

IDAHO'S SELF DIRECTION PROGRAM FISCAL EMPLOYER AGENT SERVICES

EMPLOYEE PACKET

Welcome to Idaho's Self Direction Program, My Voice, My Choice! We are pleased you have agreed to work for a Participant and will be providing services. You will help Idaho meet the goal of giving people with disabilities more choice and control over their services.



Introduction: Consumer Direct is the Fiscal and Employer Agency in the Self Direction Program. We are like the Participant's payroll service or their banker. We process payroll, file taxes, pay for services provided by other businesses and agencies and bill the state program for services. Consumer Direct provides the Participant with the necessary paperwork to get set up as an employer. We also provide the paperwork for individuals to become enrolled as a Participant's employees. Once employees are enrolled, we process all of the forms and pay employees as directed by the Participant employer.

Consumer Direct has more than thirteen years of experience in many different states assisting people to self-direct their supports and services. We specialize in self-directed services.

As your employer, the Participant's role is to:

- Take on the responsibilities of being an employer.
- Recruit, hire and dismiss all employees.
- Complete Employment Agreements with all employees, including the Support Broker. The Employment Agreement describes the services the employee will provide and the rate of pay.
- Train all employees.
- Determine the schedule and schedule employees.
- Manage (supervise) employees.
- Submit time sheets only for the services approved on the Participant's Support and Spending Plan.
- Pay the employee directly (the Participant pays...the Idaho Self Direction Program does not pay) if you work for the Participant doing things that are not approved in the Participant's Support and Spending Plan.
- Approve and sign all time sheets.
- Make sure all signed time sheets are submitted to Consumer Direct on time.
- Treat employees consistently and fairly.
- Keep required records and receipts.

The purpose of this Packet is to complete the required paperwork for an individual to be enrolled as the Participant's employee. The Packet includes paperwork for both Support Brokers and Community Support Workers, who are two different kinds of employees. The Employee Packet includes some forms that you cannot fill out by yourself. You and the Participant must fill out these forms together, such as the Employment Agreement. It also includes forms you can complete by yourself. The forms in the Packet are needed so you can be enrolled as the Participant's employee. Finally, the Packet includes some other information that you will need as an employee.

You can fill out the employee forms based on information contained in this Packet. We think you will be able to fill them out by looking at the examples in the Packet. For each required form, the Employee Packet includes: 1) a blank form, 2) an example form with grey boxes that explains how you should fill out the form and 3) an example of a completed form (so you can see what things should be written on the form). If you have questions about how to fill out any of the forms, please call Consumer Direct right away so we can help. Our toll free number is 1-888-898-0470.

If you want more help, you also can stop by the Consumer Direct office at 280 E. Corporate Dr., Suite 210, Meridian, during business hours Monday - Friday, 8:00 am - 5:00 pm.

When you have completed all of the forms, please mail or fax them to Consumer Direct at:

Consumer Direct
280 E. Corporate Dr., Suite 210
Meridian, Idaho 83642-2953

Toll Free Fax: 1-877-898-0417
Fax: (208) 898-0417



It is very important that you complete these forms and return them to Consumer Direct as quickly as possible. You cannot start work for a Participant until you have been enrolled as an employee. When all enrollment forms are correctly completed and submitted, each employee/worker will receive an employee identification number. Consumer Direct will send you your number when it is assigned.

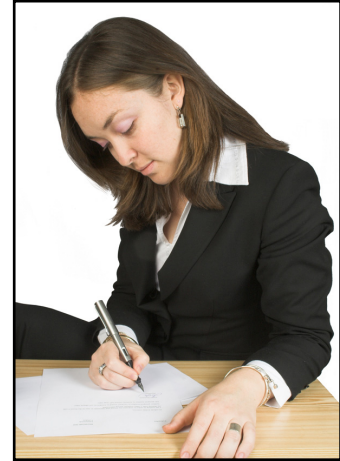
The forms in the Employee Packet are:

- 1) New Employee Checklist
- 2) Employee Data Form
- 3) IRS I-9 Employment Eligibility Confirmation Form
- 4) IRS W-4 Form
- 5) Pay Selection/Direct Deposit Form
- 6) Employment Relationship Disclosure Form

- 7) Medicaid-Community Support Worker Agreement
- 8) Participant-Community Support Worker Employment Agreement
- 9) Participant/Employee Status Change Form
- 10) Termination Form
- 11) Feedback Form

The directions for the forms are below:

1. New Employee Checklist: The New Employee Checklist lists all of the forms in the Employee Packet that you need to complete. Please use this Checklist to keep track of which forms you have finished. As you complete each form, write the date on the line next to the form on the Checklist. Also write your initials to show that you have finished the form. Then sign the bottom of the form, when you have completed all the required employee paperwork. Print your name at the bottom and write the date these forms are submitted to Consumer Direct.



2. Employee Data Form: The Employee Data Form is designed to gather basic information about you so we can enroll you as an employee and set your file up in Consumer Direct's system. Then all of your information related to being an employee will be combined in one place in our system. Please:

- ▶ Complete all of the blanks on the form as labeled (for example, name, physical address, mailing address, phone and so on).
- ▶ Check how you plan to turn in your time sheets (in the lower left hand corner). This will help us check to make sure we receive your time sheets.
- ▶ Let us know how you prefer for Consumer Direct to contact you. Place a check(s) in the box in the lower right to show how you want us to contact you.
- ▶ Sign and date the bottom of the form to indicate that all the information is correct.

The last part of the Employee Data Form is the bolded print at the bottom of the page. It reads: **"If you complete an Employment Agreement and become an employee of the Participant, you will not be an employee of Consumer Direct."** This is an important point. You are an employee of the Participant. You are not an employee of Consumer Direct or the State of Idaho.

3. IRS I-9 Employment Eligibility Confirmation: The purpose of this form is to document that you are authorized to work in the United States. Section 1 of the form is filled out at the time of hire (the actual beginning of employment). The directions for completing the I-9 are included with the form in the packet.

4. IRS W-4 Form: The W-4 form needs to be completed so that the correct amount of federal income tax can be withheld from your pay check. The directions are at the top of the form. The "Personal Allowances Worksheet" in the middle of the page is a way to figure out how many allowances you claim in box 5 on the W-4 form. There

are rules to follow in deciding how many allowances you can claim. The smaller the number of allowances you claim, the more taxes will be withheld from your pay check. This means you receive less take home pay. For example, if you claim “0” or “1”, more will be withheld.

5. Pay Selection Option Form: Consumer Direct offers two pay options: direct deposit or paper check. The purpose of this form is to give you an option about how you receive payment for the time you work. It also gives you a way to authorize, stop or decline direct deposits. Please check one of the boxes at the top of the page to indicate how you would like to receive your pay. If you do not indicate a choice, a paper check will be issued to you. Please also complete the information in the Authorization Box at the bottom of the form, by writing the correct information in each blank. Where necessary, please place a ✓ to indicate your choice. Sign and date the lines at the bottom of the box. You can sign up for these options at any time during your employment, not just at the time of hire.

6. Employment Relationship Disclosure Form: Most employees must pay taxes (Social Security, Medicare, State and federal taxes), unless you are exempt because of your relationship to the Participant. The purpose of the Employment Relationship Disclosure Form is to determine whether your relationship with the Participant makes you an employee who is exempt from paying these taxes. Please:

- ▶ Indicate in Number 1, what your relationship is with the Participant/FEIN holder.
- ▶ Review the items listed in Number 2.
- ▶ Sign and date the bottom of the form.

7. Medicaid-Community Support Worker Agreement: The Medicaid-Community Support Worker Agreement is a State form which a person must review and sign to enroll as a Participant’s employee. You agree that the Participant will pay you only for work done in accordance with program rules and the Participant-Community Support Worker Employment Agreement (described below). To complete the Agreement: print your name in the blank on page 1. Check the correct box to indicate if you are connected with an agency. Review the form carefully, and sign and date the form on page two. The employee’s signature indicates that he/she agrees with the conditions outlined in the Agreement.

8. Participant-Community Support Worker Employment Agreement: This is the State form that the employee completes with the Participant to document the specific services the employee will perform. It also documents how often and how long the employee is to provide each service as well as the rate of pay. The directions are attached to the form. Please read them carefully and follow the directions to complete the Participant-Community Support Worker Employment Agreement.



The following forms do not need to be filled out right away. Please keep them and use them later if it is necessary. You also can call the Consumer Direct office at any time if you want more forms.

9. Participant/Employee Status Change Form: This form is used to tell Consumer Direct if there is new information about a Participant or an employee. It is important that employees notify Consumer Direct of any change in name, address or phone number to ensure that you receive your paycheck. This is done by completing and submitting the “Participant/Employee Change Form” to Consumer Direct’s office by fax or mail. Please complete and submit this form whenever you have any of the changes included on the form. When you complete this form, please:

- ▶ Put a ✓ to tell us if you are the Participant or Employee (at the top of the form).
- ▶ If your name has changed, write in your “old” name and your “new” name.
- ▶ If your address has changed, write in your new address.
- ▶ If your phone number has changed, put a ✓ to show which number changed. Then write in the new phone number.
- ▶ If your email address changed, write in your new email address
- ▶ Sign and date the form to tell us that this new information is correct.

10. Termination Form: The Termination Form serves two purposes. It notifies Consumer Direct when the Participant has terminated an employee or when the employee has decided to stop working for the Participant. It also provides information about where the employee’s last check should be sent and any special instructions about the last check. It will be completed as necessary for an employee. The label in each box clearly indicates what information that should be included in the box. The Participant and employee together complete this form, sign and date it at the bottom. Then the Participant submits the form to Consumer Direct.

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



- ▶ Call a Program Coordinator in Idaho (the toll free number 1-888-898-0470). The Program Coordinator will listen to your feedback and respond to it quickly. She/he will appreciate hearing things that are working well for you, because we want to keep doing these things! The Program Coordinator also will want to hear your ideas for new ways to do things, because that will make our services better. If there is a concern, she/he will work with the Participant, Support Broker, employees or other service providers to fix problems.
- ▶ Fill out the Feedback Form in the Employee Packet and mail it or fax it to the Consumer Direct office.

- ▶ Contact the Idaho Consumer Direct Program Manager or Vice President (the toll free number is 1-888-898-0470), if your feedback is about the Program Coordinator.
- ▶ Also contact the Idaho Consumer Direct Program Manger or Vice President if you talked with the Program Coordinator first, but you would like to talk with someone else about your feedback. He will discuss your feedback with you. If there is a problem, he will talk with you about ways to deal with your concern.

To complete the Feedback Form please fill out the blanks at the top. Then in the white box write:

- What has worked well for you (your compliment or comment),
- What things we should do differently (your suggestion) or
- What you are unhappy about (your complaint).

PLEASE, if you are unhappy (dissatisfied) about something involving Consumer Direct, let us know right away. Don't let the problem become bigger. We will try to work out the problem with you.

The time sheet included here is filled out to record your time worked. Please keep these forms and use them later as necessary. **DO NOT COPY THESE TIME SHEETS!** If you copy a time sheet, the bar code at the bottom will not work and your time sheet cannot be processed. When you need more time sheets, please call the Consumer Direct office at any time and we will send you more printed forms. They are also available online at Consumer Direct's website: <http://consumerdirectonline.net>.

Idaho Time Sheet: Employees must complete and sign a time sheet before they can be paid. The Participant must review and sign the time sheet to show that he/she approves it. Remember, an employee can only be paid through this program for services that are approved in the Participant's Support and Spending Plan. The hours worked must be for services that are outlined on the Participant-Community Support Worker Employment Agreement or Participant-Support Broker Employment Agreement.



The time sheet is completed to report the employee's hours worked. An example of a completed time sheet and instructions for completing a time sheet are located in this packet. Please follow the example and instructions when filling out a time sheet. It is a good idea to review the time sheet form before you have to fill it out. That way, if you have questions, you can ask before you actually have to complete the form.

This Packet also includes a sample time sheet that is filled out correctly. You can refer to this example, when you complete your time sheet. The example should help you avoid making mistakes. Mistakes on a time sheet can cause your pay to be late.

You and the Participant both sign the time sheet to show that it is correct. After the time sheet is finished, it should be returned to Consumer Direct by mail or fax.

The mail address is:

Consumer Direct
280 E. Corporate Dr., Suite 210
Meridian, Idaho 83642-2953

The fax numbers are:

Toll Free Fax: 1-877-898-0417
Fax: (208) 898-0417

If you prefer, you can drop off time sheets at the Consumer Direct office Monday - Friday, 8:00 - 5:00 (during work hours) or use our drop box (mail slot) after hours.

Payroll Schedule: The Payroll Schedule Form shows when time sheets are due. This is the date time sheets must be mailed, faxed or dropped off at Consumer Direct. Time sheets must be submitted by midnight. The Payroll Schedule also shows the date and day for pay day. Your employees are paid on pay day. Pay day is every two weeks and is always on a Friday. Employees will be paid by check, direct deposit or pay card.



Remember, any time sheet received by Consumer Direct after the Payroll Schedule due date will be paid on the following pay date (the next pay date).



We look forward to enrolling you as the Participant's employee. Some forms should be filled out right away and submitted to Consumer Direct. **Remember, required forms need to be completed before you can begin work. When you have finished all the required employee forms, please return them to Consumer Direct as soon as possible.** Our address and fax numbers are listed above.

Also, please feel free to contact us at **1-888-898-0470** with any questions about forms or employment.

If you would like some help completing some of the forms, please do not hesitate to call. **Our toll free number is 1-888-898-0470.**