchases within 30 days of the purchase. This will help us provide you with accurate reports of your spending for the year. If you keep receipts for several months before submitting them, we will not be able to give you up-to-date information about your budget. This could result in using all of your budget before the end of your budget year. Community Involvement Programs cannot pay for any goods or services if you have used all of your funds for the year.

On the opposite page is a copy of the mileage expense reimbursement form. Your support staff can be reimbursed for their mileage when they are providing you with transportation. Staff cannot be paid mileage for “commuting” to your home. The miles support staff drive to your house and home again after they have finished working for the day are **not** reimbursable. Any miles driven to and from doctor’s appointments or therapy appointments are **not** reimbursable; however, you may submit this mileage to Medical Assistance. Contact your county case manager for the form you need to use.

The person requesting mileage reimbursement must fill out this form. Please do not fill out the form for your support workers. For each trip the person requesting mileage reimbursement must list the date, time, and actual miles driven. The purpose of the trip and the destination must be listed, and the purpose of the trip must have some benefit to the consumer. We will not accept mileage forms that list general or unspecific destinations, such as “shopping” or “errands” or “the mall.” If we have questions about the mileage reimbursement being requested, we will contact you for clarification.

The amount paid per mile is based on the current amount paid by each county. This is usually the limit set every year by the IRS. If your budget year is not the same as the calendar year, we will automatically increase the amount paid per mile. If there is a significant increase, this may mean that you can be reimbursed for fewer miles during the year than what was approved in your plan.

One of your responsibilities when you choose the CDCS option is to communicate with your support workers about the guidelines and policies. Your employees need to understand that by signing a request for reimbursement or mileage they are verifying that the expense is true and accurate. Submitting a falsified mileage or expense reimbursement request form may be considered fraud. If we have a reason to believe that requests for reimbursement are questionable, we will contact you and your county case manager for clarification.

Community Involvement Programs
Mileage Reimbursement Form
 Fiscal Intermediary Services
 Fax: (612) 362-4411

Mail Form and Receipts to:
 Mary Price
 Community Involvement Programs
 1600 Broadway Street NE
 Minneapolis, MN 55413

Make Check Payable to: _____

Please PRINT Name

Date	Miles	Destination	Purpose

Total _____ miles @ \$.45 per mile = Amount Due _____

 Signature of Person Requesting Reimbursement Date

 Signature of Family Member or Support Coordinator Date

 Approved by Date

Department:	Account:
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What to Do If You Have a Concern

We welcome your feedback – both when we are doing a good job and when we’re not. If you have a concern or complaint, we want to know so that we can change what needs to be changed. The first thing to do is give us a call. The names, phone numbers and email addresses for the FSE staff are listed below. Please leave us a message if we are not able to answer when you call. We make every effort to return all phone calls on the next business day.

If you feel that we have not addressed your complaint satisfactorily, you can submit a written grievance. The written grievance needs to include the specific concern you have and describe the situation you want to resolve. This formal grievance should be submitted to the FSE Director. The FSE Director will contact you to discuss possible solutions. If you are not satisfied with the proposed solution, your grievance will be sent to the Executive Director of Community Involvement Programs within two working days.

If we are not able to come to an equitable solution we will arrange a meeting with a representative from your county and any other members of your team that are willing to help resolve the problem. We will meet with you within five working days. We will make any and all reasonable efforts to ensure that you have the opportunity to achieve an equitable solution to your complaint. A copy of our Formal Grievance Procedure is included in the Policies and Procedures section of this handbook.

Who to Contact	For What
Jane Lawrence, Director (612) 362-4437 janel@cipmn.org	General information about FSE services, concerns you have about our services
Shannon Krause, FSE Manager (612) 362-4444 skrause@cipmn.org	For Anoka and Dakota County: General information about FSE services, changes to your budget, questions about your spending summary, reimbursement and mileage checks, specific questions about plan implementation.
Mary Price, FSE Manager (612) 362-4476 mprice@cipmn.org	For Hennepin, Ramsey, and all other Counties: General information about FSE services, changes to your budget, questions about your spending summary, reimbursement and mileage checks, specific questions about plan implementation.
Nancy Sallman, Manager (612) 362-4437 nancys@cipmn.org	Support planner services, general information about FSE services.
Casia Donahue, FSE Specialist (612) 547-0550 cdonahue@cipmn.org	Assistance with general FSE issues
Meghan Moore, HR Manager (612) 362-4415 mmoore@cipmn.org	Questions about health insurance, reporting work-related injuries or accidents, consultation on employee performance and terminations, other specific human resources issues.
Katie Kuitunen, HR Coordinator (612) 547-0552 kkuitunen@cipmn.org	Requests for employee packets, timesheets and other forms, income and employment verification, changes of address for employees

