Visions Case Management & Consulting

ENROLLMENT PACKET

Welcome to your Self-Directed Community Benefit!

This enrollment binder will introduce you to the SDCB Waiver program and is designed to ensure that you are able to successfully utilize the program and exercise self-direction. Your Support Broker will review this information with you and answer your questions.

See the next page for the Table of Contents

Visions Case Management & Consulting

TABLE OF CONTENTS

SECTION ONE:

SDCB PROGRAM OVERVIEW

Switching to Self-Direction

The Turquoise Care Self-Directed Community Benefit program (SDCB) is a program that allows an individual to direct their own care. This includes deciding what services and supports will help address the individual's needs and who provides those services and supports. A new member in Turquoise Care is able to participate in SDCB services only after they have completed 120 days of participation in the ABCB (Agency Based Community Benefit) program. Now that you have chosen to make the change, and have chosen Visions Case Management to be your Support Broker, the next steps include:

- The MCO care coordinator will establish what the Annual Budgetary Allotment will be for your SDCB Care Plan.
- The care coordinator will enter your information in the FMA online system that will send an automatic notification to the Support Broker Agency.
- The Support Broker Agency will call you and the care coordinator to schedule a transition/enrollment meeting. The meeting will be completed within 20 days of member's selection.
- The meeting will outline the SDCB program and will also be a starting point for the development of the SDCB Care Plan. The SDCB Care Plan will be completed and submitted for review within 90 days of member's selection to the SDCB program.
- The SDCB Care Plan will be developed using your Comprehensive Needs Assessment (CNA) provided by the care coordinator. The plan will include services and supports that will address the needs identified on the CNA.

Once the plan has been reviewed and approved you will receive a copy of the approved SDB Care Plan and will be able to start receiving those services on the effective start date.

- Your Support Broker will help you get your Employer of Record and employees set up and will provide other assistance as necessary.

Key Roles

Member

An individual who meets the medical and financial eligibility and is approved to receive services through the SDCB program.

Support Broker:

Provides supports to SDCB Members (and their families or representatives, as appropriate) in arranging for, directing and managing SDCB services/supports as well as developing, implementing and monitoring the Care Plan and budget. Individual Support Brokers work for MCO approved Support Broker Agencies such as Visions Case Management.. Support Brokers will contact the participant at least once a month for a 'check-in' and meet face-to- face with the participant at least once every three (3) months.

Employer of Record (EOR):

Individual responsible for directing the work of Member's employees. An EOR recruits, hires and fires all employees. The EOR will establish work schedules and tasks, provide training and will determine payment rates and negotiate with providers. The EOR will keep track of money spent on paying employees and for services and goods. EORs authorize the payment of timesheets by the Financial Management Agency (FMA). A Member may be his/her own EOR unless he/she is a minor, or has a plenary or limited guardianship or conservatorship over financial matters in place.Members may also designate an individual of their choice to serve as their EOR, subject to the EOR meeting the qualifications specified in the MCO Policy Manual. The EOR cannot be an SDCB employee or vendor and cannot be paid for performing the service.

Authorized Agent (AA)

A Member may choose to appoint an authorized agent designated to have access to medical and financial information for the purpose of offering support and assistance in understanding the SDCB program. The Member will designate a person to act as an Authorized Agent by signing a release of information form indicating the participant's consent to the release of confidential information. Directing services remains the sole responsibility of the Member or his/her legal representative.

Legally Responsible Individual (LRI)

A person who has a duty under State law to care for another person. This category typically includes: the parent (biological or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or the spouse of a waiver participant. Payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. Exceptions to this prohibition may be made under extraordinary circumstances specified by the State, utilizing documentation specified by the State and only after approval by the appropriate operating agency.

Key Agencies

Support Broker Agency

A company approved by an MCO to provide support broker services.
You have selected Visions Case Management. Thank you!

Contact Information: Refer to cover page of this enrollment binder

Health Care Authority – Income Support Division

The NM HCA's Income Support Division (ISD) determines financial eligibility for SDCB members. Members must establish SDCB financial eligibility each year at their county ISD office.

Contact Information: Refer to SECTION 5 (Community Resource Guide) for a listing of ISD county offices.

Financial Management Agency (FMA)

This entity—currently a company known as Conduent—contracts with NM HCO to implement each member's SDCB Care Plan by paying the member's workers and vendors and tracking expenditures.

You cannot call them directly. Instead, you may reach out to the CONSOLIDATED CUSTOMER SERVICE CENTER phone number is 1-800-283-4465.

You can fax documents to 1-866-302-6786 or email them to MI.VIA@CONDUENT.COM

Managed Care Organization

The Managed Care Organization (MCO) provides services related to medical eligibility determination for SDCB members and has approval authority over the Care Plan. Each MCO will provide a Care Coordinator to help you mange all aspects of your care.
Contact Information:

- BlueCross/BlueShield – Provider Services (888) 349-3706
- Molina – Provider Services (855) 322-4078
- Presbyterian – Helpdesk (505) 923-5590
- United Healthcare (877) 842-3210

ACRONYMS and DEFINITIONS

AA: Authorized Agent: See "Key Roles", above.

AR: Authorized Representative. Authorized representative is an individual designated to represent and act on the member's behalf. An authorized representative may be an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a guardian, or any other individual or individuals designated in writing by the eligible recipient or member.

CBC: Criminal Background Check

CMS: Centers for Medicare and Medicaid Services: federal agency within the United States Department of Health and Human Services that works in partnership with the states to administer Medicaid. CMS must approve all Medicaid programs.

CNA: Comprehensive Needs Assessment. Annual assessment completed by you and your Care Coordinator to determine care needs and budget amount.

COR: Central Online Registry. Used to complete background checks for employees.

EOR: Employer of Record (EOR): See "Key Roles", above.

FMA: Financial Management Agency (FMA): See "Key Agencies", above.

NM HCO: Human Services Department: Designated by the Center for Medicare and Medicaid Services (CMS) as the Medicaid administering agency in New Mexico.

MCO: Managed Care Organization: See "Key Agencies", above.

Member: See "Key Roles", above.

NFLOC: Nursing Facility Level of Care: Degree of support required to ensure health/safety as assessed by MCO.

QA/QI: Quality Assurance and Quality Improvement: Processes utilized by state and federal governments, programs and providers whereby appropriate oversight and monitoring of community benefits of assurances and other measures provide information about the health and welfare of members and the delivery of appropriate services.

VPR: Vendor Payment Request Form. Used to request money from FMA for approved goods and services.

Reconsideration: SDCB members who disagree with an adverse decision made by the MCO/UR may submit a written request through a care coordinator/support broker to the MCO/UR for a reconsideration of the adverse decision. These requests must include new, additional information that is different from, or expands on, the information submitted with the initial request.

SCDB: Self-Directed Community Benefit: Is a component of the State's 1115 (c) Medicaid Managed Care waiver which allows eligible members the option to access SDCB Medicaid funds.

SDCB Care Plan The maximum budget allotment available to an eligible SDCB member, determined by his/her established nursing facility level-of-care (NF-LOC), comprehensive needs assessment (CNA), and the amount and type of services the member was receiving in the ABCB.

Decision Making

As a member in the SDCB you will have the choice and responsibility to make decisions about your Care Plan and the services and supports you need to be healthy and successful at managing your program. You will make decisions regarding what services and supports you need (based on your CNA), who will provide the services to you, and how much you are willing to pay for those services and supports (based on the range of rates, see Appendix D). When you start making these decisions, it is important to know that even though you are making the decisions about your care, you will likely be relying on the help and knowledge of others including friends, family members and other people who you know and trust. It can also include professionals that you interact with frequently that know aspects about your care such as your physician or therapist. Your support broker and care coordinator are always available to assist you and help you make informed decisions about your care needs.

You can also decide to have someone act on your behalf in this decision process including an Authorized Agent (AA), Power of Attorney (POA), or Legal Guardian. Making decisions about your care comes with great responsibility. The choices you make have a direct impact on the care that you receive, and following your SDCB Care Plan as approved is highly recommended. If your Care Plan no longer meets your needs, notify your support broker so they can assist you in revising it.

We Are Here to Help!

Your Support Broker will contact you at least monthly to review spending, check on your health and well-being, and to just "check in" and see how things are going. Your support broker will assist you (or your family, authorized agent or legal representative, as appropriate) in arranging for, directing and managing your SDCB services and supports, and developing, implementing and monitoring your SDCB Care Plan.
Support Broker services should provide a level of support to you that is unique to your individual needs, and Visions Case Management shall provide support that as "hands on" or "hands off" as you require. Things we are here to help with include:

- Providing you with information and support through the annual Medicaid eligibility processes, including the medical comprehensive needs re-assessment and financial eligibility processes required by the Income Support Division (ISD);
- Assisting you to successfully utilize program assessments such as the Comprehensive Needs Assessment (CNA)
- Educating you regarding SDCB covered supports, services, and goods;
- Assisting you to identify resources outside the SDCB that may assist in meeting your needs;
- Ensuring the completion and submission of the annual self-directed care plan at least (30) days prior to expiration, so that it can be in effect when your new "plan year" begins;
- Ensuring that your SDCB Care Plan includes all required information and is submitted in a timely manner.
- Providing you with a copy of the final approved SDCB Care Plan;
- Assisting you with an application for an LRI to provide services, if applicable, including submitting the application to the appropriate MCO for review and approval;
- Assisting you to access environmental modifications as necessary;
- Assisting you to identify and resolve issues related to the implementation of your Care Plan;
- Serving as an advocate for you as needed, to enhance your opportunity to be successful with self-direction;
- Assisting you if you choose, with a reconsideration request for goods or services denied by the MCO, with submitting documentation as required, and by participating in Appeals and Fair Hearings as requested by you, the MCO or the state;
- Assisting you with quality assurance activities to ensure the correct implementation of your SDCB Care Plan and the correct utilization of your authorized budget;

- Assisting you to transition to another EOR or Support Broker Agency if requested;
- Assisting you to transition from or to the Agency Based Community Benefit (ABCB) programs;
- Providing training to you and other individuals you designate, related to recognizing and reporting critical incidents and reporting procedures;
- Help you to identify community resources available to you to supplement the service and supports that you receive under the SDCB program; and
- Assisting you in identifying ways for you to work with the FMA for payment related issues.

If you need help with any of the above items, or anything else please contact your Support Broker.

YOUR RIGHTS

- The right to feel safe, be free from abuse and neglect.
- The right to be treated with dignity and respect.
- The right to make decisions about my services.
- The right to privacy.
- The right to make informed choices and respect for the choices I make.
- The right to be treated equally and live free of discrimination and harassment.
- The right to grieve a decision made about my care that I do not like.
- The right to know different costs for services before I decide on buying them.
- The right to receive a report from the FMA to know how I am spending my budget.
- The right to decline services or voluntarily withdraw from SDCB.

- The right to change my caregiver(s) and Support Broker.
- The right to live independently and actively.
- The right to ask questions until I understand.
- The right to change my Care Plan as my care needs change.
- Respect for religious beliefs, language, cultural practices, and sexual preference.

YOUR RESPONSIBILITIES:

- Learn about the SDCB Self-Directed program.
- Identify and contact individuals you who can help you.
- Develop a Self-Directed Care Plan with assistance from your Support Broker.
- Develop an Emergency Backup Plan to use when emergencies occur or regularly scheduled services and supports are not available. Your Support Broker can assist.
- With the assistance of the Support Broker complete any employer related forms.
- Recruit, interview, hire, train and supervise your employees or hire agencies to provide the services on your Self-Directed Care Plan.
- Make purchases of goods listed on your Self-Directed Care Plan.
- Follow your budget, only purchase services and goods listed, and do not overspend. Remember that once your budget is spent, there is no more money until the next year.
- Review monthly budget reports from the Financial Management Agency (FMA).
- Review the Self-Directed Care Plan and Backup Plan with your Broker quarterly.
- If changes to your Care Plan are needed, contact your Support Broker.
- Tell your Support Broker whether you like or dislike the services you are receiving.
- Contact your Support Broker if you have any questions or concerns about SDCB resources or your Self-Directed Care Plan.
- Report changes in address, phone, etc. to Support Broker within 48 hours.

- Report hospitalizations or changes in medical condition and concerns about your health and safety to your Support Broker immediately, or as soon as possible.
- Report incidents involving a Member including abuse, neglect, exploitation, use of emergency services, involvement of a law enforcement agency, environmental hazards and death to the appropriate state agency and your support broker immediately.

Covered by the Program: Services, Supports and Goods

Note: The services covered by SDCB are intended to provide you with a community-based alternative to institutional care that allows you to have greater choice, direction and control over your services and supports. Your SDCB services must specifically address a therapeutic, rehabilitative, habilitative, health or safety need that results from your qualifying condition.

Behavior Consultation: Behavior Consultation services consist of functional support assessments, treatment plan development and training and support coordination for a member related to behaviors that compromise a member's quality of life. Services are provided in an integrated/natural setting or in a clinical setting.

Customized Community Supports: Customized Community Support services are designed to offer the SDCB member flexible supports. Customized Community Supports can include participation in congregate community day programs and centers that offer functional, meaningful activities that assist with acquisition, retention, or improvement in self-help, socialization and adaptive skills. Customized Community Supports may include adult day habilitation, adult day health and other day support models. Customized Community Supports are provided in community day program facilities and centers and can take place in non-institutional and non-residential settings. These services are provided at least four or more hours per day, one or more days per week as specified in the member's SDCB Care Plan. Customized Community Supports cannot duplicate waiver case management, community direct support services, employment support services or any other waiver service.

Emergency Response Network: This service provides an electronic device that enables a member to secure help in an emergency at home and thereby avoid institutionalization. The member may also wear a portable "help" button to allow for mobility. The system is connected to the member's phone and programmed to signal a response center when a "help" button is activated. The response center is staffed by trained professionals.

Employment Supports:

Job Coaching: A service provided to individuals when the services are not otherwise available for the individual under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job Coach services are available 365 days a year, 24 hours a day. Services are driven by the individual's service and support plan and job. Medicaid funds are not used to pay the individual. Job Coaches will adhere to the specific supports and expectations negotiated with the member and employer prior to service delivery.

Job Development: Job development services are provided to individuals when the services are not otherwise available for the individual under a program funded under the Rehabilitation Act of 1973, the Division of Vocational Rehabilitation or through the New Mexico Department of Education. Job development is a service provided to members by skilled staff. The service has five components: job identification and development activities; employer negotiations; job restructuring; job sampling; and job placement.

Environmental Modifications: Includes the purchase and/or installation of equipment and/or making physical adaptations to a member's residence that are necessary to ensure the health, welfare, and safety of the member or to enhance the member's level of independence. All services shall be provided in accordance with applicable federal, state, and local building codes. Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the member such as fences, storage sheds or other outbuildings. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation.

Environmental Modification services are limited to six thousand dollars ($6,000.00) every five (5) years. Additional services may be requested if a member's health and safety needs exceed the specified limit.

Home Health Aide: Provide total care or assist a member in all activities of daily living. Home Health Aide services assist the member in a manner that will promote and improve the member's quality of life and provide a safe environment for the member. Home Health Aide services can be provided outside the member's home. State plan Home Health Aide services are intermittent and are provided primarily on a short-term basis whereas in Turquoise Care, Home Health Aide services are hourly services for members who need this service on a more long-term basis. Home Health Aides may provide basic non-invasive nursing assistant skills within the scope of their practice. Home Health Aides do not administer medication(s), adjust oxygen levels, perform any intravenous procedures or perform sterile procedures. Home Health Aide services are not duplicative of homemaker/direct support services. Members may not purchase both

Home Health Aide services and Homemaker/Direct Support services on the self-directed care plan.

Homemaker/Direct Support Services: Services are provided on an episodic or continuing basis to assist the member to accomplish tasks they would normally do themselves if they did not have a disability. Homemaker or Direct Support services are provided in the member's home and in the community depending on the member's needs. The member identifies the homemaker or direct support worker's training needs. If the member is unable to do the training, they arrange for someone else to do the needed training.

Services are not intended to replace supports available from a primary caregiver. Members may not purchase both Homemaker/Direct Support services and Home Health Aide services on the self- directed care plan.

This service is not available for members under age 21 due to fact that Personal Care services are covered under the Medicaid state plan as expanded EPSDT benefits for members under age 21. Contact your care coordinator for further information regarding EPSDT benefits for members under the age of 21.

Nutritional Counseling: Designed to meet the unique food and nutritional needs presented by individuals with disabilities. This does not include oral-motor skill development services, such as those provided by a speech pathologist.

Private Duty Nursing for Adults: Includes activities, procedures, and treatment for a member's physical condition, physical illness or chronic disability.

Related Goods: Related goods are equipment, supplies, fees or memberships not otherwise provided through SDCB, the Medicaid state plan or through Medicare.

Respite: Respite is a flexible family support service that provides support to the member and gives the primary caregiver time away from his/her duties. Respite services are furnished on a short term basis and can be provided in the member's home, the provider's home, in community setting of the family's choice (e.g., community center, swimming pool and park), or at a center in which other individuals are provided care. Respite services may be provided by eligible individual respite providers; licensed registered nurses (RN) or licensed practical nurses (LPN); or respite provider agencies. A member may contact his/her support broker to get more information regarding the respite service in SDCB.

Specialized Therapies: Non-experimental therapies or techniques that have been proven effective for certain conditions. Services must be related to the person's disability or condition and ensure the member's health and welfare in the community. The service will supplement (not replace) the member's natural supports and other community

services for which the member may be eligible. Experimental or investigational procedures, technologies or therapies and those services covered in Medicaid state plans are excluded.

Therapies: Therapies are provided when Medicaid state plan skilled therapy services are exhausted. Adult members in SDCB access therapy services under the Medicaid state plan for acute and temporary conditions that are expected to improve significantly in a reasonable and generally predictable period of time. Therapy services provided to adults in SDCB are to focus on health maintenance, improving functional independence, community integration, socialization, exercise or to enhance supports and normalization of family relationships.

- **Physical Therapy:** Diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities.

- **Occupational Therapy:** Diagnosis, assessment and management of functional limitations intended to assist adults to regain, maintain, develop and build skills that are important for independence, functioning and health.

- **Speech and Language Pathology Therapy:** Diagnosis, counseling and instruction related to the development and disorders of communication including speech fluency, voice, verbal, written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal and sensory motor competencies. Speech and Language Pathology therapy is also used when a member requires the use of an augmentative communication device. Based upon therapy goals, services may be delivered in an integrated natural setting, clinical setting or in a group.

Transportation: Transportation services are offered in order to enable members to gain access to waiver and other community services, activities and resources as specified by the SDCB Care Plan. Transportation services under SDCB are non-medical in nature, whereas transportation services provided under the Medicaid state plan are to transport members to medically necessary physical and behavioral health services. Payments are made to the member's individual transportation employee or to a public or private transportation service vendor. Payments cannot be made to the member. Whenever possible, natural supports should provide this service without charge.

NON-COVERED SERVICES

- Services covered by the Medicaid State Plan ("regular" Medicaid such as Salud or ABCB), or Medicare, Third Party Insurance or other sources;
- Goods or services that are covered (or should be covered) by other programs or organizations, often referred to as "third-parties". Some examples of such third-parties are private insurance, education/schooling-provided services, vocational services and services provided by city/county programs;
- Services, supports, or goods provided to or benefiting persons other than the member;
- Services, supports, per and/or goods not directly tied to the member's disability;
- Personal goods and services not related to the member's disability;
- Any services for a SDCB provider while a SDCB member is in an institution such as a hospital, skilled nursing facility or jail;
- Any service or good which would violate federal or state statutes, regulations or guidance;
- Formal academic degrees or certification-seeking education, educational services covered by IDEA or vocational training provided by DVR;
- Room and board meaning shelter expenses, including property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities and utility deposits and related administrative expenses.
- Utilities include gas, electricity, propane, fire wood, wood pellets, water, sewer, and waste management;
- Experimental or investigational services, procedures or goods, as defined in 8.325.6 of the NM Administrative Code (NMAC);
- Any goods or services that a household that does not include a person with a disability would be expected to pay for as a routine household expense;
- Any goods or services that are to be used primarily for recreational or diversional purposes;
- Purchase of service animals and the cost of maintaining any therapeutic service or assistance animal with the exception of training and certification;
- Gas cards and gift cards;

- Purchase of insurance such as car, health, life, burial, renters, homeowners, service warranties or other such policies;
- Purchase of a vehicle or long-term lease or rental of a vehicle;
- Purchase of recreational vehicles such as motorcycles, campers, boats or similar items;
- Firearms, ammunition or other weapons;
- Gambling, alcohol, tobacco, or similar items;
- Vacation expenses including airline tickets, cruise ship or other means of transport, guided tours, hotel, lodging or similar recreational expenses;
- Purchase of usual and customary furniture and home furnishings unless it is adapted to the member's disability or use, or is of specialized benefit to the member's condition. Requests for adapted or specialized furniture or furnishings must include a recommendation from the member's health care provider, and when appropriate a denial of payment from any other source;
- Regularly scheduled upkeep, maintenance and repairs of a home or the addition of fences, storage sheds or other outbuildings except upkeep and maintenance of modifications or alterations to a home which are an accommodation directly related to the member's qualifying condition or disability;
- Regularly scheduled upkeep, maintenance and repairs of a vehicle or tire purchase or replacement except upkeep and maintenance of modifications or alterations to a vehicle or van which is an accommodation directly related to the member's qualifying condition or disability. Such requests for coverage must include documentation that the adapted vehicle is the member's primary means of transportation;
- Clothing/accessories except specialized clothing addressing disability or condition;
- Training expenses for paid employees; Conference or class fees may be covered for members or unpaid caregivers, but costs associated with such conferences or class cannot be covered, including airfare, lodging or meals.

Setting up Your Care Plan

The support broker and the member will work together to develop an annual SDCB Care Plan that is based upon the Comprehensive Needs Assessment (CNA) and does not exceed the MCO determined budget.

In preparation for the SDCB Care Plan meeting, the Member should make sure that the following tasks are complete or in process:

- EOR should have returned the Employer of Record enrollment packet back to the FMA (the EOR must have an established Employer Identification Number in order to hire employees and/or access approved monies for vendors)
- EOR and Member should identify potential employee(s) and their hourly pay rate, identify potential therapies and providers, including rate with any applicable taxes; identify the cost of goods and services (including all applicable taxes); identify the cost of fees and memberships
- Services and goods identified in the member's requested SDCB Care Plan may be considered for approval by the MCO if all of the following requirements are met:
    - Services/goods are responsive to the member's qualifying condition/disability;
    - Must address the member's clinical, functional, medical or habilitative needs;
    - Must facilitate ADL per the CNA;
    - Must promote the member's personal health and safety;
    - Must afford the member an accommodation for greater independence;
    - Must support the member to remain in the community and reduce risk of institutionalization;
    - Must be approved and documented in the CNA and advance the desired outcomes in the member's care plan;
    - Must not available through another source;
    - Must not prohibited by federal regulations, state rules and instructions;
    - The proposed rate for each service is within the MAD/MCO approved rate for that chosen service and the cost for each good is reasonable,

appropriate and reflects the lowest available cost for that chosen good; and
- The estimated cost of the service or good is specifically documented in the member's budget.

Your support broker will assist you in putting your Care Plan together using the criteria referenced above. You will identify the services and supports that will address the needs identified in your Care Needs Assessment and identify how those needs will be met. Your SDCB Care Plan will include a thorough description of the good or service being requested and what need that good or service will meet. Your SDCB Care Plan will also include who will provide the service for you and how much the service or good will cost.

If a legally responsible individual (LRI) will be providing the service, a Request for Services by LRI form will need to be submitted to/approved by your MCO prior to services being provided.

Your support broker will submit your SDCB Care Plan to your MCO care coordinator once it has been completed. After the plan has been reviewed and a decision made, your Support Broker will deliver a copy of the final approved SDCB Care Plan.

Your services will begin on the effective date of your approved SDCB Care Plan.

Putting Your Plan into Action

Once your SDCB Care Plan has been approved, you may begin accessing your services. By this time all of your employees/providers should have been processed by the FMA and should be linked to your account in the FOCoS online system. Your employees can start working for you only once you or your Employer of Record have received approval from FMA.

DO NOT let an employee start working for you if they have not filled out all required paperwork, have not completed the fingerprinting process, or have not been cleared to work by the FMA. The employee will not be paid for work if these requirements have not been met. If your employees have not been cleared to work by the time your Care Plan starts, please refer

to your Emergency Back-Up plan and put that to use immediately until the issue is resolved.

If everything is ok and all of your employees are ok to start providing services, you can begin using your Care Plan. You will have received a copy of your approved Care Plan from your Support Broker and can use that to know exactly which goods and services you are approved for. It is important that you follow your Care Plan as was approved. If at any point in time your Care Plan stops working for you then immediately notify your support broker so that you can discuss revising your Care Plan to meet your current needs.

After your services have been provided, you, or your EOR, will have to approve the services for payment. Your employees will be required to enter their hours on the FOCOC online system so that you, or your EOR, can review and approve them, or discuss problems if you believe the time recorded was not the actual time worked. It is important that you keep a daily log of the services rendered so that there are no misunderstandings. The timesheets will be submitted according to the pay schedule that the FMA will provide. Vendors/providers will submit a non-timesheet invoice that does not require a pay schedule be followed as long as it is submitted after the service has been rendered.

To purchase a good, fill out a payment request form (VPR) and submit it with a copy of a receipt in the exact amount of the good. You will receive the check, made out to the vendor, and you can take the check to the vendor and purchase your good.

Your support broker will contact you each month and will review your spending reports with you. If you have spent too much or used too little of your budget then your support broker will assist you in resolving the issue. If you have a question about your Care Plan or you are having a difficult time accessing your services and supports, please feel free to contact your support broker by phone or e-mail any time.

FOR MORE INFORMATION ABOUT EMPLOYEES, PAYMENTS AND BUDGET ITEMS, SEE SECTION THREE IN THIS BINDER.

EMERGENCY BACKUP PLAN

Your support broker will assist you in creating a Backup Plan to keep you safe in an emergency or if scheduled employees cannot provide a needed service. It requires you to think about those situations and plan for them by asking you to describe how you plan to handle such emergency situations and/or lack of services and care. A good Backup Plan states who you will call if your scheduled service providers or support people cannot provide care or services, or if some other emergency arises. You will need to change this plan if your situation or your caregivers change. If you have service providers or employees coming into your home it is important to go over your Backup Plan with them so they know where it is posted and they and/or other people in your life can easily and quickly find it if necessary.

Your support broker can be helpful in this discussion by asking questions about how you want to handle emergencies, what services you need and who you want to call to help you. On your Backup Plan list the people who you want to call to help you. On your Backup Plan list the people who will provide backup services for you and write down the service that the backup person would be doing for you. Include the person's name, address, phone number and days and times they are available. Since the Backup Plan may be provided to caregivers and family members, be sure the contact information is clear and easy to access.

Also remember that you or someone on your Backup Plan must notify your Support Broker as soon as possible if there are any changes in your medical or health status that make you go to a hospital, rehabilitation facility or nursing home. This is very important because Medicaid cannot pay for your care in SDCB if you are in a hospital or other care facility. Please talk with your support broker if you have any questions about a situation.

Your support broker also may discuss your plan to handle certain other emergencies to be sure that you know what you will do if they occur. For example:

- What you will do in case of fire or natural disaster;
- What you will do in case of medical emergencies;
- What you will do to ensure you do not take any medicines you are allergic to;
- How you will respond if a scheduled caregiver calls to cancel at the last minute, has to leave work suddenly, or doesn't show up to work;
- Who you will contact in case of an emergency; and
- Where you will keep emergency numbers for people such as the doctor, ambulance, fire department, close friends and/or relatives.

SECTION TWO:

Reporting Abuse, Neglect, and Exploitation

Any person may report an allegation of abuse, neglect, or exploitation, environmental hazard, suspicious injury or a death by calling the Adult Protective Services (APS) 24/7 toll-free hotline number:

1-866-654-3219

IT IS YOUR LEGAL OBLIGATION TO REPORT ABUSE, NEGLECT OR EXPLOITATION!

IF YOU LEARN OF ABUSE, NEGLECT OR EXPLOITATION PLEASE DO THE FOLLOWING:

- **MAKE SURE THE PERSON IS SAFE.**
- **CONTACT LAW ENFORCEMENT OR EMERGENCY RESPONDERS IF NECESSARY.**
- **CALL THE APS/CYFD HOTLINE IF NECESSARY.**
- **REPORT ANY INCIDENT OF ANY KIND TO YOUR SUPPORT BROKER WITHIN 24 HOURS**

If the person is a minor, then immediately call Children, Youth and Families hotline at 1-855-333-SAFE (7233) or #SAFE from your cell phone

It is important for every person to take abuse, neglect and exploitation seriously, and to be able to recognize it when it happens. The following information can help you do so.

“Abuse” is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Examples of abuse:

- Recipient is threatened with being homeless or placed in a nursing home.
- Recipient is pushed or roughly handled while receiving care.
- Recipient is sexually assaulted.
- Recipient is made to do without food, water, or bathroom access as punishment.

It includes **SELF-ABUSE**, which is the abuse of one’s self or abilities.

Examples of self-abuse:

- Recipient is doubling up on pain medication and will not see the doctor.
- Recipient’s alcohol consumption results in frequent Emergency Room (ER) visits or law enforcement interventions.
- Recipient threatens or attempts suicide
- Includes cutting self, banging head repeatedly or stepping into traffic.

“Neglect” is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Examples of neglect:

- Insufficient staffing
- Staff not performing assigned tasks
- Care not being given by family or others who have agreed to provide support
- Agency frequently fails to provide services that have been authorized.
- Support staff show up but do not perform assigned tasks.
- Family or others who have promised support do not pay the bills, do not purchase sufficient food and supplies, do not arrange or transport to needed medical care. do not provide support as agreed in the personalized service plan for the recipient.

May also include “**Self-Neglect”**, which is is living in a way that puts the member’s health, safety or well-being at risk.

Examples of self-neglect:

- Does not eat enough to stay well.
- Can no longer prepare appropriate meals.

- Thinks the food is being poisoned.
- Forgets or refuses to eat.
- Refuses to bathe or change clothes.
- Forgets or refuses medications or takes too many at a time.
- No heat or electricity because bills are not paid.
- Brandishes weapons at neighbors or caregivers.
- Shoplifts.
- Consistently refuses to allow services to be delivered.

“Exploitation” is the deliberate misplacement, misuse or wrongful temporary or permanent, use of a member’s belongings or money without the member’s consent. Reports of alleged fraud may also be considered as exploitation.

Examples of exploitation:

- People move into the home uninvited and/or without paying for rent or utilities.
- The caregiver takes money from the consumer’s home. The consumer uses their Social Security check for drugs or gambling.
- The caregiver uses the consumer’s debit card for their own purchases.
- Consumer is intimidated into turning over the deed to their home.
- Caregiver convinces recipient to sign timesheet for hours not worked.
- Recipient’s medications are frequently missing.
- Caregivers or others are taking the recipient’s property (this is exploitation even if the recipient is offering it under duress or as a result of a medical condition such as dementia).
- Caregiver borrows money and does or does not pay it back.
- Recipient is encouraged or pressured into providing sexual services with or without pay.
- The Alleged Fraud field is selected if a report concerns Medicaid funding that has been paid for services not rendered (e.g. claiming time for work not completed) or for services diverted to inappropriate use (e.g. sale of Medicaid paid goods)
- Examples of Fraud The consumer and the caregiver agree to sign off on timesheets that do not represent time worked. The caregiver has the consumer sign timesheets ahead of time and turns them in including time not worked.
- Billing is submitted when consumer is out of town or in the hospital.
- Consumer is selling Medicaid goods (Depends, DME or medications).
- Caregiver turns in time sheets for delivery of services to more than one consumer for the same time/date.

“Emergency Services” means covered services furnished by a qualified provider needed to evaluate or stabilize an emergency medical condition.:

- Emergency Services are the provision of medical care to a member that was not planned or anticipated.
- Emergency Services are services that would not routinely be provided by a primary care physician.
- Emergency Services are provided in times of crisis.

“Law Enforcement” involvement is an incident that prevents the member from receiving services or directly affects the member’s health and safety.

Law Enforcement involvement for a caregiver is reportable when:

- The caregiver has harmed or robbed the member.
- The caregiver being detained or incarcerated results in services not being delivered to the member.
- The caregiver is also the natural support and is not available to provide health and safety supports.
- It seriously impacts the delivery of services to the member.

“Environmental Hazard” is an unsafe condition that creates an immediate threat to the health of a member, such as:

- Insect or rodent infestation
- Unsafe structural conditions
- Mold
- Carbon monoxide poisoning risk from faulty heating systems

“Missing” or “Elopement” is when the member leaves without permission or alerting others or runs away from a facility.

- Missing is when the member’s absence is unaccounted for or cannot be explained for more than 24 hours.
- Wandering is when the member leaves without intent to stay gone or may be lost or unaware of their surroundings.

“Death” is any death, including natural or expected, unexpected, caused by an accident, unknown or unanticipated cause, homicide or suicide.

- Deaths suspected of being related to abuse or neglect must also be reported immediately to APS or CYFD.
- Deaths from natural or expected causes do not need to be reported to APS/CYFD.

What are the signs of child and adult abuse?

CHILD ABUSE:

A child who's being abused may feel guilty, ashamed or confused. He or she may be afraid to tell anyone about the abuse, especially if the abuser is a parent, other relative or family friend. In fact, the child may have an apparent fear of parents, adult caregivers or family friends. That's why it's vital to watch for red flags, such as:

- Withdrawal from friends or usual activities
- Changes in behavior — such as aggression, anger, hostility or hyperactivity — or changes in school performance
- Depression, anxiety or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school or reluctance to ride the school bus Reluctance to leave school activities, as if he or she doesn't want to go home Attempts at running away
- Rebellious or defiant behavior
- Attempts at suicide

Specific signs and symptoms depend on the type of abuse. Keep in mind that warning signs are just that — warning signs. The presence of warning signs doesn't necessarily mean that a child is being abused.

Physical abuse signs and symptoms

Unexplained injuries, such as bruises, fractures or burns Injuries that don't match the given explanation Untreated medical or dental problems

Sexual abuse signs and symptoms

Sexual behavior or knowledge that's inappropriate for the child's age Pregnancy or a sexually transmitted infection

Blood in the child's underwear

Statements that he or she was sexually abused

Trouble walking or sitting
Abuse of other children sexually

Emotional abuse signs and symptoms
• Delayed or inappropriate emotional development
• Loss of self-confidence or self-esteem
• Social withdrawal
• Depression
• Headaches or stomachaches with no medical cause
• Avoidance of certain situations, such as refusing to go to school or ride the bus • Desperately seeks affection

Neglect signs and symptoms
• Poor growth or weight gain
• Poor hygiene
• Lack of clothing or supplies to meet physical needs • Taking food or money without permission
• Eating a lot in one sitting or hiding food for late
• Poor record of school attendance
• Lack of appropriate attention for medical, dental or psychological problems, even though the parents have been notified
• Emotional swings that are inappropriate or out of context to the situation • Indifference

Parental behavior
Sometimes a parent's demeanor or behavior sends red flags about child abuse. Warning signs include a parent who:
• Shows little concern for the child
• Appears unable to recognize physical or emotional distress in the child
• Denies that any problems exist at home or school, or blames the child for the problems
• Consistently blames, belittles or berates the child and describes the child with negative terms, such as "worthless" or “evil"
• Expects the child to provide him or her with attention and care and seems jealous of other family members getting attention from the child
• Uses harsh physical discipline or asks teachers to do so
• Demands an inappropriate level of physical or academic performance • Severely limits the child's contact with others
• Offers conflicting or unconvincing explanations for a child's injuries.

Although most child health experts condemn the use of violence in any form, some people still use corporal punishment (such as spanking) as a way to discipline their children. Corporal punishment has limited effectiveness in deterring behavior and is associated with aggressive behavior in the child. Any corporal punishment may leave emotional scars.
Parental behaviors that cause pain or physical injury — even when done in the name of discipline — could be child abuse.

ADULT ABUSE:

Obvious signs of physical abuse are often physical in nature. These may include:

- Cuts
- Bruises or black eyes
- Burns
- Restraint or grip markings
- Unusual pattern of injury; repeated trips to the emergency room

And while these signs of physical abuse may seem obvious, most victims will try to cover them up so as to hide the abuse due to fear of the abuser or shame about the abuse. While physical violence is never okay, and physical abuse is never the fault of the victim, many victims feel the abuse is their fault.

While not strictly physical, many behavioral patterns can also be signs of physical abuse. These signs may include:

- Name-calling and put-downs;
- Overt anger; threats; attempts to intimidate by the abuser
- Restricting the victim's movements (preventing them from attending work or school, controlling what they do or say)
- Restricting the victim's access to money
- Overt jealousy or possessiveness over the victim
- A delay between the time of injury and the seeking of treatment – this may be because the victim is unable to leave the house for treatment or due to the shame felt over the abuse
- The victim's noncompliance with a treatment regimen such as missed medical appointments or an inability to take medication due to lack of access to money
- Victim's fear of disagreeing with her abuser
- The abuser harming other people or animals in the victim's life

While the above signs of physical abuse are visible to outsiders, other signs of physical abuse may be subtle. Less obvious signs may include:

- Social isolation or withdrawal
- Vague medical complaints such as chronic headaches, fatigue or stomach pain
- Pelvic pain; vaginal or urinary tract infections.
- Unwanted pregnancy; lack of prenatal care
- Depression or Anxiety, including panic attacks and post-traumatic stress disorder (PTSD). Fearfulness Abuse of alcohol or other drugs

It's important to remember that while these signs may indicate physical abuse, they may also indicate other problems in the victim's life so it's important not to jump to conclusions. However, if physical abuse is truly suspected, **remember that it is your duty to report an allegation of abuse, neglect, or exploitation, suspicious injury or a death by calling** the Adult Protective Services 24/7 toll-free hotline number:

1-866-654-3219 or 1-505-476-4912.
MAKE SURE THE PERSON IS SAFE.

CONTACT LAW ENFORCEMENT OR EMERGENCY RESPONDERS IF NECESSARY.
THEN CALL THE HOTLINE
and NOTIFY YOUR SUPPORT BROKER
If the person is a minor, then immediately call Children, Youth and Families hotline at 1-855-333-SAFE (7233) or #SAFE from your cell phone

If you have questions about how to recognize or report critical incidents of abuse, neglect or exploitation, please contact your Support Broker.

SECTION THREE:

SELF-DIRECTION TIPS

HOW TO BE THE BOSS

- **Your Employer of Record**
- **Monitoring Your Budget**
- **Setting up Your Employees and Vendors**
- **How to Hire the Help You Need**
- **How to Manage the Help You Find**

Employer of Record Role and Responsibilities

The Employer of Record (EOR) is the person responsible for directing and overseeing the work of your employees and making sure that the people or organizations you buy services, supports or goods from receive payment on time. The MCO care coordinator will conduct an EOR self-assessment to determine whether you are able to serve in that function. You may be your own EOR unless you are a minor or have a plenary or limited guardian or conservator over financial matters. You may designate an individual of your choice to serve as your EOR as long as that person meets the qualifications specified in this manual and agrees to serve as your EOR. It is important to know that your EOR, whether it is you or someone else, will not be paid for his/her services as your EOR.

The EOR has specific responsibilities in SDCB that include:

- Recruiting, hiring, training, disciplining and firing employees;
- Making sure your employees submit all required paperwork to the Financial Management Agency;
- Establishing work schedules and the tasks you want your employees to do for you;
- Signing your employees' timesheets and expenditure logs to show that they have been reviewed by the EOR;
- Reviewing your employees' timesheets and expenditure logs to make sure they are complete, correct and submitted to the FMA for payment on time;
- Reviewing and submitting your Payment Request Forms (VPRs) and Vendor Invoices to the Financial Management Agency and working with the FMA to resolve any problems with payment that may come up. This may include calling the FMA Help Desk or in other ways communicating with the FMA, and then doing what needs to be done to ensure correct and timely payment to the vendor that you purchased services or goods from;
- Making sure that the goods and services you purchase are in your SDCB Care Plan;

- Keeping track of the money you spend on employees; and/or
- Keeping track of the money you spend on the goods and services you purchase;
- Making sure that services provided by employees are documented in a manner consistent with state requirements.

Again, in order to receive goods and/or services through your SDCB Care Plan you will need to become an Employer of Record (EOR) or find someone to act in that role for you.

The EOR will write job descriptions for your employees based on your needs to ensure you can recruit the right person to work for you. The EOR may hire and train your service providers and/or employees and schedule when you want them to work for you. If you think a service provider or employee needs specific training that you can't give them (such as CPR or how to safely lift someone) you or your designated EOR will need to arrange for that training. You or your designated EOR will need to review and sign your employee's time sheets after making sure they are accurate and correct, and review and approve your service providers' invoices after making sure they are accurate and correct so they can receive timely paychecks or payments. It is also very important for you to be sure there is documentation of services provided by employees or "contact notes" being completed by your employees. As an EOR, you will need to track and maintain this documentation and keep records of all budget expenditures and other money transactions.

Budget Monitoring

Keeping track of your monthly spending means that you will make sure you know when and how much you spend on the services, supports, and goods that you purchase each month. The FMA and your support broker will offer support to you in monitoring your budget to ensure that all of your expenditures are in accordance with your MCO-approved care plan. The FMA will give you and your support broker access to up-to-date information on your spending through the FOCoS online system and monthly spending reports. This will show you the expenditures and payments you make from your budget every month and the amount of money you have left in your care plan. The FOCoS online system and monthly spending reports are very important tools for you to use in managing and monitoring your SDCB care plan. It is like getting a bank statement and comparing it to a checkbook recording of things checks were written for.

Some of the services and supports you purchase will bill you every month while others will bill you as you access them. Therefore, your monthly spending may vary somewhat from month to month. However, the total of your spending for all the months for which you receive services and supports cannot exceed what is approved in your care plan. That is why it is so important for you to review your spending so you will know how much of your budget has been spent and how much you still have left to spend. You may need to move money around at some point in order to make sure that your care plan meets your needs.

It is essential for you to keep track of your spending each month, so you do not overspend by the end of your budget year. Even though the FMA gives you access to information regarding your budget and spending, keeping track of your own expenses as they occur will help you to make sure the information the FMA has is correct and you are spending your SDCB care plan as approved. Many members choose to keep a log of expenditures as they occur and keep receipts and copies of employee time sheets to help you make sure that the information from the FMA is correct.

You have several responsibilities in managing your budget. These include:
- Making purchases that are in line with your approved SDCB Care Plan;
- Keeping track of what you are spending each month, so you do not over-spend your approved budget allocation (funding);
- Keeping a log and the receipts for all of your purchases (this is very important);
- Updating or revising your SDCB Care Plan if and when you're spending needs change.
- Utilizing your services and supports effectively will ensure your successful participation in the SDCB program.

Monthly Budget Review with the Support Broker

Every month the support broker will review the member's spending since the last monthly contact was completed. This process allows the member to stay on track and not over-utilize services and supports approved on their Care Plan and Budget. If the support broker finds that the member has overspent, the support broker will initiate a discussion with the member to find out what the nature of the over-utilization is and to discuss possible solutions to avoid additional over-utilization. Support broker will also discuss potential outcomes if the problem persists.

Under-utilization of services will also be discussed with the member. If a member is not utilizing the services approved on their SDCB Care Plan and Budget, the support broker will also initiate a discussion to find out why. If the member states s/he no longer needs the service, the support broker will ask for details and notify the MCO care coordinator in the event that a new CNA may need to be completed. If the member does not believe the service meets their need, the support broker will discuss other services that the member may be eligible for and assist the member in potentially revising their SDCB Care Plan. The MCO will be notified. If the member states that the service(s) is being provided but

not billed for, the support broker will work with the member/AA/EOR to find out why the services have not been billed and will review the process for submitting timesheets and/or Payment Request forms. Timely filing will also be discussed.

Each month, prior to the Monthly Contact (or Quarterly Review) the support broker will:

- Print out an Accrual/Claimed Detail report from the FOCoS online system. This report allows the support broker to see what has been paid and what has been submitted for payment
- Review the report against the approved goods and services on the member's plan using the member's budget worksheet
- Identify any over/under-utilization of services

When the steps identified above have been completed, the support broker will contact the member (either by phone or in person) and will discuss the findings as part of the Monthly/Quarterly Contact.

Employee/Provider Credentialing

Qualifications That Apply to All SDCB Employees, Independent Providers and Vendors

In order to be approved as an individual employee, an independent provider, a provider or a vendor, each entity must meet the general and service specific qualifications found in the SDCB regulations and submit an employee or vendor enrollment packet, specific to the provider or vendor type, for approval to the Financial Management Agency.

In order to be an authorized provider for SDCB members and receive payment for delivered services, the provider must complete and sign an employee or vendor provider agreement and all required tax documents.

General qualifications for individual employees, independent providers, including non- licensed homemaker/companion workers and provider agencies who are employed by a SDCB member to provide direct services:

a. be at least 18 years of age;
b. be qualified to perform the service.
c. be able to communicate successfully with the member;
d. pass a nationwide caregiver criminal history screening.
e. complete training on critical incident, abuse, neglect, and exploitation reporting;
f. complete member specific training; the evaluation of training needs is determined by the member or his/her legal representative; the member is also responsible for providing and arranging for employee training and supervising employee performance; training expenses for paid employees cannot be paid for with the SDCB member's Care Plan.
g. meet any other service specific qualifications, as specified in the SDCB regulations;
h. maintain documentation of services provided per the SDCB regulations.

General qualifications for vendors, including those providing professional services:

a. be qualified to provide the service;
b. possess a valid business license, if applicable;
c. if a professional provider, be required to follow the applicable licensing regulations set forth by the profession; refer to the appropriate New Mexico board of licensure for information regarding applicable licenses;
d. if a currently approved waiver provider, be in good standing with the appropriate state agency; and
f. meet any other service specific qualifications, as specified in the SDCB regulations.
g. maintain documentation of services provided per the SDCB regulations.

Before using any vendor, **please call the Consolidated Customer Service Center (1-866-916-0310) to make sure all required vendor paperwork has been processed** and that the vendor has been set up on your SDCB Care Plan. If you use a vendor before their paperwork has been processed, they will not be paid for those dates.

If a vendor provides only goods (not services), you will only need to complete the Vendor Information Form (you do not need to complete the entire Vendor Packet). Since vendors that provide goods are usually large companies (for example: CenturyLink, Xfinity, Amazon, Best Buy), it is not necessary to get their signature on the form. If you are not sure if what you want to purchase is a "good" or a "service," call the Consolidated Customer Service Center for assistance.

Employee Background Checks

Your employees must submit fingerprints and tax information to the FMA to become eligible to be your employee. A team of customer support representatives at the Consolidated Customer Service Center will provide you and your employees with information about these processes when you call the Consolidated Customer Service Center at 1-800-283-4465. You may also email them to MI.VIA@CONDUENT.COM or send them a fax, toll-free at: **1-800-283-4465.** They will assist you in collecting fingerprints and other required information for conducting background checks on your personal care providers and employees who have access to your financial records.
A background check performed by the Department of Health's Consolidated Online Registry must be completed before your potential employee can begin work. It is very important that your employee does not begin working until you have been notified by Conduent that this background check has been successfully completed.

DEALING WITH CONDUENT: TROUBLESHOOTING THE FMA

The FMA has the responsibility of supporting and assisting you in your role as an employer and a consumer of services, supports and goods. The FMA pays your employees and vendors based upon your approved SDCB Care Plan.

The EOR will submit all required documents to the FMA. Documents must be completed and provided to the FMA according to the timelines and rules established by the State. Documents include, but are not limited to, vendor and employee agreements, vendor information forms, criminal background check forms, time-sheets, vendor payment request forms (VPR) and invoices, and other documentation needed by the FMA to process payment to employees and vendors.

The EOR must arrange to have service providers paid for their services by ensuring that all proposed employees and service providers complete all FMA required paperwork, including a criminal background check when necessary. Although services may be provided before the FMA enrollment

process is completed, payment for services cannot be made until paperwork is complete and submitted to the FMA.

Vendor Payment Request forms (VPR) and invoices may be submitted to Conduent on any day of the week (unlike timesheets which must be submitted according to the payroll schedule). The processing time for a VPR/invoice is approximately two (2) weeks. Vendor checks are mailed directly to the EOR ***(payments are not mailed to the vendor)***. After the EOR receives the vendor check, it is recommended that the EOR mail the check to the vendor as soon as possible to ensure prompt payment. For phone/internet payments, the EOR should send the payment to the phone/internet company's main billing address (with the payment coupon). It is not recommended that phone/internet payments be attempted through kiosks or at local phone/internet stores (e.g., T- Mobile or Verizon) since these payments are frequently rejected by TeleCheck.
Although an EOR will submit timesheets online (after completing necessary FOCoS*online* training), it is not possible to submit invoices online. Vendor Payment Request forms and invoices must be faxed to Conduent (1-866-302-6787) for processing. However, if a member/EOR has access to FOCoS*online*, they may review their payments and monitor them as they are being processed. In addition, the member, EOR, or AA may run reports through FOCoS*online* to monitor spending activity.

RTP (Return to Participant) letters are an effective means used by Conduent to assist in communicating with the EOR when there are problems in processing payment. For example, if a timesheet or invoice is submitted to Conduent and it does not contain the appropriate signatures, Conduent uses the RTP process as a means to inform the EOR that payment could not be made. In addition to the RTP letter which is mailed, Conduent attempts contact with the EOR and Support Broker via email. It is important that FOCoS*online* contain the EOR's correct contact information. If the EOR contact information needs to be updated, please contact the Consolidated Customer Service Center (1-800-283-4465) for assistance. Updates to phone or e-mail contact information may also be sent to Conduent via e-mail.

The SDCB member/EOR is encouraged to resolve any payment issues by calling Conduent directly. When initiating a call to the FMA, be sure to:
- Have all information regarding the payment issue in front of you

- Document which call center representative that you spoke with including the date/time
- Obtain call reference number after call is completed
- If resolution isn't achieved, please notify your support broker who then will send an email to the FMA, MCO, and State entities, requesting payment resolution.
- After faxing information, call FMA to confirm receipt of documents faxed

Finding the Help You Need: Tips for Finding and Hiring Employees and Vendors

In SDCB, you decide who works for you and how much you will pay them, but you also have many new responsibilities when you are an employer. You are the person who must find, interview, hire, manage, and (when needed) fire your employees.

How do I find employees and vendors?

You might already know someone who you would like to hire to provide support or do certain kinds of work. It could be an agency worker who you know well and have worked with in the past. It could be a friend or relative who has the right skills to do the job.
If you can't think of anyone in your life right now, then you may need to find, interview and hire your workers. Resources that can help you find workers include:

•Talking to people you know, including others using SDCB services.

•Contacting agencies that specialize in home services (many of these can be found in the Community Resource Directory in Tab 4 of this binder).

•Searching the internet.

•Contacting employment agencies and New Mexico Workforce Solutions.

•Placing an advertisement in the newspaper (note: it is safer to place an ad on the internet so that you can talk to applicants through email before meeting them. Don't use your home telephone number and address in your advertisement.

How do I write a job description?

Before hiring workers, they should understand exactly what you want them to do. Write down a list of tasks you will need them to perform for you and what skills they will need to be able do these things. This is called a job description. A job description should be clear and include the basic information about the job. It does not need to be complicated, but it should be completed before you begin interviewing applicants.

A good job description includes the following information:

- The purpose of the job - how you expect an employee to fit in with your life.

- The relationship between you and your support worker - and anyone else such as family members. You should make clear that you or your Employer of Record (EOR) will be the employer (boss) and that your support workers are directly responsible to you or your EOR. You are in charge.

- The main duties - it is a good idea to list the things you need done every day, and another list of things done only some of the time.

- Skills the worker needs to have - if you need a person who knows how to do certain things (like take care of a G-tube or lift and move you), put that in the description. It is good to write down what training you will give them. Also list any training they will need to get from someone else to be able to do the job.

- Rate of pay. How much will you be paying this person? Will there be opportunities for pay raises?

- If you need help writing a job description, ask your support broker, a friend or a relative to help you.

Note: All employees need to have a Social Security number or a permit to work in this country. You will need to make sure they have this. There are some examples of job descriptions on the next pages.

Here is an example of a job description:

Job Description for personal care support for Jose Martinez

I need help every morning to get ready for work. I can make my own breakfast, but I sometimes need reminders about eating healthy breakfast foods. The purpose of this job description is to tell you about my support needs.
I need you to be on time and reliable. If you want to take time off, I will need at least two weeks notice to make other arrangements for my support. Please ask me any questions you need to make sure you know how to give me support the way I want it done.
Weekday Morning Care - 6:30am to 8:00am:
Greet me and help me get ready to shower.
Make sure that the water temperature is not too hot or too cold. Help me shampoo my hair.
After the shower, help me brush my teeth and shave.
Help me to get dressed.
I may sometimes need help to make my breakfast.
My ride to work will arrive at 8:00am.
About You:
I need you to be patient and kind and speak to me in a respectful way. I like people who are honest that I can count on.

How do I interview people for the job?

Interviewing is one of the most important tasks that you do as an employer and one of the most difficult. There are two main reasons why you should interview applicants for a job:

1. An interview will tell possible workers more about the job and what they will be doing: things like the hours and how much they will be

paid. The interview also helps the applicants to decide whether the job is one that they want to do.

2. An interview will help you find out if the applicant is someone you would want to work in your home, doing personal things for you, and with you.

What you need to get from an interview:

- Find out if the person is right for the job.
- Get extra information about their skills and experience.
- Find out more about them, what they think, and how they will do in new situations.
- Find out why they want to do this job for you.

You also need to tell the applicants about the hours you want them to work, any rules you have and find out if they can work on holidays etc.

What Not To Do

Do not ask discriminatory questions. Do not ask any personal questions which have nothing to do with the job, especially about politics, religion, age, private life, race, children, or their partner's work and other personal things.

Telephone Interviews

After you have put out an advertisement, be ready to get phone calls about the job. Keep the job description and the job application near the phone along with a paper and pen to take notes. When someone calls you about the job, talk to him or her to see if they are a good fit. Make sure you write down the person's name and telephone number. Have a list of questions and ask each person the same questions. Telephone interviews can be a way to get some early, basic information about a person and let them ask you questions about the job.

Example Interview Questions:

⇨ What about your last job did you like or dislike?
⇨ What is your experience with people who have disabilities?
⇨ Do you have any personal duties that would make it difficult to do this job?

- Are you able to work flexible hours?
- Are you able to work weekends? Nights?
- Are you able to work when I go on vacation?
- Would you be willing to use your car during this job?

1. Take notes during your conversation so you can look at them later.

2. Tell the person the exact job duties, pay and times you want them to work.

3. Ask the caller if they can perform all of the duties you need them to help you with. For example, heavy lifting or other physical activity.

4. Talk about any special equipment you use they need to know about.

5. At the end of the conversation, ask the caller if they have any questions about the job and answer them as best you can.

6. If you think they might be a good fit for the job and they do too, set-up a date, time and place to meet with them.

7. Make sure you write down their name and a telephone number where they can be reached.

A telephone interview can help you decide if you want to meet an applicant in person.

Face-to-Face Interviews

When you meet an applicant in person, you may want to interview them in a public area, such as a library or restaurant, if you do not want this person to know where you live. It can be helpful to have someone else there for support during the interview. If you would like, ask a friend, relative or your Support Broker to be there.

When you set-up a time for the interview with the applicant, tell them to bring a Social Security card or other permit to work in this country and bring a valid driver's license if driving will be required for the job.

There are certain questions that you may want to ask, but the most important thing is to get the applicant to tell you more about themselves. This will give you some idea about what they are like as a person. Talking to the applicant about your needs will help both of you decide whether he or she is a good match for the job. Look over your care plan and job description with the applicant to make sure they are comfortable doing everything you need them to do. Talk about how much you will pay, the work schedule, how they will get to work, and if they will be able to change their work time in case your schedule changes. Ask the person if they have any questions. Thank them for coming and let them know the date you will make a final decision about who you are going to hire for the job.

Guidelines for face-to-face interviews:

- Meet the applicant in a public place.
- Have someone you trust there to help you.
- Tell the applicant to bring a Social Security card or other permit to work in the U.S.
- Ask questions about their experience and skills.
- Tell them about the job duties and what you expect them to do.
- Thank the applicant and tell them when you will decide who you are going to hire.

Reference Checks

When you are done with the interviews, make a list of the people you may want to hire. Next, you can call references - the employer (past or present) or a personal friend or family member of the person applying to work for you. When you call the references, tell them who you are and why you are calling.

Some questions you might ask a reference:

1. What did this person do for you?
2. Did they come to work on time?
3. Did they come to work rested and well-dressed?
4. Did they have the skills needed to do the job?
5. Were they reliable?
6. Were you happy with their work?

7. Why did they stop working for you?
8. Would you hire them again?

References can tell you about what kind of work this person has done before, how well they did their job and if they can be counted on to do what they say they will do. Take notes on what the references say.

Making a Decision About Who to Hire

When you decide who is the best person for the job, call them and make an offer to hire them. As soon as they have accepted the job, you will need to complete an employment agreement with your new support worker.

What is an Employment Agreement (EA)?

An employment agreement is between an employer (you) and an employee. This agreement includes information about you, the worker, the job and the terms of what, how, when and where the work will be done. It also includes how much you will pay your worker.

Being a Good Boss:
Managing Your Employees

Clear Communication

In any good relationship, communication is very important. The best thing to do to keep a good relationship with your workers is to communicate clearly and openly with them. You also have a responsibility to be clear and reasonable in what you expect them to do.

Code of Conduct

One way of being clear about what you want someone to do for you is to write a job description for the worker (see tips on Hiring Workers). Tell all your workers about your daily schedule and how you like them to do things. It is a good idea to write it down and review it with your worker before he or she starts.

Writing a "code of conduct" can be a good tool to describe your expectations of how people will act toward each other when they are working for you. It can also list the responsibilities each person agrees to. This is a good place to list your house rules.
Some things that you may want to put into a Code of Conduct:

- The rules of the house - it's your home, so you get to say what is ok and what is not ok. For example: smoking, using the telephone, etc.

- Reliability - what employees should do if they have to miss work?

- Any trial period - if you want to "try out a worker" before they are hired for good.

- Being on time - coming to work at the time you set and not being late.

- Breaks - when, how long and how often they can take a break during the time they are working.

- Personal phone calls - when, time limits, long distance.

- Use of your personal belongings (including food and beverages)

- If you will pay for food, drink or travel expenses (like gas or bus pass)

- How you will give feedback to your workers/

- How they should tell you if they have a problem with the job or working with you.

- The need for confidentiality (what you want to be kept private)

How do I train my workers?

You might use many different kinds of supports and services to meet your needs each day. You are the only person who knows exactly how you want the service to be provided. Your worker will have a basic understanding of the kind of support you want after your interview with them, but you may have to give some training or show them how to do the support.

As the employer, you are responsible to give your workers information about your needs and how you want to be treated. It is important that you do not automatically think that your workers know how to do every task for you. They might not know how you want it to be done. Tell your worker exactly what and how you want them to do things. If you have a specific way of doing something or schedule you should write it down.
When you train your workers, be sure to tell them how to lift you or move you around in a way that is safe for you and for them. You can tell them how you need things done or you can have a physical therapist or an occupational therapist, who know you and your situation, tell them how to do lift and move you the right way.

If a worker does not have the right skills and enough training to do the job, it can cause problems between you and your worker. You have more risk if your support worker does not know how to do the job in a safe way. It can also make the worker feel uncomfortable about doing some of the things you need them to do. If they know how to do the job well they will be happier about working for you.

Talk to your workers about what to do in an emergency. Include regular/everyday emergencies, like cuts and burns that may need first aid and emergencies that might happen because of your disability.

It usually takes a couple of weeks to set up a regular daily way of doing things with a new worker. Be flexible and patient when giving the new worker information and training but be clear about how you want them to treat you and talk to you in a respectful way.

Trainings can also be provided by vendors, or by agencies such as the Red Cross.

How do I tell my workers they are doing a good job or need to do better?

Feedback is a tool to tell your workers the things you like and dislike about them or their work, and what is working or what could be better. You know when a job is being done well, but it is easy to forget to tell the person that you are thankful for the good job they are doing.
If you do not like how a worker is doing something, talk about it as soon as it happens. If you don't tell them about the problems when you find them, your worker may think that they are doing the work the right way. You may be uncomfortable telling people negative things. But it can be a good experience, even when you are telling somebody that they are not doing something the right way. You can talk to your worker in a helpful way that will help them know how to do the job better. They can learn from you and feel better about being able to do a good job for you. You may want to ask someone else to be there with you when you talk to your worker.

Try to think of the supports and services you get from your Community Support Worker just like any other service you buy.

Example: If you took your television to be fixed and it was not done right, you would talk to the service manager and let him know why you do not feel you got good service and ask that he take care of the problem.
Example: If the person who cuts your hair did a really good job, you would let them know how much you like the way they did it.

Just like these services, you need to talk to your workers and tell them about anything you are worried about. You also need to tell your workers when they are doing a good job.

Guidelines for Giving Positive Feedback: "Good Job!"
When a worker does something very well, you can tell them right then they did a good job. If you want to evaluate their job performance (tell them how they are doing in all their job): Choose a time and place so you will not be interrupted, and other people will not hear you. Tell them how much you like and are thankful for what they did. Tell them how their work helps you.

Guidelines for Giving Corrective Feedback: "There is a problem we need to talk about."
If a worker doesn't do something the way you like it done, you can tell them right then how to do it the way you want. If it is a bigger problem or you want to evaluate their job performance:

1. Choose a time and place so you will not be interrupted, and other people will not hear you.

2. Talk about the problem, not the worker personally.

3. Tell exactly why the problem causes difficulty for you and why it needs to stop.

4. Ask for the worker's help in solving the problem and talk about their ideas.

5. Decide together what each person will do to solve the problem and make working together a good experience.

Are you happy with your services and supports?

You may want to think about how things are going every so often. Some people like to do this every month. Others like to do it just a few times a year. Below is a sample of a form you could use to make sure you are getting the help you want and that it is worth what you are paying for it.

Use the questions on this table to think about your services and what you might choose to change. Just because you are asking questions about your services does not always mean you want to change them. If you are happy with your services and your Community Support Workers, then keep them like you have them.

Question	Yes	Sometimes	No
1. Is my worker here on time, or when I need them?			
2. Are they doing what I asked help for?			
3. Are they following the rules I set up?			
4. Are they honest on their timesheet?			
5. Do they keep their problems to themselves?			
6. Does my worker follow my routine?			

7. Am I getting what I need?			
8. Am I happy with them?			
9. Is everything in my home taken care of?			
10. Do they remember and follow instructions without having to tell them over and over?			

How can I handle conflicts or problems with my workers?

Conflict is when two people have a disagreement or bad feelings. The best way to handle conflict is to be assertive. Being assertive is being polite but making sure that the other person understands what you want. Being assertive takes practice.

Sometimes you can ignore something a worker says or does that you do not like because it has nothing to do with your care. But, if your worker is not doing something that the two of you agreed upon in your employment agreement, then you need to say so every time.

If it keeps happening, it is important to document (write down) what the problem is and write down where and when it has happened. Set a time to talk to your worker about the problem and bring out the employment agreement that you both signed. Make sure that you keep a record that you and your worker talked about the problem. If you give your worker feedback and talk to them about what you would like them to change and you still have problems, there are things you can do.

- **Ask someone from your circle of support to help you meet with your worker.**
- **Ask your Support Broker to be at a meeting between you and the worker to solve your problems.**
- **Fire the worker and hire someone else.**

Never threaten to fire someone just to get them to do work. If you decide to fire them, you do not need to talk to them about the problems anymore. If

you back down or do it as a threat or punishment, you will lose the worker's respect and your control over them.

What if I need to fire one of my workers?

One of the responsibilities of being an employer is to fire an employee who is not doing their job. Firing an employee is usually not a comfortable experience. If you talk to your worker about problems and you try to correct the problem, but the worker does not change what they are doing, then you might want to fire the worker and hire someone else.

How to fire a worker:

1. Set a date and time for the termination (the day they are fired).

2. Have someone else with you, a family member, friend or someone you trust.

3. Have the paperwork and employment agreement out at the time.

4. Make a list of anything the worker may have such as keys to your home and ask them to give them back to you right then.

5. Have your back-up plan ready to go before termination.

6. Let the worker know that this is not working out as you hoped and that you do not need them to work for you any longer.

7. If they want you to tell them why, remind them of the times that you talked to them about them about the problem and the feedback you gave them about this issue. Do not get into an argument.

8. Tell them when they will get their last paycheck.

9. If they become angry or offensive, ask them to leave now.

10. Call and tell your Fiscal Employer Agent that the worker has been terminated and what day they worked last.

How can I keep my workers and myself safe?

All employers should provide a safe working environment (this is the place that your workers will be working for you, usually your home). Many people get hurt at work every year, but most of these accidents can be avoided by doing a few simple things. People who employ support staff need to make sure their workplace is safe.

When you train your employees, be sure to tell them how to lift you or move you around in a way that is safe for you and for them. Your workers have a responsibility to take care of their own safety and must tell you about any problems they might have with a work task or using equipment in your home. You should not take any risks you don't have to. Don't ask too much of your support worker and ask them to tell you if they think of a better way to do something.

Working Environment

When you employ support workers in your home, that home becomes a work environment for them. You should take extra care to make sure that your home is safe and that any problems or unsafe items are removed, changed or fixed.

Things to think about:

- Cracked or broken electric plug-ins or sockets with too many plugs in it should be fixed or changed.
- Open fires like fireplaces should have screens and workers should know how to use them.
- Flammable furniture - workers need to know that some furniture may catch on fire easily if around a cigarette, a flame or too much heat.
- Household appliances like heaters or stoves that are broken should be fixed or changed.
- All medicines should have labels.
- Household cleaners should have labels.
- Someone can trip on worn carpets or loose rugs - they should be fixed or taken away.

SECTION FOUR:

- **Preventing and Reporting Medicaid Fraud and Abuse**
- **Using the FOCOSonline Portal**
- **Using the Authenticare EVV System**

PREVENTING FRAUD AND ABUSE

The Self-Directed Community Benefit is a Medicaid funded program designed to ensure that recipients received the care and supports they need to stay healthy and live in their own home or in the home of someone they trust. Medicaid fraud undermines the integrity of the program and puts everyone at risk of losing services.

According to the Merriam-Webster dictionary, fraud is "deceit, trickery; specifically, the intentional twisting of truth in order to induce another to part with something of value or to surrender a legal right."

Visions Case Management and your Support Broker are charged by federal and state law with the responsibility of identifying, investigating, and referring to appropriate entity cases of suspected fraud or abuse of Medicaid funds by a provider agency, a program member or member's legal representative, Employer of Record, therapist, or anyone else directly associated with the SDCB program.

Possible acts of fraud include:

1. Claiming hours or services on a timesheet that were not worked.
2. Failing to provide and maintain quality services as written on a care plan.
3. Engaging in a behavior that is considered abusive and/or improper by the Medicaid program.
4. Pretending to need services which are not medically necessary.
5. Encouraging a member to receive services not required or requested by the member or their legal representative.

Medicaid fraud is a State and Federal crime. If you believe that a member, employee, therapist, Employer of Record, agency or anyone else associated with the program has

done any of the things listed above, then you should call the Human Services Department at (505) 827-3141 or send an email to NM HCO-NMMedicaidFraud@state.nm.us. You may also call Visions Case Management, and we will assist in reporting the fraud. The call will be confidential and anonymous.

Using the FOCOSonline Portal

At this time, payroll and payments are tracked and processed using the FOCOSonline portal. The Support Broker can assist with setting you and your employees up. This portal allows the Employer of Record to:

- Review and approve time worked by employees
- Check status of payment requests for goods and services
- Check status of the enrollment of new employees or vendors
- Run reports to check spending rates to ensure there is no over or underspending.
- Many other helpful tools are also available.

Your Support Broker will inform you when the Employer of Record and/or employees are set up, at which time they can access the portal and finalize their enrollment here: https://nm.focosonline.com/nm/

Visions Case Management & Consulting

Frequently Asked Questions (FAQs): Online Training In FOCoS*online*

nm.focosonline.com

Q: What is the deadline for entering and approving timesheets online?

A: Timesheets must be entered and approved online on Saturdays (the day after the pay period ends). If you would like a copy of the Employee Payroll Schedule, please contact Xerox.

Q: What if I forget my password?

A: Please contact Xerox at 1-866-916-0310 and we will be happy to reset your password for you.

Q: I am an employee; can I run reports and view the Member's budget?

A: No. An employee only has user rights to view their own timesheets. Employees do not have the capability to run reports, view the budget or payments to anyone other than themselves.

Q: What is the best report to run to show how much money is left in the budget? A: We recommend the Utilization Accrual/Claimed Reports since they show all charges

that have been entered in FOCoS***online***. Q: If I have questions about how to use FOCoS***online***, who can help me?

A: Please contact Xerox for any questions about using FOCoS***online***. You can reach us at 1-866-916-0310 or e-mail us at mi.via@xerox.com.

Q: Can I print forms from FOCoS***online***?

A: Yes. Forms may be printed from FOCoS***online*** except for the Employer Enrollment Packet. If you need an Employer (EOR) Enrollment Packet, please work with your Support Broker.

Q: What if a timesheet is entered in Charge Entry but never approved?

A: If a timesheet has not been approved, it will not be paid. The Employer (EOR) must review and approve any timesheet that is entered by them or their employees before any payment can be processed.

Q: If I make a change to an approved timesheet, does it need to be approved again?

A: Yes. If a change is made, the Employer (EOR) must approve of the change. This means that the EOR needs to approve the timesheet again if there is something added or deleted.

FOCoS*online* Self-Registration
Frequently Asked Questions (FAQ)

Q: Can inactive users go through the FOCoS***online*** self-registration process?

A: No. If a user is inactive in FOCoS***online***, they will not be able to request a login in FOCoS***online*** until they are active.

Q: Is it possible for an Employer of Record (EOR) to become inactive while a Participant/Member is active? If so, what causes an EOR to become inactive?

A: Yes. An example would be when a Participant/Member has an EOR change. The Participant/Member remains active, but the EOR is inactivated as the new EOR takes over.

Q: Does an EOR and/or Employee have to be linked in order to be considered active?

A: No, not to the Plan and not to a Participant/Member. The FOCoS***online*** system considers an EOR or Employee "active" as soon as they are added in FOCoS***online***. Technically, they could request login access the same day someone adds them in FOCoS***online***. However, if they are not linked to a Plan or Participant/Member, they won't be able to add charges, etc. because the relationships aren't there yet, but they could log in.

Q: If an Employee becomes inactive due to a termination can the EOR still enter and approve their last worked time on an inactive Employee account?

A: No. EORs do not have access to view a user's demographic page, therefore they do not have the 'Search' field and 'Include Inactive Users' checkbox in FOCoS***online***. Once an Employee is inactivated, they will no longer be able to enter charges. However, Conduent still has access and would be able to key and approve any outstanding charges not keyed before the termination.

Q: Can the Consultants/Support Brokers request FOCoS***online*** access via the self-registration process instead of completing the paper form, and having to faxing it in?

A: No. Users must already be in FOCoS***online*** to utilize the self-registration. Consultants/Support Brokers are not already in the system at the time of their access request, so they also have to be validated manually and physically added to

FOCoS*online* Self-Registration
Frequently Asked Questions (FAQ)

FOCoS***online*** as a user and granted access. Each request is validated as legitimate before access is granted (the authorization form is signed by a supervisor).

Q: If access is provided can the EOR, Participant/Member or Employee still access FOCoS***online*** if they become inactive?

A: No. This does not change with self-registration. If the user is inactive in FOCoS***online***, they will not be able to log in to FOCoS***online*** until they are active.

Q: Does an Employee that is no longer working for a Participant/Member need to be terminated in FOCoS***online*** to ensure they do not access, and are not able to enter in time sheets?

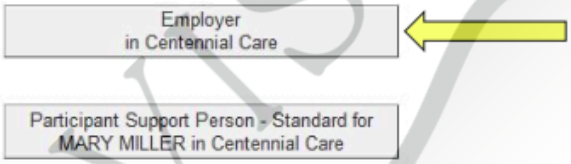
A: Correct. That process doesn't change. It works the same as it did previously. For example, if an Employee faxed in a form, as long as they are active in the system, we would grant them access.

FOCoS Innovations

Approving Time Cards

Example when the Employer is both an Employer and a Member Support Person (Participant Support Person):

Please click on the role/program you wish to enter:



Note: If you select your role of "Member" or "Participant Support Person" you will be able to view time card charges, but you will not be able to add time card charges or approve time cards.

3) Once you are on the FOCoS***online*** home page, click on "Charges" in the main menu and then click on "Charge Entry" in the drop down.

Using the Authenticare EVV System

In order for your employees to be paid for work in the home as a Self-Directed Personal Care OR respite employee, Medicaid requires that they use the state approved Electronic Visit Verification (EVV) system to record location of services and time worked. This system will help verify that employees are actually at your residence by having employees call in/out at the start/end of their work shifts. All employees must understand and agree to all roles and responsibilities of the EVV system. Note that this system is separate from the FOCOSonline system, although the two do share some information.

ELECTRONIC VISIT VERIFICATION

Medicaid rules require that services provided in the home are verified using an electronic system that tracks the location of the employee when clocking in and out at the start and end of their shifts. This is to prevent Medicaid fraud or abuse by ensuring the employee is actually at the Member's home during scheduled shifts.

There are two ways that this can be done:

1. INTERACTIVE VOICE RESPONSE (IVR) SYSTEM. In this set up, you will be using the Member's home landline to call in and out. You will be provided with an Attendant ID and Member ID to speak into the phone. NOTE: this will ONLY work using the phone at the Member's home. See attached instructions below.

2. MOBILE PHONE APPLICATION. In this set up, you will download the Authenticare 2.0 app to your smartphone and use that to call in and out for your shifts. Your phone will use its GPS function to ensure you are at the Member's residence when calling in/out. See attached instructions.

Important – If a worker works for more than one provider and/or provider location, he/she is assigned a different number for each location. Caution workers to make sure they use the correct Worker ID for each client visit.

NOTE: The EVV system is complex and not very user friendly. if you run into trouble please contact your Support Broker, and he or she will provide support or tell you where to find it. In many cases issues resolving time entry, timecard or payment issues will require collaboration with the MCO Care Coordinator or Supervisor.

EVV: EOR Training

My Responsibilities as an EOR:

- Login to the Authenticare web portal
- Approve Timesheets
- Register mobile devices

How to Login:

1. Go to the Authenticare website at https://www.authenticare.com/nmcc
2. Login (The Support Broker will provide your password)
3. Please store your password in a safe place
4. Contact the Support Broker for password rests

How to Approve Time:

1. Login
2. From Homepage, select Confirm Billing-View
3. Enter start/end date
4. Click Go
5. Confirm Billing Screen appears
6. Check box next to Approve Billing for Claim
7. Click Confirm Billing

How to View/ Edit Timesheets:

1. Login
2. From Homepage, select Claims
3. Enter claim ID or Start/End date, then click Go
4. Once you click the ID of the timesheet you want to view, the Claim Detail page will open
5. Modify the date and time as needed
6. A note explaining the edit is required by the MCO
7. Once complete, save the claim

Adding Attendant Information for Mobile and IVR

(Please see IVR and Mobile application handouts for attendants):

Before an Attendant can use Authenticare to check-in and out, their EOR/ Support Broker must update the Attendant's profile with their mobile device ID using the web portal. They will also need to ensure the correct language is set for IVR use.

1. Login
2. Search for Attendant from the entities section on the Homepage
3. From the Entity Search Results page select the Attendant whose profile you will edit by clicking the ID
4. Verify that the language is correct; this determines the language the Attendant will hear in the IVR system
5. Mobile settings default to the selections that allow the attendants to utilize the application. Do not change these
6. Enter a temporary password
7. Check the **Worker Must Change Password** box
8. Enter the Attendant's mobile phone number
9. Copy/paste the Device ID the Attendant provided
10. Click Save

Verify Member Setup

1. For the mobile application to confirm location, the correct address must be listed on the **Client Entity Settings** page.
2. For the IVR system to confirm that the Attendant is calling from the correct landline, the **Client Entity Settings** page must have the home phone number listed.

Additional EOR Functions in EVV:

- Authorizations
- Entering Manual Timesheets
- Pulling Reports

Searching Authorizations:

1. From the Homepage, search for authorizations
    a. By completing any of the fields and clicking Go
    b. Clicking Go for a blanket search to pull all Authorizations

Creating Web Timesheets (creating timesheets is discouraged as there may be a delay in payment)**:**

1. Login
2. Click Create New Claim or in Claims Section click Go
3. Enter Member ID in the Client field
4. Enter Attendant ID in the Worker field
5. Enter the Service ID in the Service field
6. Select the Date
7. Enter the Amount (time duration)
8. Select a Reason front he dropdown list
9. Enter a note specifying the reason for the manual entry

Reports:

Authenticare offers several standard reports that can be run instantly 24/7. The reports are current and there is a wide variety of filtering options. The reports can be displayed in PDF, Excel, CSV, or XML formats.

1. Login
2. Click Reports
3. Choose the report you want to view
    a. Authorizations
    b. Authorization History
    c. Claim History
    d. Exception
    e. Overlapped Claim by Client
    f. Overlapped Claim by Worker
    g. Time and Attendance

ALTERNATIVE INTERACTIVE VOICE RESPONSE (IVR) and MOBILE APP

Activity Codes for IVR

List Name	IVR Phrase	Code Value	An Entry Required	Display Legend
List1	*"Hygiene and Grooming"*	01	Yes	*Hygiene/Grooming*
List1	*"Individual Bowel and Bladder"*	02	Yes	*Individual Bowel and Bladder*
List1	*"Meal Preparation and Assistance"*	03	Yes	*Meal Preparation & Assistance*
List1	*"Eating"*	04	Yes	*Eating*
List1	*"Household and Support Services"*	05	Yes	*Household and Support Services*
List1	*"Supportive Mobility Assistance"*	06	Yes	*Supportive Mobility Assistance*
List1	*"Hauling and Heating Water"*	07	Yes	*Hauling/Heating Water*

fiserv.

New Mexico SDCB: Electronic Visit Verification (EVV) IVR Telephony Guide for Workers: Overview

Applies To:

- Fiserv AuthentiCare EVV Solution
- New Mexico Self Directed Community Benefits(SDCB) **Workers**
- Using an **IVR** (Interactive Voice Response) Method for checking-in/out.

For Support, Please Reach out to:

- **Workers**: Contact your Employer of Record for training and technical assistance
- **Employers of Record**: Contact your Support Broker for login credentials, training and technical assistance.
- **Support Brokers**:
  - Training/Credentials: Contact Adaunnis Dodson (Adaunnis.Dodson@Fiserv.com)
  - Technical Assistance Phone: **1-800-441-4667, Option 6**
  - Technical Assistance Email : authenticare.support@firstdata.com
  - 6:00 AM –6:00 PM MST, M-F

New Mexico SDCB: EVV IVR Telephony Guide for Workers

Key Items to Remember

For The Service Broker (SB) / Employer of Record (EOR):

- The matching of phone numbers is based on the landline number on the Client Entity Settings page
- If Attendant calls from an unauthorized phone number, the check-in cannot be completed

For The Workers (Attendants):

- One check-in/out per service
- IVR can be used as the check-in/out method only from a phone number on the member's profile
- Only SDCB services will play for SDCB Workers
- Remember to enter activity codes for applicable services
- The check-in/out methods are in/out methods are interchangeable

Visions Case Management & Consulting

Interactive Voice Response (IVR) Instructions

To complete a successful Check In, you will need:

- **AuthentiCare Attendant ID** _____
- **AuthentiCare Member ID** _____

Instructions to Check In for IVR

Production IVR Line = **(800) 944-4141** | Training IVR Line = **(800) 416-6602 – Application Code:140**

1. Dial <**(800 NUMBER)>** from the member's landline or mobile number.
   "Welcome to AuthentiCare New Mexico Centennial Care."

2. ***"Enter your Worker ID followed by the pound sign."***
   Enter your AuthentiCare Attendant/Caregiver ID.

3. ***"To check in, press 1. To check out, press 2. To select language preference, press 8."***
   Press 1 to check in.

4. ***"<If the Client is <MEMBER NAME>, press 1. To enter the Client ID, press 8"***
   Press 1 if the IVR recited the correct Member's name.
   Press 8 if you need to enter the Member's ID
   1. ***"Please enter your Client ID followed by the pound sign."***
      Enter the Member's AuthentiCare ID

   Note: If you are not calling from Member's registered phone number the system disconnect your call and check-in cannot be completed.

5. ***"If the service is <SERVICE NAME> press 1, <SERVICE NAME> press 2, etc."***
   You will hear a list of services that are authorized for the selected Member. Choose the one you are there to perform by pressing the appropriate number on the telephone keypad.

6. ***"If you are finished selecting services press the pound key."***
   Press pound.

7. ***"If you are <ATTENDANT NAME> and you work for FMS PROVIDER AGENCY and you are providing <SERVICE NAME> for <MEMBER NAME> press 1. If this is not correct, press 2."***
   AuthentiCare will repeat back your name, FMA agency, the Member's name, and the service to be provided. If this is correct, press 1. If the information is not correct press 2, and you will be able to correct the information before you finish the call. Pressing 2 will take you back to step 3.

8. ***"Your check in was successful at <TIME>. To return to the main menu, press 1. To end this call press 2. Thank you for calling AuthentiCare New Mexico. Goodbye."***
   After confirming the information, you will be told that the check in was successful at (the IVR will state the time). At this point you will be instructed to press 2 to end the call or you can just hang up.

To complete a successful Check Out you will need:

- **AuthentiCare Worker ID** _____
- **AuthentiCare Member ID** _____

Instructions to Check Out for IVR

1. Dial <**(800)**> from the member's landline or mobile number.
   "Welcome to AuthentiCare New Mexico Centennial Care."

2. ***"Enter your Worker ID followed by the pound sign."***
   Enter your Worker ID.

1. ***"To check in, press 1. To check out, press 2. To select language preference, press 8."***
   Press 2 for check out.

2. ***"Please enter your Activity Code followed by the pound sign.***
   Enter the activity code(s). The IVR will repeat the corresponding names of the activities selected.
   Press 1 if repeated correctly.
   Press pound to continue without entering [anymore] activity codes.

3. ***"If you are <WORKER NAME> and you work for <PROVIDER NAME> and you are providing <SERVICE NAME> for <MEMBER NAME> press 1. If this is not correct, press 2."***

4. ***"Your check out was successful at <TIME>. To return to the main menu, press 1. To end this call press 2. Thank you for calling AuthentiCare New Mexico Centennial Care System. Goodbye"***

Visions Case Management & Consulting

Mobile Application Instructions

To complete a successful Check In, you will need to install the Application:

- **AuthentiCare Attendant/Caregiver ID** _____
- **AuthentiCare Member ID** _____

Instructions to install the AuthentiCare 2.0 Mobile Application to your Mobile Device

1. From your mobile phone, locate the "AuthentiCare 2.0 Mobile Application" from the Google Play Store for Android or the Apple Store for iOS (iPhone) and then click on **Install**. Tap on the AuthentiCare 2.0 Icon to open the Mobile Application.

2. You will need to
   a. Tap ALLOW for the application to make and manage phone calls.
   b. Tap ALLOW for the application to access the mobile device's location.

   These terms and conditions must be accepted prior to the application opening on the mobile device.

3. The first screen requires you to enter a Setup Code. The Setup Code will designate in which environment you will be working (Live/Production or Test/Training). Enter the Setup Code and tap **Submit.**

   Production Setup Code = **NMCCPRD.** Training Setup Code = **NMCCCAT**

   Important Note: By entering the Setup Code and tapping **Submit**, the user agrees to the End User License Agreement. The End User License can be viewed by tapping on **View End User License Agreement** before tapping **Submit**. To change the Setup Code, click on **Settings > Reset and Change Setup Code**, to enter in the appropriate code either Production or Training.

4. After entering and submitting the Setup Code, you will be directed to the Login Screen. Tap on **Settings** then **See Device Identifier** to get the Device ID.
   Important Note: Copy the Device ID. You will need to provide this number to your EOR or Support Broker. Your EOR/Support Broker will need this Device ID to enter on your ***Attendant/Caregiver Entity (Worker) Settings*** page in AuthentiCare.

5. Before you can Login, you will need to obtain and confirm the following from your EOR/Support Broker:
   a. Obtain your **AuthentiCare Attendant/Caregiver ID** and mobile password.
   b. Confirm that your EOR/Support Broker has **Mobile-Enabled** selected for you.
   c. Confirm that your EOR/Support Broker has entered your Device ID on your Attendant/Caregiver Entity Settings page in AuthentiCare.

6. If Step 5 is complete, enter your Attendant/Caregiver ID and password. Tap **Sign In.**

Visions Case Management & Consulting

To complete a successful Check In/Out you will need:

- **AuthentiCare Attendant/Caregiver ID** _____
- **AuthentiCare Member ID** _____

Instructions for an AuthentiCare Mobile Application Check In/Check Out

1. You are now at the service location for the member's visit. Click **New Check-In**

   - If the Member is found based on your location:
     - Tap the **<MEMBER NAME>.** Verify the Member's address and location to be served. Tap **Services** and select the service (authorized service[s] will appear at the top with the word "Authorized" next to it). Tap **Submit Check-In**.
   - If the Member is NOT found based on your location:
     - A message will appear that "No Members are found." Tap **Lookup Member**. Enter the last name of the Member or their AuthentiCare Member ID that you are there to serve and tap **Lookup**.
     - Select the Member. Tap **Service** and select the service. Tap **Submit Check-In**.

2. The "Check-in Success" screen displays. Tap **Done.**

3. You can now perform the service. Once done, go back to the application and log back in.

4. On the Main Menu, you will see the Member listed with a status of ***Pending Check-Out***. Tap the Member to complete the check-out process.
   The Check-Out screen is now displayed.
   - If only EVV services were delivered, tap **Submit Check-Out**.
   - Touch **Activities** and select all that apply and tap **Done** if Activities are required for the service performed.
   - Add notes if desired (optional)
   - Touch **Submit Check-Out.**

The "Check-Out Success" screen displays. Tap **Done.**

Important Note: If your mobile device loses connection to Wi-Fi or cellular connection, the mobile application screen banner turns red and displays *"No Data Connection."* EVV visits can still be completed but will be in a "Queued Status." Once your mobile device regains Wi-Fi or cellular connection, the red screen banner and message will disappear. Then the EVV visit data in a queued status will be automatically transmitted.

SECTION FIVE:

COMMUNITY RESOURCE DIRECTORY

Visions maintains a comprehensive guide to an array of supports and services available across the state.

The handbook can be found on our website here:
https://www.visionsnm.com

Once on our webpage, you can access the document by clicking on the link at the top reading:
Community Resource Directory."

The handbook can then be reviewed as needed on our website or downloaded to your computer so you can view it as needed.

If you wish to have a printed copy you may download and print one, or you may request a copy from your Support Broker

SECTION SIX:

A FEW OTHER THINGS…

- How to File a Grievance.
- Support Broker Code of Ethics
- Visions Privacy Policy

Complaint/Grievance Process

Visions Case Management is committed to providing high quality, person-centered Support Broker services to every Member we serve. In the event that a Member is not satisfied with his or her Support Broker services, or any aspect of his or her SDCB program, Visions will pursue a resolution that satisfies all parties involved. All such matters will be treated confidentially. No retribution by Visions Support Brokers or Visions as a Support Broker Agency shall be taken against the Member and/or grievant at any time in the process. Visions' grievance policy shall adhere to all qualifications set forth in 8.349.2.11 NMAC.

A. Grievances concerning Visions Support Brokers or the SDCB Support Broker services provided by Visions Case Management should be addressed to our Executive Director (Lecie McNees), Managing Director (Charles Clayton), or the Program Manager (Vanessa Garcia) or delivered to our office by email, fax, mail, phone call, or in person. Grievances may be written or verbal and will be registered in a secure database upon receipt by Managing Director. If a grievant requests or requires language services in order to file a grievance, then Visions will strive to meet this request. If grievance is received by administrative staff or Support Broker then they will forward information to Program Director or Program Manager within 24 hours. Within five business days of receipt of the grievance, the Visions SDCB Program Manager shall provide the grievant with written notice that the grievance has been received and the expected date of its resolution.

B. A grievance may be filed with Visions within ninety (90) calendar days of the date the event causing the dissatisfaction occurred. The legal guardian of the Member for a minor or an incapacitated adult, a representative of the Member as designated in writing to Visions, and a provider acting on behalf of the Member and with the Member's written consent, have the right to file a grievance on behalf of the recipient. For the purposes of this policy, Visions defines a major incident as an allegation of Abuse, Neglect or Exploitation (ANE), fraud, Code of Ethics violations or discrimination against a Visions Case Management Support Broker or Visions Case Management. This major incident definition also includes any allegations of Code of Ethics violations against a Visions Case Management Support Broker or Visions Case Management. Any grievance alleging

ANE, fraud, Code of Ethics violations or discrimination will be escalated and addressed within 48 business hours of receipt.

C. All other complaints or grievances may be filed anytime within the Member's annual budget year. Upon initial communication with member, or within five (5) business days of initial communication if it is received by someone other than the Managing Director, Program Manager, or designee, one of those persons will contact the Member or person to acknowledge receipt of concern, determine whether or not the Member simply wishes to share a concern or file a formal written grievance, and arrange a face to face meeting if requested. Requests for meetings will be scheduled in accordance with the Member's preferred date, time, and location and, unless the Member requests more time, within five (5) business days. If the complaint or grievance has not been satisfactorily remedied by this intervention, other resources may be accessed by either party, including utilization of The State of New Mexico Human Services Department (NM HCO), or the Managed Care Organization (MCO). Phone numbers for these entities will be included in the Member's copy of the Visions Case Management Grievance Policy and Procedures (see item VI.F. below).

D. The investigation of the substance of all complaints and final resolution process for grievances shall be completed by the Managing Director within thirty (30) calendar days of the date the grievance is received by Visions, and shall include a resolution letter to the grievant and/or representative. If situation is deemed clinically urgent or requires escalation by grievant or Visions, then Visions will complete investigation as soon as possible, and within 7 days. Visions may request an extension from Member for up to fourteen (14) calendar days if the grievant requests the extension, or Visions demonstrates to NM HCO/MCO that there is need for additional information, and the extension is in the Member's interest. For any extension not requested by the grievant, Visions shall give the grievant written notice of the reason for the extension within two working days of the decision to extend the timeframe.

E. Upon resolution of the grievance, Visions shall mail a resolution letter to the grievant, legal guardian, representative, and/or provider acting on behalf of the Member. The resolution letter shall include, but not be limited to, all information considered in investigating the grievance; findings and conclusions based on the investigation; the disposition of the grievance and information regarding the right to appeal.

F. If Member requests an appeal, i.e., the Member feels that the issue was not resolved to his or her satisfaction, or if the Member demands an escalation, then MCO Care Coordinator and Care Coordination Manager shall be notified in writing and their assistance formally requested, and process shall start again with item C, above albeit with support and input from MCO/Care Coordinator. Additionally:
    1. Member may file an appeal of an action taken by Visions within ninety (90)-calendar days of receiving resolution letter. The legal guardian of the Member for a minor or an incapacitated adult, a representative of the Member as designated in writing to Visions, or a provider acting on behalf of Member with Member's written consent, have the right to file an appeal of an action on behalf of Member.

2. Appeals may be written or verbal and will be registered in a secure database upon receipt by Managing Director. If appeal is received by administrative staff or Support Broker then they will forward information to Managing Director or Program Manager within 24 hours. Within five (5) business days of receipt of the appeal, the Managing Director or Visions SDCB Program Manager shall provide the individual making the appeal with written notice that the appeal has been received and the expected date of its resolution.
3. Visions shall also confirm in writing receipt of oral appeals, unless the Member or the provider requests an expedited resolution.
4. If the individual filing the appeal requests or requires language services in order to file a grievance, then Visions will strive to meet this request.
5. Visions has thirty (30)-calendar days from the date the initial oral or written appeal is received by the CSC to resolve the appeal.
6. Visions may extend the thirty (30) days time frame by fourteen (14) calendar days if the Member requests the extension, or Visions demonstrates to NM HCO that there is need for additional information, and the extension is in the Member's interest. For any extension not requested by the Member, the CSC shall give the Member written notice of the extension and the reason for the extension within two (2) working days of the decision to extend the time frame.
7. Visions shall provide the Member and/or the Member's representative a reasonable opportunity to present evidence of the facts or law, in person as well as in writing.
8. Visions shall provide the Member and/or the representative the opportunity, before and during the appeals process, to examine Member's case file, including medical or clinical records (subject to HIPAA requirements), and any other documents and records considered during the appeals process. Visions shall include as parties to the appeal the Member and his or her representative, or the legal representative of a deceased Member's estate.
9. For all appeals, Visions shall provide written notice within the thirty (30)-calendar-day timeframe for resolution to the grievant, legal guardian, representative, and/or provider acting on behalf of the Member.
10. The written notice of the appeal resolution shall include, but not be limited to, the following information.
    i. The results of the appeal resolution; and
    ii. The date it was completed.
11. The written notice of the appeal resolution for appeals not resolved wholly in favor of the Member shall include, but not be limited to, the following information:
    i. The right to request an NM HCO fair hearing and how to do so:
    ii. The right to request receipt of benefits while the hearing is pending, and how to make the request; and
    iii. That the Member may be held liable for the cost of continuing benefits if the hearing decision upholds actions taken by Visions.

G. A copy of the Visions Case Management Grievance Policy and Procedures will be presented and reviewed at the time of the Member enrollment meeting with the Member, and will also be available on our agency website. Visions will obtain a signed and dated

signature sheet stating that the Visions Grievance Policy and Procedures was presented and reviewed with the Member along with the Visions Case Management Member Rights & Responsibilities and the Visions Case Management Policies and Procedures for reporting Abuse, Neglect, and Exploitation, and a Copy of the Case Management Code of Ethics.

H. All grievance and/or appeal files and related documentation shall be maintained in a secure and designated area and accessible to NM HCO or MCO, upon request, for review. Grievance and/or appeal files shall be retained for six (6) years following the final decision by the NM HCO or MCO, and administrative law judge, judicial appeal, or closure of a file, whichever occurs later. Documentation regarding the grievance, including the substance of the complaint and action taken shall be made available to the grievant, legal guardian representative, and/or provider acting on behalf of the Member if requested.

I. To ensure that our agency provides high quality Support Broker services, all data related to the filing of grievances against Visions Case Management and our employees or contractors shall be entered into a secure online database, where it will be reviewed regularly as part of our agency's ongoing quality management plan. For more details about this, please see **Outcomes A through D** in **Visions Case Management SDCB Quality Management Plan**.

J. For Member concerns, grievances or appeals related to the SDCB care plan review process or the MCO (rather than Visions Case Management), Support Brokers shall determine the nature of the complaint/grievance and assist as follows:

    1. For complaints related to NFLOC determination, or the partial approval/denial of services/benefits requested on the Member's SDCB Care Plan, Support Brokers shall direct Member to the phone number or hotline listed on the partial approval/denial letter provided by the MCO so that Member can file a request for a reconsideration, standard or expedited appeal, or NM HCO Fair Hearing within proper timelines as per the Managed Care Policy Manual and/or instructions outlined in each MCO's Member Handbook. Support Broker will assist with this process as requested by Member, and will inform MCO of request for reconsideration/appeal/Fair Hearing via via email to Care Coordinator within 24 hours of learning of request.

    2. For grievances related to other aspects of the Member/MCO relationship, i.e., Care Coordination or MCO services NOT directly related to the SDCB care plan, Support Broker shall direct Member to the appropriate phone number or hotline so that Member can file a formal grievance as per the Managed Care Policy Manual and/or instructions outlined in each MCO's Member Handbook. Support Broker will assist with this process as requested by Member, and will inform MCO of grievance via email to Care Coordinator within 24 hours of learning of grievance.

TURQUOISE CARE
Support Broker CODE OF ETHICS

This Code of Ethics shall apply to Support Brokers/employees providing services as authorized by the Human Services Department and Managed Care Organizations as well as to managers and support/administrative staff involved with the SDCB program. Agencies providing Support Broker/employee services must assure that all Support Brokers/employees and support staff acknowledge receipt of the Code of Ethics and must maintain a copy of the signed acknowledgment in the Support Brokers/employee's personnel file.

This Code of Ethics serves to reinforce our claim to upholding professional status in reference to broker services to individuals requesting or receiving Turquoise Care Self-Directed Community Benefits.

Support Brokers/employees shall act with integrity in their relationships with colleagues, care coordinators, other organizations, agencies, institutions, referral sources, and other professions in order to facilitate the contribution of all providers toward achieving optimum benefit for recipients.

I. MORAL AND LEGAL STANDARDS

Visions is committed to obeying the law. We expect our staff to comply with all federal, state and local laws and regulations applicable to the our business and the rendering of services to the MCOS and Memebers. Visions and all its staff shall comply with all applicable laws and requirements concerning activities outside the U.S., such as (i) the Foreign Corrupt Practices Act of 1977, as amended, and, where applicable, legislation enacted by member States and signatories implementing the OECD Convention Combating Bribery of Foreign Officials, the UK Bribery Act of 2010, and the India Prevention of Corruption Act, 1988.

Visions is committed to a policy of vigorous, lawful and ethical competition which is based on the merits of the services we provide. We will maintain the trust of the Members and providers we serve by developing and providing high-quality services in a fair, ethical and legal manner. Support Broker is an integral part of this process.

Support Brokers/employees shall behave in a legal, ethical, and moral manner in the conduct of their profession, maintaining the integrity of the Code and avoiding any behavior which would cause harm to others.

A. The Support Broker/employee shall not exploit relationships with recipients for personal advantage.

B. The Support Broker/employee shall not engage in sexual activities with recipients.

C. The Support Broker/employee shall not involve the recipient in any illegal activities, nor promote the use of any potentially abusable substances.

D. The Support Broker/employee shall respect the integrity and protect the health and welfare of people and groups with whom they work. The Support Broker/employee's primary responsibility is to program recipients and Support Broker/employees must endeavor at all times to place that interest above their own.

E. The Support Broker/employee shall not mentally, physically, emotionally, spiritually or in any other manner abuse, neglect or exploit any recipient.

F. The Support Broker/employee shall not accept anything of value for making a referral or providing information.

G. The Support Broker/employee shall not alter documents and other information provided from other sources, nor knowingly utilize documents containing untrue
information, including backdated documents, forged signatures, or copies of signatures.

H. The Support Broker/employee shall comply with all Federal, State and Local laws applicable to provision of contracted services.

I. The Support Broker/employee shall respect the assets of Visions Case Management, including equipment, information, and User IDs/passwords, and shall use them properly and in accordance with best practices and business/ manufacturer's guidelines.

II. CONFLICT OF INTEREST

Visions staff must act in the best interests of Members and must have no relationships, financial or otherwise, with any vendor, including the MCOs, that might conflict or appear to conflict with staff's duty to act in Member's best interest. If a Visions staff member has a family or other personal relationship with an MCO employee, or has any business or other relationship with an MCO employee, the staff must disclose this fact to Visions and discuss whether there might be a conflict of interest to resolve. When in doubt staff should notify Visions regarding the facts of the situation so Visions can work with the MCOs to mitigate or resolve the conflict.

When doing business with MCOS, Visions and ours taff are prohibited from exchanging gifts or gratuities with MCO employees beyond common business courtesies of nominal value ($50 or less per year given to or received from one source), and gifts or items of any value must never be offered to or accepted from government employees. Staff engaging in activities that involve foreign countries and governments shall not offer anything of value (including money or items of value, including nominal value) to an official of a foreign government, foreign political party, candidate for a foreign government office, or to any third party if the vendor knows or has reason to know that all or a portion of the item of value will be offered to such foreign individuals or entities. Under no circumstances is a vendor allowed to accept or give kickbacks when obtaining or awarding contracts, services, referrals, goods, or business. A kickback means to willfully offer, receive, request or pay anything of value, even nominal value, in order to induce or reward referrals of business including goods or services. Visions and our staff may not offer or accept any gifts of cash or cash equivalents from anyone associated with MCOs regardless of the amount. Cash equivalents include checks, honorariums, money orders, stocks and saving bonds. Gift certificates and gift cards are not considered cash equivalents, but are subject to the above nominal limitation on common business courtesies.

III. RECIPIENT ADVOCACY

Support Brokers/employees shall serve as advocates for recipients of long term services.

A. The Support Broker/employee must safeguard the interest, autonomy, and the rights of the program recipient.

B. When an individual has been legally authorized to act on behalf of a recipient the Support Broker/employee shall consider the expressed interest of the recipient as well as those interests as expressed by the legal representative.

C. The Support Broker/employee shall not engage in any action that violates or diminishes the civil or legal rights of recipients.

D. The Support Broker/employee shall act to prevent practices that are inhumane or discriminatory against any person or group of persons.

E. The Support Broker/employee shall not attempt in any way to influence a recipient's choice of Support Broker/employees or service providers, and will strive to create a climate of fair competition amongst service providers, including Support Broker/employee agencies.

IV. PROFESSIONAL RELATIONSHIPS

Support Brokers/employees shall possess and maintain integrity and dignity in the field, within their professional working relationships, and in the workplace.

A. The Support Broker/employee shall treat colleagues and coworkers with dignity and respect, and will refrain from sexual harassment, mental/physical coercion, verbal abuse, threats, or the possession/use of illegal drugs or alcohol in the workplace.

B. The Support Broker/employee shall cooperate with colleagues to promote professional interests and concerns.

C. The Support Broker/employee shall respect confidences shared by colleagues in the course of their professional relationships and transactions.

D. The Support Broker/employee shall create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues.

E. The Support Broker/employee shall treat with respect and represent accurately and fairly, the qualifications, views, and findings of colleagues. Appropriate administrative channels shall be used to resolve differences.

F. The Support Broker/employee who replaces, or is replaced by a colleague in professional practice shall act with consideration for the interest, character and reputation of that colleague.

G. The Support Broker/employee shall not exploit a dispute between a colleague and an employer to obtain a position or otherwise advance the Support Broker/employee's interest.

H. The Support Broker/employee shall seek arbitration or mediation from management when conflicts with colleagues require resolution for compelling professional reasons.

I. The Support Broker/employee shall extend to colleagues of other professions the same respect and cooperation that is extended to Support Broker/employee colleagues.

J. The Support Broker/employee shall not assume professional responsibility for recipients of another agency or a colleague without appropriate communication with the agency or colleague as authorized by the appropriate state entity.

K. The Support Broker/employee who serves the recipient of a colleague during temporary absence or emergency shall serve those recipients with the same consideration as that afforded any recipient.

L. The Support Broker/employee shall work to improve Visions Case Management's policies and procedures and the efficiency and effectiveness of its services.

M. The Support Broker/employee shall act to prevent and eliminate discrimination in the employing organization's work assignment and in its employment policies and procedures.

O. The Support Broker/employee shall not misuse the resources of the employing organization, and shall properly use and protect all assets,assigned or available from Visions Case Management, including, but not limited to, electronic devices, computer hardware and software, office supplies, and user IDs and passwords.

P. The Support Broker/employee shall not exploit professional relationships for personal gain.

V. PRIVACY, CONFIDENTIALITY AND INFORMATION SECURITY

Visions takes its obligation to protect the Personally Identifiable Information (PII) we maintain or collect about our Members, employees, vendors, and customers as well as MCOs' Business Confidential Information (BCI) very seriously.

Visions and our staff have a responsibility to manage risk and implement reasonable and appropriate security measures. All Visions staff must comply with applicable law and contractual requirements with MCOs regarding PII and BCI. In the event a security incident does occur, staff must notify Visions HIPAA Compliance Officer so he can notify the MCOs in a timely manner as required by the BAA or MSR. All Visions staff must work with HIPAA Compliance Officer to immediately mitigate the effects of the incident and implement appropriate corrective actions. Visions and our staff will work with MCOs to determine the scope and impact of the incident.

Support Broker/employee shall respect the privacy and confidentiality of program recipients and of Visions Case Management. Private or proprietary information, including Protected Health Information (PHI) and Sensitive Personal Information (SPI) shall be protected and respected at all times.

A. The Support Broker/employee shall inform the recipient about the limits of confidentiality in a given situation, the purposes for which information is obtained, and how it may be used.

B. The Support Broker/employee shall afford recipients reasonable access to any official records concerning their case.

C. When providing recipients with access to records, the Support Broker/employee shall take due care to protect the confidences of others contained in those records as afforded by law.

D. The Support Broker/employee shall obtain informed consent from recipients before taping, recording or permitting third party observation of their activities.

E. The Support Broker/employee shall not discuss program recipient(s) outside the work environment, or with work colleagues who do not serve the recipient(s).

F. The Support Broker/employee shall take all appropriate measures to protect the personal health information (PHI) of all program recipients at all times and shall adhere to Visions' HIPAA Policies and Procedures.

VI. COMPETENCE

Support Brokers/employees shall establish and maintain their professional competencies at such a level that their recipients receive the benefit of the highest quality of services the profession is capable of offering.

A. The Support Broker/employee shall strive to become and remain proficient in professional practice and in the performance of job functions.

B. The Support Broker/employee shall not misrepresent professional qualifications, education, experience or affiliations.

C. The Support Broker/employee shall retain responsibility for the quality and extent of the service that individual assumes or performs.

D. The Support Broker/employee shall take responsibility for identifying, developing and fully utilizing knowledge of professional practice, including training as mandated by the Department of Human Services, MCOs or Visions Case Management.

VII. CODE OF ETHICS VIOLATIONS/SANCTIONS

Any Visions staff member who has knowledge of any actual or potential violations of this Code of Conduct, or applicable laws and regulations must immediately bring this to the attention of their Program Manager or Director. They can also call our internal anonymous Compliance hotline (1-800-561-0798) or call the HCSC Corporate Integrity HOTLINE (1-800-838- 2552) which is available 24 hours a day/seven days a week.

Visions adheres to and strictly enforces a non-retaliation policy, protecting those who, in good faith, report suspected wrongdoing and shall not retaliate against our employees, who in good faith, report potential wrongdoing.

Support Brokers/employees providing Support Broker services will be sanctioned for violation(s) of this COE to the extent allowable by state or federal statute. These sanctions include, but may not be limited to the following:

A. Referral to the adult or child protective services unit(s) of the Children, Youth and Families Department;

B. Referral to the Medicaid Fraud and Abuse Unit of the Human Services Dept.;

C. Referral to the Office of Inspector General;

D. Referral to the Division of Health Improvement of the DOH;

E. Referral to the Quality Assurance Unit of the Human Services Dept.; and

F. Complaint filed with the appropriate licensing board, as applicable.

Any of the above actions may result in termination of the Support Broker/employee. Additional sanctions or actions may be taken by the agencies listed above.

Maintaining Secure, Current and Complete Member Records

As per state and federal law, our agency will maintain records sufficient to disclose the extent, nature, times and dates of the consulting and support guide services we provide to each of our Members or have provided in the past. In addition, we shall maintain related program documents as required by the SDCB program. With some exceptions, such as guardianship paperwork or similar documentation that must be maintained on file for the life of the Member while they receive services from Visions, these records will be kept for ten years and then destroyed. The exact nature of the required documentation is outlined in the 2016 MCO Policy Manual under "SDCB Supports" Item 3.E.l. (page 138).

Visions Case Management respects the privacy of our Members, each of whom shall be furnished with a paper copy of our privacy policy upon enrollment. All records, files, paperwork and data are strictly confidential and shall be stored electronically on our HIPAA compliant Google Drive as per signed agreement with Google Inc. dated 5/4/2015. The Google system undergoes regular independent risk assessments and is designed to prevent, detect and contain security breaches or violations. Patch management is maintained by Google. The Google Drive currently meets the following independent standards, regulations and certifications: HIPAA compliance, International Organization for Standardization (ISO) Standard 27001 (managing information risks), ISO Standard 27017 (cloud based security), ISO Standard 27018 (personal data security), SOC 1 (controls over financial reporting), SOC 2 (secures over security, availability and confidentiality), SOC 3 (public report of controls over security, availability and confidentiality), Cloud Security Alliance (CSA) certification and many other national and international certifications.

Member records shall be available only to pertinent Visions SDCB staff, the Member and/or his legal representative. Members and their legal representatives will be provided with copies of requested record in a form that is convenient for them, such as printed copies, cd-rom, flash drive, fax, or encrypted email. These records will also be available to the Medical Assistance Division (MAD), MCO and to other state or federal agencies for audits or review under the following conditions: those agencies are subject to the same standards of confidentiality as MAD; the information is needed to establish eligibility, determine the amount of assistance or provide services related to Medicaid funding; the agency has the actual consent of applicant or eligible Member or their personal representative for release of the information, or consent was obtained when an eligible Member or their personal representative or a member of the assistance group makes application for benefits or services with the human services department.