

**EMPLOYEE ENROLLMENT INSTRUCTIONS**

Consumer Direct Care Network Arizona (CDCN) is pleased to have the opportunity to assist you in becoming an employee (known as an Attendant Care Worker or ACW) of a Member receiving services through the Self-Directed Attendant Care program. This packet contains all the forms and information you need to get set up as an employee. You may not begin working for a Member until all the forms in this packet have been completed, submitted and approved. An explanation of each form is presented below.

Instructions to Prospective Employee

1. Complete all of the employment forms in this packet (items 1-11 below) with assistance from your employer (the Member or their Representative). Use the New Employee Checklist as a tool to track your progress in completing all necessary forms and trainings.
2. Attach photocopies of supporting documents as described in the explanations below. If you are not already certified in CPR and First Aid, schedule a time with an accredited organization right away. These must be hands-on, in-person courses – online courses are not allowed per program rules. CDCN also offers CPR and First Aid training. Ask your CDCN program coordinator for additional information.
3. Read the training booklets, watch the fraud video, and complete the training quizzes (items 11-14 below).
4. Review all forms for completeness and signatures.
5. Mail your completed packet to your local CDCN office:

Consumer Direct Care Network
183 E. 24th Street, Ste 3
Yuma, AZ 85364

Consumer Direct Care Network
8182 E. Florentine Rd, Ste C
Prescott Valley, AZ 86314

Consumer Direct Care Network
50 N. Alvernon Way
Tucson, AZ 85711-2801

6. When we receive your completed enrollment materials, we will create a personnel and payroll file for you. We will then inform you and your employer when you are eligible to start working with an "Okay to Work" approval form. Remember, we are unable to pay a caregiver for any services performed before the date stated on the Okay to Work form.

Employment Forms and Training Explanations

1. **Employee Data Form** - This form gives CDCN basic information about you so you can be set up in our payroll system.
2. **New Employee Checklist** - Use the checklist to ensure you complete every form.
3. **Employee-Employer Relationship Determination** - This form is used to determine if you are exempt from paying certain payroll taxes based on your relationship with your employer.
4. **Employee-Member Live-in Determination** – This form is used to determine if you live with the member, which affects overtime pay and whether your income is taxable.

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5. **I-9, Employment Eligibility Verification** - This form documents that you are eligible to work in the United States. You must complete section 1 of this form, while the Employer completes section 2 by examining your supporting documents from either list A or lists B and C. **Note:** if one of the following List A documents is recorded in Section 2, you must attach a photocopy when submitting this packet:

- US Passport or Passport Card
- Permanent Resident Card, Form I-551
- Employment Authorization Document, Form I-766

Do not submit copies of other I-9 supporting documents.

6. **W-4, Employee Withholding Allowance Certificate** - Our payroll department will deduct federal income tax from your pay, and make deposits on your behalf, based on the exemptions/allowances claimed.
7. **Pay Selection Form** - Use this form to declare how you would like to receive your pay. **Attachment Required:** supporting documentation if setting up direct deposit to a bank or credit union account (i.e. voided check or letter from your bank).
8. **Wage Memorandum** - This form is an agreement between you and your employer regarding your hourly wage.
9. **Employee Agreement** - This agreement outlines the employee's responsibilities and conditions for employment under the Self-Directed Attendant Care program.
10. **Employee Health Questionnaire** - This form assesses your physical capacity to perform the duties outlined in the Member's Individual Service Plan.
11. **Driving Confirmation/No Driving Confirmation** - Complete only one of these two forms. Determine which based on whether or not you will be providing driving related services for the Member. The Driving Confirmation form is used to ensure that any vehicle being driven during the course of business hours is properly insured and the operator is in possession of a current, valid driver's license. **Attachments Required with Driving Confirmation Form:** Driver's License and copy of insurance card for the vehicle driven.
12. **Privacy Awareness Quiz & Confidentiality Agreement** - The employee must pass this quiz with an 80% or better score, and by signing the form, the employee is agreeing to abide by the confidentiality agreement and to follow HIPAA guidelines.
13. **Infection Control Quiz** - This training will help you understand Standard Precautions used to protect yourself and others from disease transmission. The employee must pass this quiz with an 80% or better score.
14. **Lifting and Moving Patients Quiz** - Reduce your risk of injury when lifting or moving someone by using proper techniques. The employee must pass this quiz with an 80% or better score.

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15. **Fraud Prevention Quiz** - This quiz is based off of CDCN's fraud prevention video and must be passed with a score of 80% or better. The video can be viewed online at <http://consumerdirectaz.com/resources/fraud-prevention/>.

Supplemental Materials to Reference or Keep**Instructions and Notices**

- E-Verify Notice
- Wisely Card poster (reference when completing Pay Selection Form)
- Payroll Calendar
- Sandata Telephone Call Reference Guide
- Sandata Mobile Connect App Reference Guide
- Service Code/Service ID Listing
- Task List with Task ID/Description

Forms to Keep

- Status Change Form (for future use if needed)

Training Information and Materials

- Workers' Compensation Notice – Employee Injury Reporting Requirements
- Privacy Awareness Guide – Caregivers (sleeve, reference for Privacy Awareness Quiz)
- Infection Control Booklet (sleeve, reference for Infection Control Quiz)
- Lifting and Moving Patients Booklet (sleeve, reference for Lifting and Moving Patients Quiz)

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:

Phone: 1-800-255-7688 or
(202) 616-5594

For the hearing impaired:

TTY 1-800-237-2515 or
(202) 616-5525

E-mail: oscrt@usdoj.gov

Or write to:

U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

**Office of Special Counsel for
Immigration-Related Unfair
Employment Practices**



www.justice.gov/crt/about/osc



Financial control: You've got it!



A Wisely® digital account¹ puts you in charge of your money.



Get paid early.²

Whether you need to pay a bill or get money for last-minute plans, Wisely could help you get paid up to 2 days early.²



Save and manage your money on your terms.

Track your balance and spending 24/7 and save³ for the things that matter most to you.



Shop with confidence.

Pay online, in store, in app, or by phone everywhere Visa® debit cards are accepted or where Debit Mastercard® is accepted.

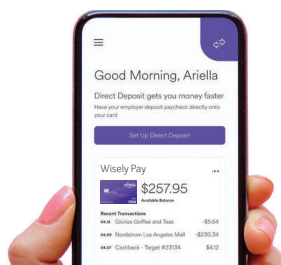


Skip ATM fees.

Get access to up to 90,000 surcharge-free ATMs nationwide.⁴

Get Wisely today!

Talk to your Payroll
Department.



Manage your money, your way.

Afford yourself every advantage.™

¹ The Wisely card is a prepaid card. References to a digital account refer to the management and servicing of your prepaid card online digitally or through a mobile app. The Wisely card is not a credit card and does not build credit.

² You must log in to the myWisely app or mywisely.com to opt-in to early direct deposit. Early direct deposit of funds is not guaranteed and is subject to the timing of payor's payment instruction. Faster funding claim is based on a comparison of our policy of making funds available upon our receipt of payment instruction with the typical banking practice of posting funds at settlement. Please see full disclosures on mywisely.com or the myWisely app. If you have a Wisely Pay or Wisely Cash card (see back of your card), this feature requires an upgrade which may not be available to all cardholders. Please allow up to 3 weeks after your initial setup of direct deposit for your pay to start loading to your card.

³ Amounts transferred to your savings envelope will no longer appear in your available balance. You can transfer money from your savings envelope back to your available balance at any time using the myWisely app or at mywisely.com.

⁴ The number of fee-free ATM transactions may be limited. Please log in to the myWisely app or mywisely.com and see your cardholder agreement and list of all fees for more information.

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2024 Payroll Calendar

Symbol Key: ○ Pay Day △ Postal and Bank Holiday

JANUARY							FEBRUARY							MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	△ 1	2	3	4	5	6						1	2	3					1	2
7	8	9	10	11	○ 12	13	4	5	6	7	8	○ 9	10	3	4	5	6	7	○ 8	9
14	△ 15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16
21	22	23	24	25	○ 26	27	18	△ 19	20	21	22	○ 23	24	17	18	19	20	21	○ 22	23
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30
														31						
APRIL							MAY							JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	○ 5	6				1	2	○ 3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
14	15	16	17	18	○ 19	20	12	13	14	15	16	○ 17	18	9	10	11	12	13	○ 14	15
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	△ 19	20	21	22
28	29	30					26	△ 27	28	29	30	○ 31		23	24	25	26	27	○ 28	29
														30						
JULY							AUGUST							SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	△ 4	5	6					1	2	3	1	△ 2	3	4	5	○ 6	7
7	8	9	10	11	○ 12	13	4	5	6	7	8	○ 9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	○ 20	21
21	22	23	24	25	○ 26	27	18	19	20	21	22	○ 23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28	29	30	31	29	30					
OCTOBER							NOVEMBER							DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	○ 4	5						○ 1	2	1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	○ 13	14
13	△ 14	15	16	17	○ 18	19	10	△ 11	12	13	14	○ 15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	△ 25	26	○ 27	28
27	28	29	30	31			24	25	26	○ 27	△ 28	29	30	29	30	31				

2024 Bank & Post Office Holidays

*Consumer Direct Care Network office closures

***New Year's Day** - Monday, January 1

***Martin Luther King, Jr. Day** - Monday, January 15

Presidents Day - Monday, February 19

***Memorial Day** - Monday, May 27

***Juneteenth** - Wednesday, June 19

***Independence Day** - Thursday, July 4

***Labor Day** - Monday, September 2

Columbus Day - Monday, October 14

***Veterans Day** - Monday, November 11

***Thanksgiving Day** - Thursday, November 28

***Christmas Day** - Wednesday, December 25



Work weeks are Sunday through Saturday. You must submit time daily using Electronic Visit Verification (EVV). Corrections are due by the correction deadline. Late time or time with mistakes may result in late pay. Thank you!

Two Week Pay Period		EVV Time Correction	
Start Date	End Date	Deadline	Pay Date
Sunday	Saturday	Monday	Friday
12/17/2023	12/30/2023	1/1/2024	1/12/2024
12/31/2023	1/13/2024	1/15/2024	1/26/2024
1/14/2024	1/27/2024	1/29/2024	2/9/2024
1/28/2024	2/10/2024	2/12/2024	2/23/2024
2/11/2024	2/24/2024	2/26/2024	3/8/2024
2/25/2024	3/9/2024	3/11/2024	3/22/2024
3/10/2024	3/23/2024	3/25/2024	4/5/2024
3/24/2024	4/6/2024	4/8/2024	4/19/2024
4/7/2024	4/20/2024	4/22/2024	5/3/2024
4/21/2024	5/4/2024	5/6/2024	5/17/2024
5/5/2024	5/18/2024	5/20/2024	5/31/2024
5/19/2024	6/1/2024	6/3/2024	6/14/2024
6/2/2024	6/15/2024	6/17/2024	6/28/2024
6/16/2024	6/29/2024	7/1/2024	7/12/2024
6/30/2024	7/13/2024	7/15/2024	7/26/2024
7/14/2024	7/27/2024	7/29/2024	8/9/2024
7/28/2024	8/10/2024	8/12/2024	8/23/2024
8/11/2024	8/24/2024	8/26/2024	9/6/2024
8/25/2024	9/7/2024	9/9/2024	9/20/2024
9/8/2024	9/21/2024	9/23/2024	10/4/2024
9/22/2024	10/5/2024	10/7/2024	10/18/2024
10/6/2024	10/19/2024	10/21/2024	11/1/2024
10/20/2024	11/2/2024	11/4/2024	11/15/2024
11/3/2024	11/16/2024	11/18/2024	11/27/2024 (Wed.)
11/17/2024	11/30/2024	12/2/2024	12/13/2024
12/1/2024	12/14/2024	12/16/2024	12/27/2024
12/15/2024	12/28/2024	12/30/2024	1/10/2025
12/29/2024	1/11/2025	1/13/2025	1/24/2025

Consumer Direct Care Network Arizona
50 N. Alvernon Way
Tucson, AZ 85711-2801

Phone: 888-398-8409
Fax: 877-398-8413

Email: infoCDAZ@ConsumerDirectCare.com
Web: www.ConsumerDirectAZ.com

Provider Account Number: 80105

Santrax ID: _____

Client ID: _____

LANGUAGE	DIAL
English	855-822-1965 OR 844-807-9862

Call In Instructions

When you arrive at your client's home, you will need your Santrax ID, # to call in. You must call in using a touch-tone phone.



- 1. Dial any of the toll-free numbers listed. If you have trouble with the first number, try the second number.**

The Santrax system will say: "For English, please press one (1). For Spanish, please press two (2). For Tagalog, please press three (3). For Navajo, please press four (4). For Mandarin, please press five (5). For Korean, please press six (6), For Japanese; please press seven (7). For Vietnamese, please press eight (8). For French, please press nine (9). For Egyptian Arabic, please press ten (10). For Persian/Farsi, please press eleven (11), For Russian, please press twelve (12)."

Call prompts are heard in the selected languages.



- 2. Press the number that corresponds to the language you wish to hear.**

Santrax will say: "Welcome, please enter your Santrax ID."



- 3. Press the numbers of your Santrax ID on the touch tone phone.**

Santrax will say: "To verify your identity, please repeat: At Santrax, my voice is my password."



4. Say: "At Santrax, my voice is my password."

Santrax will say: "Is this a group visit? Press (1) for Yes or (2) for No."



5. Press (2) for not a group visit.

Santrax will say: "Please choose your location of service. Press (1) one for Home, Press (2) for Community".



6. Press (1) to select home or (2) to community.

Santrax will say: "If this is a Fixed Visit Verification visit using the FVV device, press the star (*) key to enter the visit verification numbers. Otherwise, press the pound (#) key to continue."

If this is an FVV Call, press the star (*) key and refer to the FVV Call Reference Guide for detailed instruction for the FVV call process. If this is not an FVV call, press pound (#) and continue.



7. Press the pound (#) key to continue.

Santrax will say: "Please select (1) to call in or (2) to call out."

8. Press the (1) key to "Call In".

Santrax will say: "Received at (TIME)."



9. Hang up.

Sandata Telephone Visit Verification (TVV) Toolkit



Provider Account Number: 80105

Santrax ID: _____

Client ID: _____

LANGUAGE	DIAL
English	855-822-1965 OR 844-807-9862

Call Out Instructions

Before you leave your client's home, you will need your Santrax ID to call out. You will also need the service ID and task ID for the activities performed during the visit. Your client should be available to verify your visit.



- 1. Dial any of the toll-free numbers listed. If you have trouble with the first number, try the second number.**

The Santrax system will say: "For English, please press one (1). For Spanish, please press two (2). For Tagalog, please press three (3). For Navajo, please press four (4). For Mandarin, please press five (5). For Korean, please press six (6), For Japanese; please press seven (7). For Vietnamese, please press eight (8). For French, please press nine (9). For Egyptian Arabic, please press ten (10). For Persian/Farsi, please press eleven (11), For Russian, please press twelve (12)."

Call prompts are heard in the selected languages.



- 2. Press the number that connects with the language you wish to hear.**

Santrax will say: "Welcome, please enter your Santrax ID."



3. Press the numbers of your Santrax ID on the touch tone phone.

Santrax will say: "To verify your identity, please repeat: At Santrax, my voice is my password."

4. Say: "At Santrax, my voice is my password."

Santrax will say: "Is this a group visit? Press (1) for Yes or (2) for No."



5. Press (2) for not a group visit.

Santrax will say: "Please choose your location of service. Press (1) one for Home, Press (2) for Community".



6. Press (1) to select home or (2) to community.

Santrax will say: "If this is a Fixed Visit Verification visit using the FVV device, press the star (*) key to enter the visit verification numbers. Otherwise, press the pound (#) key to continue."

If this is an FVV Call, press the star (*) key and refer to the FVV Call Reference Guide for detailed instruction for the FVV call process. If this is not an FVV call, press pound (#) and continue.



7. Press the pound (#) key to continue.

Santrax will say: "Please select (1) to call in or (2) to call out."



8. Press the (2) key to "Call Out."

Santrax will say: "Received at (TIME). Please enter first client ID or hang up if done."



9. Press the numbers of the client's ID.

Santrax will say: "Please enter the Service ID."



10. Press the Service ID Number you performed.

Santrax will say: "You entered (SERVICE). Please press (1) to accept, (2) to retry."



11. Press the one (1) key to accept, or press the two (2) key to retry.

Santrax will say: "Would you like to continue the visit with the new service?"



12. Press the (1) for Yes or to (2) for No

Note: When switching to a different service for the same client please press (1) for Yes and repeat steps 10-12 to enter the next service before continuing. Press (2) for No when all services are complete.



13. Press the Task Number you performed.

Santrax will say: (TASK DESCRIPTION(S)) You entered (NUMBER) task(s). To record the client's voice please press (1) and hand the phone to the client, or press (2) if the client is unable to participate.



14. Hand the phone to the client and the client will be asked to state their name and today's date.

Santrax will say: "Please say your first and last name and today's date."



15. The client should say their first and last name and today's date.

Santrax will say: "Please enter second client ID or hang up if done."



16. Hang up.

Sandata Mobile Connect App Reference Guide

The Sandata Mobile Connect app is a software application that runs on mobile devices. It is one of the approved ways to submit Electronic Visit Verification shifts.

HOW TO DOWNLOAD

The Sandata Mobile Connect app is available for both Android and Apple devices. Your device must have an internet connection to download the app.

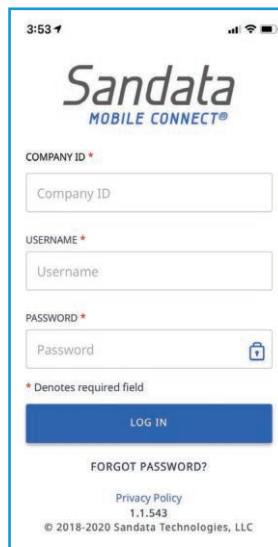
1. Tap the App Store on Apple devices or the Google Play Store on Android Devices.
2. Enter **Sandata Mobile Connect** in the search bar at the top of the screen.
3. You will see two options: Sandata Mobile Connect and Sandata MVV. Tap the **Sandata Mobile Connect** app.
4. Tap **Get** on Apple devices or **Install** on Android devices to download the app.



Sandata Mobile
Connect app icon



LOGGING IN FOR THE FIRST TIME

1. Check your inbox for an email from NoReply@sandata.com. This email contains the Company ID and a temporary password. You will need both to log in. If you have not received this email by December 6, 2020, please contact Consumer Direct Care Network Arizona.
2. Open the Sandata Mobile Connect app on your device.
3. Enter the Company ID, Username, and temporary password.
4. Tap **Log In**.
5. You will be prompted to fill out security questions for your account. These questions allow you to reset your password if needed.
6. You will be prompted to create a new password. Keep your password secure.



The screenshot shows the Sandata Mobile Connect login interface. At the top, the time is 3:53. The app logo 'Sandata MOBILE CONNECT' is displayed. Below the logo are four input fields: 'COMPANY ID *', 'USERNAME *', 'PASSWORD *', and a 'LOG IN' button. A note below the fields states '* Denotes required field'. At the bottom, there is a 'FORGOT PASSWORD?' link, a 'Privacy Policy' link, and a copyright notice '© 2018-2020 Sandata Technologies, LLC'.

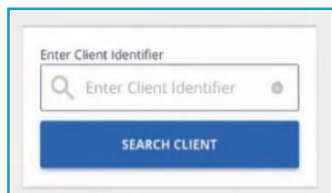
STARTING A SCHEDULED VISIT

1. Log into the Sandata Mobile Connect app.
2. Tap the menu  in the upper left-hand corner of the screen.
3. Tap **My Visits**.
4. Under the **Upcoming** tab, locate the visit you wish to perform from the list of available visits.
5. Tap the clock icon. 
6. Tap **Yes** on the start visit screen to begin the visit.
7. You have successfully started the visit. You may put your mobile device away.

continued on next page

STARTING AN UNSCHEDULED VISIT

1. Log into the Sandata Mobile Connect app.
2. Enter the six-digit Sandata Client ID or the 12-digit Medicaid ID in the Enter Client Identifier field. **Tap Search Client.**



3. Search results will display. Tap **Continue Visit.**
4. Select the **Service** from the dropdown list. Tap **OK.** Tap **Start Visit.**
5. A start visit screen will populate. Tap **Yes** to start the visit.
6. You have successfully started the visit. You may put your mobile device away.


STARTING AN UNKNOWN VISIT

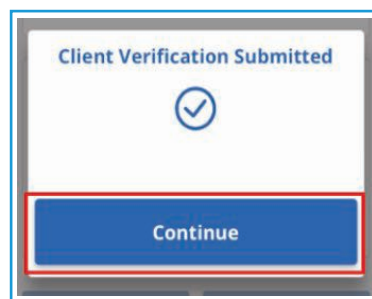
(i.e. the Client ID or Medicaid ID is not found when trying to start a visit.)

1. Log into the Sandata Mobile Connect app.
2. Tap **Start Unknown Visit.**
3. Enter the client's first and last name. If available, enter the client's Medicaid ID. Tap **Continue Visit.**
4. Select the **Service** from the dropdown list. Tap **OK.** Tap **Continue.**
5. A start visit screen will populate. Tap **Yes** to start the visit.
6. You have successfully started the visit. You may put your mobile device away.

COMPLETING A VISIT

1. Log into the Sandata Mobile Connect app.
2. If a visit is in progress, it will display.
3. Tap **Add Tasks** to open the task list.
4. Tap the tasks performed from the task list.
5. Tap **Task Complete**, or **Client Refused** under the selected tasks.
6. Tap **Complete Visit.** A visit summary screen will populate.
7. Tap **Confirm.**
8. A Client Verify screen will populate. Tap **Continue** and pass the device to the client to verify the visit.

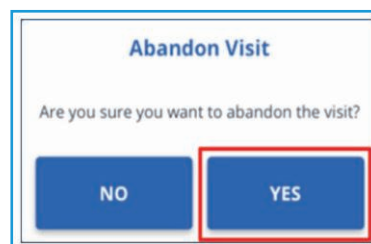
9. Client selects a preferred language. Client taps **Confirm**, then **Continue.**
10. Client taps **Confirm** or **Deny** to approve or reject the service and visit time. Client taps **Continue.**
11. A confirmation summary screen will populate. Client taps **Confirm.**
12. Client taps **Signature** or **Voice Recording.**
 - a. Using **Signature**, the client will sign the device using a finger and tap **Continue.**
 - b. Using **Voice Recording**, the client taps the Record icon  to start recording, then taps again to stop recording. Client should state their name and date. Client taps **Continue.**
13. An identification summary screen will populate. Client taps **Submit.**
14. Client taps **Continue** to submit the client verification and complete the verification.



ABANDON VISIT

If you need to end an existing visit without completing the visit you can select **Abandon Visit.**

1. Log into the Sandata Mobile Connect app.
2. If a visit is in progress, it will display. Tap **Abandon Visit.**
3. An Abandon Visit screen will populate. Tap **Yes** to confirm.
4. You have successfully abandoned a visit.



Arizona Service List



Write your Santrax ID above for easy reference

855-822-1965 or 844-807-9862

English toll-free numbers.

Service ID	Description	Service Code
72	Attendant Care; Self (unskilled); Family (non-res)	S5125 U2U4
75	Attendant Care; Self (unskilled); Family (home)	S5125 U2U5
213	Attendant Care; Unskilled self-directed care	S5125 U2
217	Attendant Care; Skilled self-directed care	S5125 U6

Name: _____	Effective Date of Change: _____
EIN Holder (if applicable): _____	
<input type="checkbox"/> Service Recipient (Client, Consumer, Member) <input type="checkbox"/> Managing Party (PR, LR, DR) <input type="checkbox"/> Employee/Caregiver	

Instructions: Please mark the boxes that apply and fill in the new information. Provide supporting documentation if indicated.

Local Office Changes			
<input type="checkbox"/> Address Change	Mailing (City, State, Zip): _____		
	Physical (City, State, Zip): _____		
<input type="checkbox"/> Phone Number Change	Home: _____	Work: _____	Cell: _____

Local Office Plus CDMS Changes			
<input type="checkbox"/> Name Change <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous name: _____		
	New name: _____		
<input type="checkbox"/> Social Security Number Change <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous SSN: _____		
	New SSN: _____		
<input type="checkbox"/> Date of Birth Change <small>*provide supporting documentation with this form</small>	Previous DOB: _____		
	New DOB: _____		
<input type="checkbox"/> New EIN Holder <small>*requires supporting paperwork – contact your coordinator</small>	New EIN Holder: _____		
<input type="checkbox"/> Caregiver Payment Type Changes <small>* requires supporting paperwork – completed pay selection form</small>	<input type="checkbox"/> Add Pay Card <input type="checkbox"/> Cancel Pay Card <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Add Direct Deposit <input type="checkbox"/> Cancel Direct Deposit <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Caregiver Wage Changes <small>* requires paperwork and approval – contact your coordinator</small>	Service Recipient Name: _____		New Wage: _____
	Service Code(s): _____		<input type="checkbox"/> New Mod Wage Agrmt <input type="checkbox"/> Change Mod Wage Agrmt <input type="checkbox"/> End Mod Wage Agrmt
Service Recipient – <input type="checkbox"/> Reactivation <input type="checkbox"/> Deactivation <input type="checkbox"/> Hold <input type="checkbox"/> Transfer <small>* change in Auth requires supporting paperwork</small>	Explanation: _____ <input type="checkbox"/> Reactivate for billing purposes only		
Employee/Caregiver – <input type="checkbox"/> Reactivation <input type="checkbox"/> Dismissal <input type="checkbox"/> Hold <small>*if Dismissal, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient</small> <small>*reactivation requires supporting documentation</small>	Service Recipient Name: _____ Who terminated Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient <input type="checkbox"/> Unknown Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		
<input type="checkbox"/> Employee/Caregiver Location Change	Previous location: _____	New location: _____	

Other/Additional Information:

Service Recipient, Managing Party, or Employee Signature

Date





NOTICE REGARDING UNEMPLOYMENT & WORKERS' COMPENSATION INSURANCE

Insurance

Consumer Direct Care Network (CDCN) provides Unemployment Insurance and Workers' Compensation Insurance for caregivers.

If you are hurt on the job, you **MUST** report the injury or accident to the Member. You also must call the CDCN Injury Hotline (1-888-541-1701) immediately. If you do not report an injury right away, the Workers Compensation claim may be delayed or denied. See Employee Injury Reporting for more information.

Employee Injury Reporting

If you are injured on the job, you **MUST** report your injury immediately. CDCN is concerned about any injury in the workplace. If you are injured at work or get an illness caused by work, you must:

1. Get medical help if you need it.

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

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

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

3. You must tell the Member of the injury or illness before you leave work.