



## **Member Enrollment Packet**

# **Fiscal Employer/Agent Model Self-Directed Attendant Care Services**

Consumer Direct Care Network Arizona  
50 North Alvernon Way  
Tucson, AZ 85711  
888-398-8409



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Dear Member,

Welcome to Consumer Direct Care Network Arizona (CDCN). We are glad you have joined us! Congratulations on your decision to self-direct your attendant care services. It is our goal to assist you in being a good employer and manager of your attendant care services. The purpose of this letter is to explain self-directed services, introduce you to CDCN and outline what is in this binder.

In this letter and on some forms, the person who self-directs his/her attendant care is called a Member. A Member is "a person receiving services". Sometimes a Member asks another person to help direct services. This person is called a Personal Representative (PR). The Personal Representative takes on responsibilities for managing the Member's care. When there is a Personal Representative, the term Member also refers to the PR.

### **What is self-direction?**

Self-direction gives people more control and choice about the services they receive. Self-direction means:

- The Member manages his/her attendant care services.
- The Member is the employer.
- The Member interviews, hires, trains, schedules, reviews, and dismisses caregivers.
- He/she decides when and how attendant care services are provided.

Self-directed services help Members stay in their homes and be active in their community.

The services you receive are decided by your Case Manager. The care plan outlines the services (tasks) that have been approved and the total amount of time authorized to complete these tasks. Usually these tasks involve assistance with activities of daily living (ADLs) such as bathing, dressing and grooming.

Under Arizona's Self Directed Attendant Care (SDAC) program, Members essentially are setting up their own small business to provide their caregiving services. The caregivers you hire, train, schedule and supervise are the employees of your business. The forms that you will sign (explained later in the letter) establish you as an employer.

However, with such control and choice, you should be aware of your responsibilities. Because you are an employer, you must follow the same rules that any business follows. These rules include but are not limited to fair hiring practices, a safe work place, and remaining within SDAC regulations.



### **What is your role as an employer?**

As an employer, you:

- Take on the responsibilities of being an employer.
- Recruit, hire and dismiss all employees.
- Train all employees.
- Schedule employees only for authorized hours approved on your care plan. Pay employee yourself if they work more hours than what was approved in your plan.
- Not allow your employee to work over time.
- Ensure employees clock-in and clock-out for each shift worked using an approved Electronic Visit Verification method.
- Treat employees consistently and fairly.
- Make sure employee(s) report work-related injuries to the Worker Injury Hotline.
- Make sure employees are current with required training.
- Create a safe and harassment-free work environment.
- Choose a Personal Representative (PR) if you know someone who is willing to do the tasks listed above.

One of the most important things you do is schedule employees and approve their work shifts. You must ensure your employees use an approved EVV method to record their time worked. If there is an error with EVV time submittal, or an employee forgets to clock-in or clock-out, you will need to submit a EVV Time Correction/Adjustment form for that shift. The payroll calendar, found in Section 2, identifies pay days and when time records are due. It is also your responsibility to make sure that your employees do not work more hours than approved on your care plan. If they do, you are responsible for paying them for the extra hours worked.

### **Who is Consumer Direct Care Network Arizona?**

As a part of the Consumer Direct Care Network, we have over fifteen years of experience in providing self-directed care in many different states. CDCN specializes in self-directed services. We try to make the tasks you need to perform understandable. We also assist you so you are successful in managing your attendant care services. Our professional and courteous staff will help you evaluate your needs and options. We manage the business-related services and most of the paperwork, including payroll and taxes, so you can manage your care.

CDCN strives to provide superior customer service. We have helped thousands of people succeed in self-directing their own quality care, while remaining in their homes and communities. We have local offices so there is always someone close by to call. We also know that, in spite of how hard we try, we make mistakes. If you are not happy with our services, we want to hear about it. Our complaint process is described in Section 2.



### **What is Consumer Direct Care Network Arizona's Role?**

CDCN is the Fiscal and Employer Agency. We are like an accountant. We process payroll, file taxes and bill the state program for services. CDCN helps the Member follow the program requirements. We also keep Member records and employee personnel files. CDCN will provide you with the necessary paperwork for you and your employee(s), process all of the forms and pay your employees.

### **What are CDCN's responsibilities?**

As your Fiscal and Employer Agency, we will:

- Issue paychecks to your employees every two weeks.
- Withhold appropriate State, Federal and local (if applicable) taxes for each employee.
- File monthly, quarterly and annual forms and tax deposits with state and federal agencies.
- Issue W2 statements (end-of-year earnings) to each employee.
- Conduct a Criminal Background check for each employee.
- Issue a Monthly Report showing you how many attendant care service hours you have used and how many you have left. Aside from being mailed, these reports are available online and can be accessed at any time.
- Track employee training and notify you when the employee's training is going to expire.
- Answer your questions about being an employer.
- Work with you to solve problems.

Your Case Manager also has responsibilities in the FEA model. Please refer to the AHCCCS Member Training Manual for more information.

### **Next Steps**

You will need to complete all the forms in the enrollment packet provided in order to become an employer and to begin services. Each form is explained on the next page under "What forms do I need to complete?" We understand that the forms are technical and somewhat complicated. Please do not hesitate to call, if you have questions. Our numbers are: 1-888-398-8409 for Pima, Santa Cruz, Cochise, Graham, and Greenlee counties and 928-445-3135 for Yavapai, Coconino, Apache, Navajo, Mohave, La Paz, and Yuma Counties.

Section 1 has sample forms to show you how each form should be filled out. Please use the samples as a reference when filling out each of the enrollment forms. You will see that there is a Montana address on some of the forms. That is because a sister company of CDCN called Consumer Direct Management Solutions (CDMS) does accounting work for us. Once CDCN receives the completed forms, we will register your business with the IRS and the State of Arizona and notify you when authorization is received.



It is important for you to keep copies of all of the forms you have completed.

As an SDAC Member you may also request additional training for yourself or your employee. There is a list of available trainings in section 2 of this binder. Additional trainings must be approved through your AHCCCS contract provider, so if you are interested, please make a request to your Case Manager. Once approved, CDCN will come to your home to complete the employer and/or employee training. Training is also available in group meetings at the CDCN office.

CDCN has included forms and information for your employees. As the employer, it is your responsibility to make sure all forms and trainings each caregiver needs to do is completed. Once CDCN receives this information, and reviews it for completeness, you will receive an "Okay to Work Form" for your employee(s). The employee cannot work until this form is received. The forms and training must also be completed for backup workers, if you want them paid.

We look forward to working with you. Please feel free to contact us with any questions about forms or employer related questions. Our numbers are: 1-888-398-8409 for Pima, Santa Cruz, Cochise, Graham, and Greenlee counties and 928-445-3135 for Yavapai, Coconino, Apache, Navajo, Mohave, La Paz, and Yuma Counties.

### **What Forms Do I Need to Complete?**

**Member Data Form:** This form gives CDCN basic information about you so you can be set up in our system as an employer. It also captures necessary information to complete the included federal and state tax forms.

**Fiscal and Employer Agency Services and Employer of Record Agreement:** This form explains the roles and responsibilities of CDCN and you, as the Member. By signing this form we both agree to the expectations listed. This form also authorizes CDCN to be your Fiscal and Employer Agency.

**Self Directed Attendant Care Agreement:** Through this agreement you acknowledge your responsibilities under the Self Directed Attendant Care service option.

**SDAC Criminal Background Info/Barrier Offense Selection:** Define your policy for criminal background screening of potential workers. Read the information sheet preceding the form to help you decide the best policy for you.

**Employer Forms:** The IRS and state of Arizona forms listed below will establish you as an employer and will authorize CDCN to file employee and employer taxes on your behalf. All employees must pay taxes (Social Security, Medicare, State and Federal income taxes). These taxes are taken out of your employee's paychecks. CDCN produces a summary of all the employee taxes on a W2 Wage Statement and mails it to your employees at the end of the year.





Employers also pay taxes. Employers must match payments to Social Security and Medicare. Employers must also pay State and Federal Unemployment. CDCN makes these tax payments with funds authorized by your case manager.

IRS Form SS-4 Application for Employer Identification Number: This form tells the IRS that you are going to be an employer and is used to obtain an Employer Identification Number (EIN). Please make sure to sign and date it.

IRS Form 2678 Employer Appointment of Agent: This form tells the IRS that you give CDCN permission to do some work for you. You authorize us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. With this form you delegate tax responsibilities to CDCN.

AZ Unemployment Insurance Tax & Withholding Tax Application: CDCN files this form with the Arizona Division of Economic Security for unemployment purposes. This form also notifies the State of Arizona that you have employees and that CDCN will be filing and depositing your Arizona Unemployment taxes on your behalf.

AZ APOA - Limited Power of Attorney: This form gives permission to CDCN to communicate with the Arizona Department of Economic Security on your behalf, and to file reports regarding Unemployment Insurance.

**Note regarding Legal Guardians:** If a legal guardian serve as the Employer of Record for the Member, please provide a copy of the legal guardianship paperwork when submitting your enrollment forms.

**REMEMBER:** Every form in the enrollment packet needs to be completed before services can begin!





# SECTION 1: SAMPLE TAX FORMS

PLEASE NOTE: THESE ARE EXAMPLES FOR YOU TO  
REFERENCE WHEN COMPLETING FORMS IN SECTION 2



# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.  
 Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.

EIN

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) _____ Group Exemption Number (GEN) if any _____		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>10</b> <b>Reason for applying</b> (check only one box)		
<input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) _____		
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
	Agricultural	Household
		Other
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) _____		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly)		Applicant's fax number (include area code)
Signature	Date	



With form 2678 you appoint Consumer Direct Care Network as your Fiscal Vendor Agent to file Federal payroll tax reports on your behalf.

## Instructions for Completing Form 2678

Complete only line numbers listed below. All others have been pre-filled by Consumer Direct or do not apply to Home Care Service Recipients.

### Part 1.

If not pre-checked, enter a check mark in the box "You want to appoint an agent..."

### Part 2.

**Line 1.** If you have an existing FEIN, enter it on line 1. If not, leave blank.

**Line 2.** Preceding "HCSR", enter FEIN holder's full name - First Name, Middle Initial, Last Name.

### Line 5.

#### For ALL employees/payees/payments

The top two check boxes for Forms 940 and 941 should be pre-checked.

**Sign your name here.** The FEIN holder or their legal guardian signs the form. Signature must include First Name, Middle Initial and Last Name.

**Print your name here.** Print name of person signing the form - the FEIN holder or their legal guardian.

**Print your title here.** Title is "HCSR - Household Employer" if FEIN holder signs; "HCSR - Guardian" if FEIN holder's legal guardian signs.

**Best daytime phone.** Enter telephone number for physical location where services will be provided.

**Date.** Enter date of signature.

**Note:** If signature is an "X" or thumbprint, a witness must also write "Witnessed by" and sign, date and enter title below the signature.

## Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0744

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

### Part 1: Why you are filing this form...

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.  
 You want to **revoke** an existing appointment.

### Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

#### 1 Employer identification number (EIN)

\_\_\_\_ - \_\_\_\_

#### 2 Employer's or payer's name (not your trade name)

**John F Smith** HCSR

#### 3 Trade name (if any)

\_\_\_\_\_

#### 4 Address

**100 Consumer Direct Way** Suite **303-AZ**  
Number Street Suite or room number

**Missoula** **MT** **59808**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

#### 5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/payees/payments	For SOME employees/payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

\*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**X** Sign your name here

**John F Smith**

Print your name here

**John F Smith**

Date

**01 /16 /2022**

Print your title here

**HCSR - Household Employer**

Best daytime phone

**809-828-8888**

Now give this form to the agent to complete. ➔

Example shown is for FEIN holder signing the form. If FEIN holder's legal guardian signs, enter their name and title as "HCSR - Guardian"







License and Registration  
 ARIZONA DEPARTMENT OF REVENUE  
 PO BOX 29032  
 Phoenix, AZ 85038-9032  
 (602) 255- 3381  
 1 (800) 352-4090

# BUSINESS ACCOUNT UPDATE

**INSTRUCTIONS:** Please check boxes to indicate the change you are requesting and complete the section. Asterisk (\*) changes to Transaction Privilege Tax Licenses are subject to a fee of \$12 per location for the state fee and any applicable city fees (see page 3). **There are no fees for changes to Corporate Account, Use Tax or Withholding Registrations.**

You can now make updates/edits to your Business Account at [www.AZTaxes.gov](http://www.AZTaxes.gov). It is fast and secure.

**BONDING REQUIREMENT:** A taxpayer in the contracting business MUST maintain a bond for a minimum of 2 years. When requesting change(s) to the Physical Location, Legal Name and/or Business Name, "Doing Business As", within the first 2 years, a Bond Rider to match the change(s) requested MUST be obtained prior to the request and submitted with this Business Account Update Form.

**SECTION A: Business Information**

Legal Business Name **<EOR NAME>**

License Number Federal Employer Identification Number or Social Security Number, *required if sole proprietor with no employees*

CORRECTION TO:  Federal Employer Identification Number  Social Security Number

**1. CHANGE(S) TO LICENSE**

\* Reprint License  \* Reinstate License Effective Date: MM,DD,YY,YY  Cancel License Effective Date: MM,DD,YY,YY  
*(Date required for Withholding Only)*

**2. LICENSE TYPE – Check all that apply:** Request to close AZ Withholding per AZ Statute ARS 43-403 AZ - "Household Employer"  
 Transaction Privilege Tax License  Use Tax  TPT for Cities ONLY  Withholding/Unemployment Tax Registration *(if hiring employees)*

**3. TYPE OF ORGANIZATION/OWNERSHIP** Use this section to correct organization/owner type. If the ownership changes require a new Employer Identification Number (EIN), a Joint Tax Application is required. DO NOT USE THIS FORM TO CHANGE THE EIN. Acceptable organization/ownership types:

**CURRENT TYPE**

- Individual/Sole Proprietorship
- Subchapter S Corporation
- Government
- Joint Venture
- Corporation
- Association
- Estate
- Receivership
- Partnership
- Limited Liability Company
- Trust
- Limited Liability Partnership

**NEW TYPE**

- Individual/Sole Proprietorship
- Subchapter S Corporation
- Government
- Joint Venture
- Corporation
- Association
- Estate
- Receivership
- Partnership
- Limited Liability Company
- Trust
- Limited Liability Partnership

**4. AZTAXES PRIMARY USER:** You must enroll to file and pay on [www.AZTaxes.gov](http://www.AZTaxes.gov). DO NOT use this form to change delegates/additional users.

**Primary User:** Maintains the entire online account and provides access to delegate users. There can only be one Primary User for each account. The Arizona Department of Revenue recommends that this be an officer/owner of the business.

Remove Username: \_\_\_\_\_ Effective date: \_\_\_\_\_

**Delegate User:** Is given specific authority for business account functions by the Primary User. This type of user can be a CPA, Paid Preparer, office managers, additional officer/owner of the company, etc. Please contact primary user for changes to delegate access.

Name of Primary User Email Address - Your email will become your AZTaxes username

**5. OLD Business Name, "Doing Business As" or Trade Name at this Physical Location** **NEW Business Name, "Doing Business As" or Trade Name at this Physical Location**

**6. NEW Mailing Address – number and street** City State ZIP Code

County/Region Country

Business Phone Number (with area code) Email Address Fax Number (with area code)

**\*7. LOCATION**  Add: First Day of Business: MM,DD,YY,YY  Close Loc Code: \_\_\_\_\_  Edit Loc Code: \_\_\_\_\_  
 Last Day of Business: MM,DD,YY,YY

**NEW Physical Location of Business or Commercial/Residential Rental** City State ZIP Code  
 Number and street (Do not use PO Box, PMB or route numbers)

County/Region Residential Rental Only – Number of Units Reporting City - See "TPT Rate Look Up" on AZTaxes.gov

Additional County/Region Indian Reservation: See "TPT Rate Look Up" on AZTaxes.gov Additional City Region(s): See "TPT Rate Look Up" on AZTaxes.gov

**\*8. BUSINESS CODE:** Include all State and City that apply - See "TPT Rate Look Up" on AZTaxes.gov. If you need more space, attach Additional Business Location(s) Addendum Available at [www.azdor.gov](http://www.azdor.gov)

Name (as shown on page 1)	License, EIN or SSN (as shown on page 1)
<input type="checkbox"/> <b>9. NAICS CODE:</b> <i>North American Industries Classification System. Only use if adding/deleting/changing codes. Available at www.azdor.gov</i> NAICS Code: Add: _____ Delete: _____ Change: _____	
<input type="checkbox"/> <b>10. FILING FREQUENCY CHANGE(S):</b> Your request to change your filing frequency will be completed in the next available filing period. If your annual transaction privilege tax liability is: <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than \$2,000, you may file and pay <b>annually</b></li> <li><input type="checkbox"/> Between \$2,000 and \$8,000, you may file and pay <b>quarterly</b>.</li> <li><input type="checkbox"/> Otherwise, your transaction privilege taxes are due <b>monthly</b>.</li> <li><input type="checkbox"/> Seasonal – 8 months or less (Select no more than 8 months below)             <ul style="list-style-type: none"> <li><input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC</li> </ul> </li> </ul> <b>If there are delinquencies on your business account, the filing frequency cannot be changed.</b>	
<input type="checkbox"/> <b>11. TAX RECORDS PHYSICAL LOCATION</b> – number and street City State ZIP Code <small>(Do not use PO Box, PMB or route numbers)</small>	
County	Country
Name of Contact	Phone Number (with area code) Extension

**For Transaction Privilege Tax License and Withholding Registration: If the ownership changes require a new Employer Identification Number (EIN), a Joint Tax Application is required. DO NOT USE THIS FORM TO CHANGE THE EIN.**

**SECTION B: Identification of Owner Change, Partners, Corporate Officers, Members/Managing Members or Officials of this Employing Unit**

*If you need more space, attach Additional Owner, Partner, Corporate Officer(s) form available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.*

<b>Owner 1</b>	Social Security No.	Title	Last Name	First Name	Middle Intl.
	<input type="checkbox"/> New	Street Address		City	State % Owned
	<input type="checkbox"/> Delete	ZIP Code	County	Phone Number (with area code)	Country
<b>Owner 2</b>	Social Security No.	Title	Last Name	First Name	Middle Intl.
	<input type="checkbox"/> New	Street Address		City	State % Owned
	<input type="checkbox"/> Delete	ZIP Code	County	Phone Number (with area code)	Country
<b>Owner 3</b>	Social Security No.	Title	Last Name	First Name	Middle Intl.
	<input type="checkbox"/> New	Street Address		City	State % Owned
	<input type="checkbox"/> Delete	ZIP Code	County	Phone Number (with area code)	Country

**SECTION C: Required Signatures**

**REQUIRED SIGNATURE(S):** This document must be signed by an officer legally responsible for the business. I am authorized to complete this update request. Under penalty of perjury I declare that the information provided on this document is true and correct.

1 Print or Type Name	2 Print or Type Name
<b>&lt;EOR NAME&gt;</b>	
Title	Title
<b>Owner</b>	
Date	Date
<b>&lt;DATE&gt;</b>	
Signature	Signature
<b>&lt;EOR SIGNATURE&gt;</b>	

**This form must be completed, signed, and returned as provided by A.R.S. § 23-722.**

Equal Opportunity Employer/Program

Name (as shown on page 1)	License, EIN or SSN (as shown on page 1)
---------------------------	--

**SECTION D: State/County & City License Fee Worksheet**

ALL FEES ARE SUBJECT TO CHANGE. Check for updates at [www.azdor.gov](http://www.azdor.gov).

To calculate **CITY FEE**: Multiply **No. of Locations** by the **License Fee** and enter sum in **License Subtotal**.

City/Town	Code	No. of Loc's	License Fee	License Subtotal	City/Town	Code	No. of Loc's	License Fee	License Subtotal	City/Town	Code	No. of Loc's	License Fee	License Subtotal
Apache Junction	AJ		\$2.00		Goodyear	GY		\$5.00		Sahuarita	SA		\$5.00	
Avondale	AV		\$0.00		Guadalupe	GU		\$2.00		San Luis	SU		\$2.00	
Benson	BS		\$5.00		Hayden	HY		\$5.00		Scottsdale	SC		\$50.00	
Bisbee	BB		\$1.00		Holbrook	HB		\$1.00		Sedona	SE		\$2.00	
Buckeye	BE		\$2.00		Huachuca City	HC		\$2.00		Show Low	SL		\$2.00	
Bullhead City	BH		\$2.00		Jerome	JO		\$2.00		Sierra Vista	SR		\$1.00	
Camp Verde	CE		\$2.00		Kearny	KN		\$2.00		Snowflake	SN		\$2.00	
Carefree	CA		\$10.00		Kingman	KM		\$2.00		Somerton	SO		\$2.00	
Casa Grande	CG		\$2.00		Lake Havasu	LH		\$5.00		South Tucson	ST		\$2.00	
Cave Creek	CK		\$20.00		Litchfield Park	LP		\$2.00		Springerville	SV		\$5.00	
Chandler	CH		\$2.00		Mammoth	MH		\$2.00		St. Johns	SJ		\$2.00	
Chino Valley	CV		\$2.00		Marana	MA		\$5.00		Star Valley	SY		\$2.00	
Clarkdale	CD		\$2.00		Maricopa	MP		\$2.00		Superior	SI		\$2.00	
Clifton	CF		\$2.00		Mesa	ME		\$20.00		Surprise	SP		\$10.00	
Colorado City	CC		\$2.00		Miami	MM		\$2.00		Taylor	TL		\$2.00	
Coolidge	CL		\$2.00		Nogales	NO		\$0.00		Tempe	TE		\$50.00	
Cottonwood	CW		\$2.00		Oro Valley	OR		\$12.00		Thatcher	TC		\$2.00	
Dewey/Humboldt	DH		\$2.00		Page	PG		\$2.00		Tolleson	TN		\$2.00	
Douglas	DL		\$5.00		Paradise Valley	PV		\$2.00		Tombstone	TS		\$1.00	
Duncan	DC		\$2.00		Parker	PK		\$2.00		Tucson	TU		\$20.00	
Eagar	EG		\$10.00		Patagonia	PA		\$0.00		Tusayan	TY		\$2.00	
El Mirage	EM		\$15.00		Payson	PS		\$2.00		Wellton	WT		\$2.00	
Eloy	EL		\$10.00		Peoria	PE		\$50.00		Wickenburg	WB		\$2.00	
Flagstaff	FS		\$20.00		Phoenix**	PX		\$50.00		Willcox	WC		\$1.00	
Florence	FL		\$2.00		Pima	PM		\$2.00		Williams	WL		\$2.00	
Fountain Hills	FH		\$2.00		Pinetop/Lakeside	PP		\$2.00		Winkelman	WM		\$2.00	
Fredonia	FD		\$10.00		Prescott	PR		\$5.00		Winslow	WS		\$10.00	
Gila Bend	GI		\$2.00		Prescott Valley	PL		\$2.00		Youngtown	YT		\$10.00	
Gilbert	GB		\$2.00		Quartzsite	QZ		\$2.00		Yuma	YM		\$2.00	
Glendale	GE		\$35.00		Queen Creek	QC		\$2.00						
Globe	GL		\$2.00		Safford	SF		\$2.00						

Subtotal City License Fees (column 1)	Subtotal City License Fees (column 2)	Subtotal City License Fees (column 3)
---------------------------------------	---------------------------------------	---------------------------------------

**AA TOTAL City License Fee(s) (column 1 + 2 + 3).....** \$

	No. of Loc's	Fee per Location	TOTAL
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**BB TOTAL State License Fee(s):** Calculate by multiplying number of business locations by \$12.00 \$12.00 \$

**Residential Rental License Fees - Only Chandler, Phoenix, and Scottsdale** No. of Units No. of Loc's City Fee

**DO NOT** use the fee chart above to calculate license fees for **CHANDLER, PHOENIX, and SCOTTSDALE ONLY**. The amount for each city CANNOT EXCEED \$50.00

Residential Rental License-Chandler			\$
Residential Rental License-Phoenix			\$
Residential Rental License-Scottsdale			\$

**CC TOTAL City Residential Rental License Fees (Add Chandler, Phoenix, & Scottsdale).....** \$

**DD TOTAL DUE (Add lines AA + BB + CC).....** \$

- Make check payable to Arizona Department of Revenue.
- Do not send cash.
- Include FEIN or SSN on payment.
- License will not be issued without full payment of fee(s).

\*\*If your only business is under Class 213, Commercial Lease, there is no license fee due.



ARIZONA DEPARTMENT OF REVENUE  
**GENERAL INSTRUCTIONS FOR ARIZONA BUSINESS ACCOUNT UPDATE**

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### Online Form

Save time and make your changes online at [www.AZTaxes.gov](http://www.AZTaxes.gov).

- ✓ Cancel your license
- ✓ Change your mailing address
- ✓ Edit location information – add, close or change your information

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### Mailing Address

Arizona Department of Revenue  
PO Box 29032  
Phoenix, AZ 85038-9032

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### Customer Service Center Locations

8:00 a.m. - 5:00 p.m.  
Monday through Friday  
(except Arizona holidays)

#### Phoenix Office

1600 W Monroe  
Phoenix, AZ 85007

#### Tucson Office

400 W Congress  
Tucson, AZ 85701

7:00 a.m. - 6:00 p.m.

Monday through Thursday

8:00 a.m. - 12:00 p.m.

Friday

(except Arizona holidays)

#### Mesa Office

55 N Center  
Mesa, AZ 85201

(This office does not handle billing or account disputes.)

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### Customer Service Telephone Numbers

Licensing questions on Transaction  
Privilege, Withholding or Use Tax  
(Arizona Department of Revenue)  
(602) 255-3381  
1 (800) 352-4090

### USE THIS FORM TO:

- **Report your business changes** that affect your Transaction Privilege Tax license or Withholding Tax registration.
- **Changes in location or business location** do not require a new transaction privilege license number. When locations are added or there are changes in the business name (or DBA) the license number does not change; however, a new license is printed showing the updated information. License fees are required whenever these changes are made and the business receives a new print of the license.
- **Other business changes** that should be reported to the Department of Revenue include changes in the mailing address or location of audit records, addition or removal of owner/officer information, requests to cancel your license when the business plans to cease operations, and requests to change filing frequency. These changes do not require a license fee.

**Note: Changes in ownership** require a new license because licenses are not transferable. Use the Arizona Joint Tax Application to apply for a new license if your business changes from a sole proprietorship to a partnership or corporation, or undergoes a similar change in organization. Also, if the business is a partnership and partners are added or removed, a new license is required.

**IMPORTANT:** To avoid delays in processing of your form, we recommend you read these instructions and refer to them as needed to ensure you have accurately entered all the required information. **This form must be completed, signed, and returned as provided by A.R.S. § 23-722.**

- Please read form instructions while completing the form. Additional information and forms are available at [www.azdor.gov](http://www.azdor.gov).
- Required information is designated with an asterisk (\*).
- Please complete Section D: State/County & City License Fee Worksheet to calculate and remit **Total Amount Due** with this form.

When completing this form, please **print or type in black ink**. Legible forms are required for accurate processing. The following numbered instructions correspond to the numbers on the Business Update Account.

**Section A: BUSINESS INFORMATION**

Provide your **Legal Business Name, License Number and Federal Employer Identification No.** (FEIN) or Social Security No. (SSN) if you are a sole proprietor without employees. Taxpayers are required to provide their taxpayer identification number (TIN) on all returns and documents. A TIN is defined as the federal employer identification number (EIN) or social security number (SSN), depending upon how income tax is reported. The EIN is required for all employers. A penalty of \$5 will be assessed by the Department of Revenue for each document filed without a TIN.

1. Check what changes you are making to your license. Reprinting or reinstating your license is subject to a fee of \$12 per location for the state and any applicable city fees.

2. **License Type (Check all that apply):**

**Transaction Privilege Tax (TPT):** Anyone engaged in a business taxable under the TPT statutes must apply for a TPT License before engaging in business. For TPT, you are required to obtain and display a separate license certificate for each business or rental location. This may be accomplished in one of the following ways:

- Each location may be licensed as a separate business with a separate license number for purposes of reporting transaction privilege and use taxes individually. Therefore, a separate form is needed for each location.
- Multiple locations may be licensed under a consolidated license number, provided the ownership is the same, to allow filing of a single tax return. If applying for a new license, list the various business locations as instructed below.

**Withholding & Unemployment Taxes:** Employers paying wages or salaries to employees for services performed in the State must apply for a Withholding number & Unemployment number.

**Use Tax:** Out-of-state vendors (that is, vendors with no Arizona location) making direct sales into Arizona must obtain a Use Tax Registration Certificate. In-state business not required to be licensed in Arizona for TPT purposes, making out-of state purchases for their own use (and not for resale) must also obtain the Use Tax registration.

**TPT for cities only:** This type of license is needed if your business activity is subject to city TPT which is collected by the state, but the activity is not taxed at the state level.

3. **Type of Organization/Ownership:** If you are changing your organization type, check as applicable.
4. DO NOT use this form to change delegates/additional users. Request for delegate access must be completed on AZTaxes.gov. Provide the **full name** and **email address** of the Primary AZTaxes User login you are changing.

5. Provide the OLD Business Name, “**Doing Business As**” (DBA). DBA is the name of a business other than the owner’s name or, in the case of a corporation, a name that is different from the legal or true corporate name.

Provide the NEW Business Name, “**Doing Business As**” (DBA). If it is the same as the **Legal Business Name** enter “same”

6. Provide the NEW **Mailing Address** (number and street) where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm’s address, etc. If mailing address differs for licenses (for instance withholding and unemployment insurance), please send a cover letter with completed form to explain.

Provide the **Business Phone Number** including the area code.

Provide the **Email Address** for the business or contact person.

Provide the **Business Fax Number** including the area code.

7. **If you are updating a Location (Use this section to update, change, close or add a location to an existing license.)**

If **adding**, provide the NEW **Physical Location** of the business. This address cannot be a PO Box or Route Number. Provide NEW:

- First Date of Business in Arizona
  - County/Region
  - Phone Number
  - Residential Rentals ONLY - Number of Units
  - Reporting City, if different from the **Physical Location** city. For example, if the location for the listed address is listed in an adjacent city, such as Scottsdale, but the location of the business is actually within the city of Phoenix. See “TPT Rate Look Up” on [www.AZTaxes.gov](http://www.AZTaxes.gov).
- If **closing**, provide the closed location code and last day of business date.
- If **editing**, provide the location code and additional information.

Provide the **Additional County/Region Indian Reservation Code(s)**. A current listing is available at [www.AZTaxes.gov](http://www.AZTaxes.gov).

Provide the **Additional City Region Codes(s)**. A current listing is available at [www.AZTaxes.gov](http://www.AZTaxes.gov).

8. Provide the **Business Code(s)** including all State and City Business Code(s) that apply; based on your major business activity, principle product you manufacture, commodity sold, or services performed. You must indicate at least one business code.
9. Provide the **NAICS Codes** you are adding, deleting, or changing.

10. Provide the filing frequency that you are changing to. If your total estimated annual combined Arizona, county and municipal TPT liability is:

- Less than \$2,000, you may file and pay **annually**.
- Between \$2,000 and \$8,000, you may file and pay **quarterly**.
- Otherwise, your transaction privilege taxes are due **monthly**.

If your business is **Seasonal** or you are a transient **vendor**, indicate the months in which you intend to do business in Arizona. (Select no more than 8 months below).

***If there are delinquencies on your business account, the filing frequency cannot be changed.***

11. **Tax Records Physical Location** indicate the physical address where your tax records are located. Include the contact person's name and phone number.

#### **Section B: IDENTIFICATION OF OWNERS, PARTNERS, CORPORATE OFFICERS, MEMBERS/ MANAGING MEMBERS OR OFFICIALS OF THIS EMPLOYING UNIT**

Provide the full name, social security number and title of all Owners, Partners, Corporate Officers, Members/ Managing Members or Officials of the Employing Unit. If you need additional space, attach Additional Owners, Partners, Corporate Officer(s) Addendum available at [www.azdor.gov](http://www.azdor.gov). If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of, or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a General Disclosure/ Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.

#### **Section C: REQUIRED SIGNATURES**

This form must be signed only by either a sole owner, at least two partners, managing member or corporate officer legally responsible for the business. This form CANNOT be signed by agents or representatives.

#### **Section D: STATE/COUNTY & CITY LICENSE FEE WORKSHEET**

There are no fees for Withholding/Unemployment Insurance, or Use Tax registrations. State license fees are calculated per business location. To calculate the city license fees, use the listing of cities on page 3, Section D of this form. City fees are subject to change. Check for updates at [www.azdor.gov](http://www.azdor.gov).

- AA: TOTAL City License Fees – To calculate the city fees, multiply No. of Locations in the city by the license fee and enter sum in Subtotal City License Fees. Then calculate and enter the sum of columns 1 + 2 + 3. If you have a location in Phoenix and the business is only under Class 213, Commercial Lease, there is no license fee due.
- BB: TOTAL State License Fees – To calculate the state fees, multiply the No. of locations in the state by \$12.
- CC: TOTAL City Residential Rental License Fee – USE THIS SECTION FOR CHANDLER, PHOENIX AND SCOTTSDALE ONLY. These cities WILL NOT use the larger fee chart. To calculate Residential Rental license fee, multiple the No. of units by the No. of locations by \$2.00 (\$50.00 Annual Cap per license). The amount for each city CANNOT EXCEED \$50.00.
- DD: TOTAL DUE – Add lines AA + BB + CC.

Please send your payment for this amount. Failure to include your payment with this form will result in a delay in processing your license. Licenses are not issued until all fees have been paid.

**Make checks payable to the Arizona Department of Revenue.** Be sure to return all pages of the form with your payment. Retain a copy of the form for your records.

- DO NOT SEND CASH
- Include your FEIN or SSN on payment



Form UIT-1159A allows Consumer Direct Care Network to obtain an Unemployment Insurance account for you for reporting and filing.

## Instructions for Completing Form UIT-1159A

Complete only line numbers listed below. All others have been pre-filled by Consumer Direct or do not apply to Home Care Service Recipients.

### Page 1.

**Legal Business Name.** Enter FEIN holders full name - First Name, Middle Initial, Last Name.

**Physical address where work is performed in Arizona.** Enter physical address where services will be provided. No PO Box. This is considered the "Business Location".

### Page 2.

#### Identification of Owner, Partners...Etc.

For the FEIN holder, fill the boxes for Name, Social Security Number, Complete Residence Address and Telephone No. Title and % owned will be prefilled.

#### Signature(s) of Individual(s) Legally Responsible for Business.

**Print Name** - Print name of person signing the form - the FEIN holder or their legal guardian.

**Title** - Title is "Household Employer" if FEIN holder signs; "Guardian" if FEIN holder's legal guardian signs.

**Signature** - The FEIN holder or their legal guardian signs the form. Signature must include First Name, Middle Initial and Last Name.

**Date** - Enter date of signature.

**Note:** If signature is an "X" or thumbprint, a witness must also write "Witnessed by" and sign, date and enter title below the signature.

Example shown is for FEIN holder signing the form. If FEIN holder's legal guardian signs, enter their name and title as "Guardian"

ARIZONA UNEMPLOYMENT INSURANCE TAX & WITHHOLDING TAX APPLICATION					
For information on Unemployment Insurance, go online to <a href="http://www.azuitax.gov">www.azuitax.gov</a> . For information on Withholding, go to <a href="http://www.aztaxes.gov">www.aztaxes.gov</a> .					
Legal Business Name (Name of Sole Proprietor, Partners, Corporation, LLC, etc.) <b>John F Smith</b>			Type of Ownership <input checked="" type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation (State _____ and date _____ of Inc) <input type="checkbox"/> Limited Liability Co.		
Business Name (Trade / Doing Business As / DBA Name)			<input type="checkbox"/> IRS Tax Filing Status <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Sub Chapter S-Corp <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Joint Venture <input type="checkbox"/> Receivership <input type="checkbox"/> Government		
Federal Employer Identification No. (EIN)		Business Telephone No. <b>406-532-1900</b>			
Business Mailing Address <b>c/o Consumer Direct, 100 Consumer Direct Way, Suite 303</b>					
City <b>Missoula</b>		State <b>MT</b>	ZIP Code <b>59801</b>		
E-Mail Address <b>taxdept@consumerdirectcare.com</b>		Fax No. <b>406-532-8588</b>			
Physical address where work is performed in Arizona (Attach more sheets for additional locations). <b>123 Apple Street</b>			Are you liable for Federal Unemployment Tax? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate first year of liability: <b>2022</b>		
City <b>Anytown</b>		State <b>AZ</b>	ZIP Code <b>89009</b>		
Legal/Business Name for Off Site Payroll Service, Accountant or Bookkeeper <b>Consumer Direct</b>			Do you have an IRS ruling that grants exclusion from Federal Unemployment Tax? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attached copy of the ruling letter is required		
			First calendar quarter Arizona employees were / will be hired and paid (indicate quarter as 1, 2, 3 or 4): Hired: Year _____ Quarter _____		
IDENTIFICATION OF OWNER, PARTNERS, CORPORATE OFFICERS, MEMBERS / MANAGING MEMBERS, ETC. (Attach more sheets if needed.)					
Name (Last, First, M.I.)	Social Security Number	Title	% Owned	Complete Residence Address	Telephone No.
<b>John, Smith, F</b>	<b>888-88-8888</b>	Household Employer	100%	<b>123 Apple Street Anytown, AZ 89009</b>	<b>809-828-8888</b>
Do any owners or managers of this business individually or collectively own more than 50% of another Arizona business or have any amount of management control of another Arizona business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide information about the individuals and other businesses below. (Attach more sheets if needed.)					
Name of Individual	Title at Other Business	Name of Other Business	EIN of Other Business	% Owned	
<b>Leave blank</b>					
SIGNATURE(S) OF INDIVIDUAL(S) LEGALLY RESPONSIBLE FOR BUSINESS (Owner, Partner, Corporate Officer, Managing Member, Trustee or Personal Representative of Estate, etc.) Under penalty of perjury I (we), the undersigned, declare that the information provided on this application is true and correct to the best of my (our) knowledge.					
Print Name		Title	Signature		Date
<b>John F Smith</b>		Household Employer	<b>John F Smith</b>		<b>01 16 2022</b>
<b>THIS APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED.</b>					





With form UIT-1146A you authorize Consumer Direct Care Network to act as your representative with the Arizona Department of Economic Security.

### Instructions for Completing Form UIT-1146A

Complete only line numbers listed below. All others have been pre-filled by Consumer Direct or do not apply to Home Care Service Recipients.

#### Employer Information.

**Employer Name.** Enter FEIN holders full name - First Name, Middle Initial, Last Name.

**Optional Separate Mailing Address for Unemployment Benefit Claim-Related Notices.**

**Employer Name.** Enter FEIN holders full name - First Name, Middle Initial, Last Name.

**Phone Number.** Prefilled with Consumer Direct's phone number.

**Address.** Enter the FEIN holders physical address.

**In witness whereof, said employer has caused this instrument to be attested...**Enter (Day), (Month) and (Year) for signature date in each box.

**Print Name.** Print name of person signing the form - the FEIN holder or their legal guardian.

**Title** - Title is "Household Employer" if FEIN holder signs; "Guardian" if FEIN holder's legal guardian signs.

**Signature** - The FEIN holder or their legal guardian signs the form. Signature must include First Name, Middle Initial and Last Name.

UIT-1146A FORFF (4-18)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Employer Engagement Administration  
P.O. BOX 6028, Mail Drop 5881, Phoenix, AZ 85005-6028

### LIMITED POWER OF ATTORNEY

#### EMPLOYER INFORMATION

EMPLOYER NAME

John F Smith

ARIZONA UI ACCOUNT NO. OR FEDERAL EIN

Hereby appoints

Consumer Direct Care Network AZ - Consumer Direct Fiscal Vendor Agent for AZ, LLC

(Representative Company's Name)

406-532-1900

(Representative Company's Phone No.)

To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

- UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)
- All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)
- Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)

c/o Consumer Direct, 100 Consumer Direct Way, Suite 304, Missoula, MT 59808

#### COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME

PHONE NO.

ADDRESS (P.O./Street No. Street, City, State, ZIP)

\*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the PRIMARY address. If you want a SEPARATE mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

#### OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME

PHONE NO.

John F Smith

406-532-1900

ADDRESS (P.O./Street No. Street, City, State, ZIP)

123 Apple Street, Anytown, AZ 89009

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of

(Day) 16 (Month) 01 (Year) 2022

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME (First, M.I., Last)

TITLE

John F Smith

Household Employer

SIGNATURE

John F Smith





# SECTION 2:

## MEMBER ENROLLMENT FORMS





**SECTION 3:**  
**EMPLOYER HANDBOOK**  
**AND**  
**FORMS AND RESOURCES**





Fiscal Employer Agent

# EMPLOYER HANDBOOK

Revised December, 2022

EVERY LIFE. EVERY MOMENT. EVERY DAY.





This Handbook is property of Consumer Direct Care Network (CDCN) and may not be duplicated in any form without express permission from CDCN.

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## Contact Information

Customer Service Representatives can be reached Monday-Friday 8 am to 5 pm, excluding holidays. Office hours may vary depending on staffing; we recommend making an appointment if you would like to visit. Messages can be left outside of business hours and will be returned the next business day. Contact information is presented below:

### Office Locations

50 North Alvernon Way  
Tucson, AZ 85711

3033 North 44<sup>th</sup> Street, Suite 269  
Phoenix, AZ 85018-7228

8182 East Florentine Road, Suite C  
Prescott Valley, AZ 86314

500 East Fry Boulevard, Suite M-15  
Sierra Vista, AZ 85635

2601 Stockton Hill Road, Suite H-1  
Kingman, AZ 86401

183 East 24<sup>th</sup> Street, Suite 3  
Yuma, AZ 85364

### Important Phone Numbers

<b>CDCN Main Line</b> .....	888-398-8409
<b>CDCN Injury Hotline</b> .....	877-532-8542
<b>CDCN Fax Line</b> .....	877-398-8413
<b>Adult Protective Services Line</b> .....	877-767-2385
<b>State Fraud Hotline</b> .....	602-417-4193
<b>Office of Inspector General Line</b> .....	602-417-4257

### Email

[InfoCDAZ@ConsumerDirectCare.com](mailto:InfoCDAZ@ConsumerDirectCare.com)

### Web (forms and information)

<http://www.ConsumerDirectAZ.com>

## Welcome!

Welcome to self-directed services! We are the Consumer Direct Care Network (CDCN). CDCN encourages people to have more control and choice over the services they receive. We want you to live the life that you want. People who self-direct their services report being happier with the services they receive. They also like the freedom they have as a result.

**CDCN provides services and supports that help older adults and people with disabilities remain safe, healthy, and independent in their own homes.** We specialize in self-directed care. We provide a variety of options for those who self-direct their care and services. We have extensive experience with Medicaid, Medicare, private insurance, and supporting people who manage their own care. We believe deeply in the philosophy of self-determination, a process that enables a person to remain in control of their own life. We value the strength and ability of each person. We believe that by helping you stay involved in the direction of your own care, we contribute to your health and help build healthier, happier communities.

### Mission

To provide care and support for people in their homes and communities.

### Vision

To help people live the life they want.

### Values

- Respect
- Integrity
- Service
- Excellence

### Handbook

The purpose of this Handbook is to help Service Recipients and Employers understand their responsibilities in a self-directed program. Please read this Handbook carefully. We suggest you keep it as a reference for the future.

### Definitions:

- Service Recipient – The individual receiving services. Also known as the Member.
- Employer – The Employer Identification Number (EIN) holder who is responsible for hiring, firing, and scheduling employees. The Employer may be the Service Recipient, Legal Guardian, or Conservator.
- Employee – An individual hired by the Employer to provide authorized services for the Service Recipient. Also known as the Attendant Care Worker (ACW).
- Case Manager – A healthcare professional that assesses, plans, facilitates, coordinates care, and evaluates the Service Recipient to ensure that the Service Recipient receives the appropriate level of care.

If you have questions, you can get more information by:

- Looking up the information in this Handbook
- Calling CDCN

Welcome to CDCN! We hope your experience with CDCN is enjoyable and rewarding.

## **CDCN's Role and Responsibilities**

### *What does CDCN do as the Fiscal Employer Agent?*

CDCN follows all applicable Federal, State, and local laws. We also follow Federal and State Medicaid regulations, policies, and procedures.

### **Service Agreement**

As the Employer, you must sign a service agreement. In the Agreement, you accept responsibility for all aspects of the Service Recipient's care. This includes hiring, training, scheduling and managing Employee(s). The Agreement is used to identify the Employer and CDCN's responsibilities. Please reference the most recent agreement for more information on duties unique to the Service Recipient's program. A blank copy of the Agreement may be found on the CDCN website.

### **Reporting of Abuse, Neglect and Exploitation**

CDCN staff are mandatory reporters of suspected abuse, neglect and exploitation. This means if you tell us of an incident of abuse, we must report it. More information is included in the Abuse, Neglect, and Exploitation training module located in the Appendix. As an Employer, you must report any suspected abuse, neglect, or exploitation to Adult Protective Services (APS); please see the Contact Information sheet for the APS phone number.

### **Complaints and Grievances**

Your feedback is very important to us. If you have a complaint or grievance regarding the services you receive from CDCN, please let us know. CDCN will respond to all complaints and grievances in a reasonable and prompt manner. We will work with you to attempt to reach a resolution.

#### **Filing a Complaint or Grievance**

A complaint should be filed if you have an issue with something within CDCN's reasonable control. For example, issues with our enrollment procedures, handling of payment issues, or web portal concerns. Complaints may be made verbally or in writing. Written complaints may be submitted using our Feedback Form and sent via email, USPS mail, or fax. The Feedback Form may be found in the Appendix or on the CDCN website.

If you feel your rights have been violated or you disagree with a CDCN Policy, you may file a grievance. Grievances must be submitted in writing for our review.

Once you file a complaint or grievance, CDCN staff will work with you to address your concerns. If you are not satisfied with the initial recommendations, then the issue will be escalated to the next supervisory level until your issue is resolved. All complaints and grievances will be responded to within CDCN policy timelines. Our Complaint and Grievance Policy is available upon request.

## Service Recipient/Employer Responsibilities

### Recruiting and Interviewing

Are you ready to hire your first Employee? Let's get started! Here are some helpful tips! Consider the community where the Service Recipient lives. The Employer may be able to create an advertisement on a flyer and post it in the community. Possible locations to post the advertisement:

- Local job service/employment office
- Church
- Laundromat
- Social service agency
- Community college or university
- Free weekly advertising guide
- Community newspaper
- Rehabilitation agency
- Center for Independent Living
- Social media websites
- Grocery store
- State and local professional websites

Call these places first. Find out whom to talk to and about their rules for posting flyers or submitting an advertisement.

### Get the Word Out

The Employer may tell family, friends, other Service Recipients and even people they meet that they are looking for an Employee. Many times other Service Recipients have Employees who want to work more hours or who are willing to fill in. Be sure to tell the Service Recipient's Case Manager. The Case Manager may know someone to recommend. Getting the word out can increase the chance of finding a reliable candidate for the job.

### Things to Remember While Screening Job Applicants

There are some questions that cross a legal boundary and the respect of a potential Employee. These types of questions cannot be asked while screening job applicants. **Here are some examples of questions that can and cannot be asked in an interview:**

#### Can Ask

- Tell me about yourself
- Why do you want this job?
- A normal day would like... Are you still interested in this position?
- What experience do you have in providing care to someone?
- What types of training have you had that would aid you in this position?
- What are your goals in the next year?
- There are a lot of tasks that need to be completed within the shift. If one took longer than it normally does, what would you do to ensure that the rest of the tasks were completed within the allotted time?

#### Cannot Ask

- How old are you?
- What is your native language?
- Are you married?
- Do you have any children?
- Have you ever been arrested?
- What church do you attend?
- What is your religion?
- Do you belong to any clubs/organizations?
- What is your credit rating?
- Do you own or rent your home?
- What country were you born in?
- Do you have a disability or medical condition?



- What do you look for in an Employer?
- Do you have any questions for me?
- Are you a Republican or Democrat?
- What are your family members' names?

### Criminal Background Checks

A background check, or waiver to the background check, must be performed on all applicants prior to hire. Prospective workers must meet one of the requirements below to be approved for hire:

- Pass a background check; or
- Have a background check waiver filled out by the Employer, **if the Service Recipient's Managed Care Organization is Banner only.**

If a prospective worker fails a background check, then the prospective worker cannot be hired. All Employees must pass Office of Inspector General checks upon hire and monthly thereafter.

### Hiring Employees

As an Employer, it is your responsibility to hire your Employee(s). It is our role at CDCN to support you through this process. The following is an outline of the paperwork that will be required of each Employee that you hire.

#### Employee Packet

Once an Employer finds the person they would like to hire, the prospective employee needs to complete an Employee Enrollment Packet. This packet can be obtained by visiting the CDCN website, emailing, or calling us.

The Employer is required to ensure that the Employee Enrollment Packet is completed. Please double check that the packet is filled out completely. Incomplete packets will be returned for corrections and may cause a delay in pay for the Employee. Employees cannot begin working until the Employer receives an okay to work confirmation from CDCN. Hours worked prior to being hired and being approved to work will not be paid, as the hours are considered unauthorized.

**Remember:** Contact CDCN if there is a problem with an Employee and you don't know how to respond.

### Managing Employees

As the Employer, you will have to manage and supervise employee(s). Managing and supervising Employees requires that the Employer:

- Give new Employees an orientation to the job.
- Train all Employees
- Set a work schedule.
- Be direct and assertive with communication.
- Give positive and constructive feedback.
- Create a good working relationship.
- Treat all Employees consistently and fairly.

- Deal with conflict.
- If necessary:
  - Implement corrective action.
  - Terminate Employees.

How you manage and supervise your Employees may affect how happy they are working. Employee happiness may affect the quality of the services that your employee provides and how long an Employee will work for you.

### **Orientation**

An Employee's first day of work is the perfect time to orient them to the job and discuss expectations. Try to schedule the first day at a time when the Employer and the Employee do not have to rush. The Employer may consider:

- Being very clear about job duties.
- Organizing paperwork, training materials, etc.
- Thinking ahead: If the Employee will be cleaning the house, think about how to get supplies, their role in buying supplies, the need to keep receipts, where to store the supplies, etc.
- Setting the work schedule.
- Identifying house rules that the Employee may need to know about.

At the end of the first day, tell the new Employee the things they did well. That will help them know to keep doing those things.

Orientation may include:

1. A tour of the living space.
  - a. Show the new Employee where supplies and equipment are kept.
  - b. Tell the Employee of any living space that is off limits.
  - c. Show the Employee where emergency exits are.
  - d. Show the Employee where the fire extinguisher is and how to use it. Tell them how to get out of the house if there is a fire.
2. Give information about the Service Recipient's disability – is there anything specific the Employee should know (i.e., trouble falling asleep? sensitive to certain smells? blood sugar issues? seizures? any allergies?)
3. Give information about the house rules.
  - a. Style of communication.
  - b. Dress code.
  - c. No smoking on premises.
  - d. Limiting cell phone usage to emergency calls.
  - e. No loud music.
4. Explain and show what the Employee needs to do.

- a. Give an overview of the job duties.
  - b. Use a checklist, job description, or other method to explain specific duties in the order the Service Recipient wants them done.
  - c. Have him or her observe an experienced natural support completing all the tasks.
  - d. Instruct one step at a time. Make sure the Employee can do the step before going on to the next step.
  - e. Consider using a training video.
5. Safety and Security
- a. Lifts and Transfers - Review safe procedures for completing lifts and transfers. A pamphlet on this is available upon request.
  - b. Discuss safety guidelines for any disability-related equipment the Employee will be expected to use.
  - c. Reinforce safety guidelines for any household appliances or equipment the Employee will be expected to use.
  - d. Discuss the emergency and backup plan with the Employee.
  - e. How will the Employee get in and out of the Service Recipient's home? If the Service Recipient is not able to open the door, set up a procedure so that the Employee can get in and out.
  - f. Infection Control - Reinforce the importance of washing hands thoroughly before preparing food, and before and after personal care duties. Discuss the use of gloves and where they are stored if preferred. Let him or her know if there is a sharps container. An Infection Control Plan training pamphlet is available upon request.
  - g. A Safety Orientation pamphlet is available upon request.
6. Expectations – The Employer needs to be clear with expectations of the Employee's performance. It is better to start firm and then relax. The Employer needs to stress the topics that are important to him or her. Here are some examples:
- a. Confidentiality - What you (the Service Recipient/Employer) say and do while the Employee works should remain confidential. The kind of help being provided by the Employee is personal. Your Employee(s) should not discuss your confidential information with others, including friends, family members, or other individuals. Some people think that as long as they are not saying something bad about the Service Recipient, then what they say is not a violation of confidentiality. The Employee should be reminded that it is not only disrespectful, but that violating confidentiality can be grounds for termination.
  - b. Use of household items – The Employer needs to give some thought to the rules regarding use of the phone, car, washing machine, computer/printer, and eating the Service Recipient's food. State these rules clearly at orientation. It is easier to state the rules clearly during the first meeting, than to wait until after an offense has happened.

- c. Tell the Employee the rate of pay. Explain the pay schedule and other time sheet reporting requirements.

### **Training Employees**

As the Employer, you will need to train all new Employees. Below are some training tips to consider.

1. Here are three steps that may be used when training the Employee:

- Tell the Employee what he or she will be taught.
- Tell the Employee what they are expected to learn.
- Repeat what the Employee was told.

If more training is needed, have a second session. Briefly review what was taught in the first session and then begin new material.

2. When giving instructions for a task, such as transferring out of the wheelchair, describe each step of the task. Do not move to the next step until the Employee has the first step down.
3. Do not assume that the Employee will understand what is being taught right away. Ask for feedback and encourage questions.
4. When explaining any task or routine to the Employee, describe why it is important for something to be done in a certain way or at a specific time.
5. Be consistent in explaining things. If something is changed, explain why it was changed.
6. Be patient. The Employee probably will not get all your directions right the first time.
7. Try to be aware of how much the Employee can learn at one time. Some individuals may be able to learn a whole task or routine at once; others may require more gradual training sessions.
8. Give the Employee both constructive feedback (how to improve) and positive feedback.

Make sure to treat all Employees equally. What is done for one Employee must be done for another. Being consistent with training and orientation for each Employee is important; doing so will help prevent discrimination charges and unemployment claims.

### **Work Schedule**

The work schedule helps the Employee know what days of the week and times he or she needs to work. The Employer sets the schedule and outlines the tasks the Employee needs to complete at work. This may be found on the agreement between the Employer and Employee and the Employee's job description.

Sometimes issues come up where the Employee may not be able to work a scheduled shift. The Employer may choose to be flexible with the work schedule during these times or choose to use a backup Employee. Just remember that the work schedule should be based off of the Service Recipient's needs and authorized level of care; **the Employee should never dictate the work schedule.**

### **Direct Communication and Being Assertive**

Working with an Employee that provides in-home services is different from other working relationships. Most other employer-employee relationships do not involve such personal contact. In order to be a good supervisor and be sure needs are being met, the Employer will have to be assertive and direct with communication.

How the Employer communicates with the Employee is a big part of the success of the employer-employee relationship. Sometimes a friendship already exists. If this is the case, it is important for both the Employer and Employee to remember the roles in the working relationship. Being assertive and direct with communication means:

- Speaking up for oneself.
- Explaining care needs.
- Being clear with likes and dislikes.
- Being respectful.
- Using “I statements.” For example, “when you do \_\_\_\_\_, I feel \_\_\_\_\_.”

This communicates the effect of the Employee’s behavior and does not personalize the feedback.

### **Positive and Constructive Feedback**

Being a supervisor means that it is the Employer’s responsibility to help the Employee do his or her job to the Service Recipient’s satisfaction. The Employer should give specific feedback about how the Employee is doing.

There are two forms of feedback – constructive feedback and positive feedback. Constructive feedback should be used to inform the Employee on how to improve their job performance. Positive feedback lets the Employee know that they are doing a task to the Service Recipient’s satisfaction.

#### Constructive Feedback:

If the Service Recipient is unhappy with how the Employee is doing something, use constructive feedback to tell or show the Employee how to do the task differently. For example: “I need you to cut up my food into smaller pieces, please.”

- When the Employee does a procedure incorrectly, bring it to their attention. Patiently remind him or her of the correct way to do it.

#### Positive feedback:

If the Service Recipient is happy with how the Employee is doing a task, use positive feedback by complementing, thanking, and showing appreciation to the Employee. Positive feedback lets the Employee know that they are doing the task correctly and to keep doing it that way. For example: “Thanks for cutting up my meat this size. It is easier for me to chew and swallow.”

- When the Employee does a procedure correctly, praise their performance by telling the Employee exactly what was performed correctly.

Open communication and feedback with the Employee is important. The more transparent the Employer is the better. This will ensure that everyone is on the same page.

The Employer should try to:

- Create a positive relationship with the Employee.
- Create a pleasant work atmosphere.
- Give clear feedback – both positive and negative as necessary.
- Explain the rules clearly and expect them to be followed.
- Explain the consequences of breaking the rules.
- Be consistent in how they respond to each Employee.
- Be a coach. Teach and encourage.

### **Creating a Good Working Environment**

It is hard to find good Employees so it is important to create a relationship that is long lasting. Most Employees stay with a job because it is personally rewarding. You want the Employee to be satisfied with his or her work and continue to work for you. Below are some ideas for creating a good working environment:

- Treat Employees with kindness, fairness, and respect.
- Be constructive with feedback. Focus on the behavior, not the person.
- Keep communication open.
- Discuss problems as they arise. Avoid taking out frustrations on the Employee.
- Be flexible when possible. For example, if the Employee asks to come in a few minutes late because they have an event at school for their child.
- Get feedback from the employee to help you evaluate how the job is going.

To summarize, you have the opportunity to provide a positive work environment for the Employee. This, in turn, helps the Employee be happy, productive, and motivated to work. An Employee who is happy in his or her work will stay longer and do a better job.

### **Treating Employees Consistently and Fairly**

It is important to treat all Employees consistently. If not, an Employee may feel like the Employer is discriminating against him or her. For example, if the Employer lets one Employee be flexible with the time she starts her shift, allowing another Employee the same courtesy is something to consider. When Employees have special requests, like leaving early to go to a child's baseball game, it is nice to grant the request; just remember the same consideration for each Employee.

It is equally important to treat Employees fairly. Use both constructive and positive feedback to teach Employees how to do their job. It is important to keep track of the feedback given in a notebook, in case the Employee does not improve and the Employer needs to dismiss them. That way, if the Employee claims unemployment, he or she cannot say that they were wrongfully discharged. A wrongful discharge can result in unemployment rates increasing.

Be respectful of all Employees. Raising one's voice, calling the Employee names or yelling at them affects how Employees feel about their job. This behavior can be viewed as abusive even if the Employee is a family member. The Employer should treat Employees as he or she wants to be treated. This is called mutual respect.

### **Employer Responses**

After working for a while, the Employee may start doing some things that the Employer does not approve of. For example, an Employee is frequently late for work. A policy may need to be set that applies to being late. The policy could be that being late three times automatically means that the Employer will decide whether to keep using the Employee.

The Employer may set a policy that if an Employee takes something without asking, he or she will be dismissed immediately. If you dismiss an Employee, please notify CDCN immediately.

It is good to inform the Employee of consequences to negative behavior. **Remember, a policy set for one Employee must be applied to all Employees.**

### **Resolving Conflict**

Conflicts are a natural part of establishing and building a relationship. Conflict is not the problem. It is usually how people deal with the conflict that is the problem. It is important to deal with conflicts as they come up. It is best to keep emotions in check so things do not get worse than they should be. Employees will usually respond in a non-threatening and positive way if the Employer is fair and consistent.

If there is a conflict over job duties, pay, time off, social conduct or use of property, remind the Employee of the original agreement. If the Employee refuses to follow the rules, be prepared to replace them.

If a problem comes up, it may help to use a step-by-step process to resolve the problem. Here is a helpful guide in the event of a conflict:

#### 1. Identify the Problem

This seems simple enough, but sometimes not everyone will agree that there is a problem. As an example, it may be a problem for the Employer that the Employee wears headphones and listens to music when cleaning the house, but it is not a problem for the Employee.

#### 2. Define the Problem

Try not to attach motives, blame and make value judgments. Ask open-ended questions and use active listening to get a better understanding and definition of the problem. Whose responsibility is it to solve the problem? Examples include:

- A broken wheelchair is the Employer's problem, but the Employee could help solve the problem.
- An Employee who listens to music when cleaning is the Employer's problem because the Employee cannot hear when the Service Recipient might need him or her.

- The Employee lost her childcare and cannot make other arrangements for a week. This problem belongs to both the Employer and Employee.

When solving problems, each person involved should have input. Whoever has ownership of the problem should make the final decision.

3. Brainstorm Ideas for Solutions

Everyone involved should suggest solutions. Do not criticize any suggestions at this step. Brainstorm as many ideas as possible. Write down every solution, no matter what it is.

4. Discussion and Evaluation

Everyone involved should discuss the positives and negatives of each solution suggested. Writing out a list of the good and bad can help in the evaluation process.

5. Recognize if Compromise is Necessary

Decide on the solution that will best solve the problem.

6. Make a Plan

Everyone involved should agree on who will do what, where, when, and how to solve the problem.

7. Evaluate the Solution

Set a date and time to discuss whether the solution is working and revise the plan as needed. By facing problems right away, working relationships can be strengthened and improved. Working relationships that use problem solving can keep everyone working as a team and with less stress.

### **Corrective Action**

When an Employee is not following rules or meeting the Employer's expectations, it is the responsibility of the Employer to let the Employee know so he or she can correct his or her behavior. Many Employers use a 3-step process called "progressive discipline." This process helps Employees understand that their work must be improved or corrected. The steps are:

1. Verbal warning
2. Written warning
3. Job termination

Progressive discipline gives the Employee opportunity to improve. If they do not, the Employer will need to think about whether he or she wants them to continue working. By putting it in writing (even if a verbal warning), the Employee cannot deny being talked to before he or she was dismissed. It is also a good idea to decide a plan of action. What will the Employee do to improve? Is there something the Employer can do to help?

Remember to write down issues as they occur. This way you have specific examples when discussing the issue(s).

If there is a problem, it helps to:



1. Schedule an extra appointment with the Employee. In order for it to be paid time, the discussion must occur within the authorized hours.
2. Before the meeting, write down any concerns. This way thoughts are organized and key points are remembered. Discuss concerns. Be aware of emotions and how they affect what is being said. Anger, being critical or defensive will not help explain concerns.
3. Use "I" statements. This shows ownership of the experience. For example: "I feel frustrated about your late arrival every day. It makes me anxious because I worry about getting to the bathroom." Avoid blaming. For example, saying "you do not care about me or you would be on time" will put the Employee immediately on the defensive. They will not hear the whole problem.
4. Let the Employee have a chance to voice his or her concerns.
5. The Employer needs to be willing to examine him or herself and own their part in the conflict.
6. Come to a final agreement about the problem. Put it in writing so that each person leaves with the same understanding of what will happen.

If it is not possible to solve the problem, remember that there is support available. Sometimes involving someone else is helpful. Call CDCN or the case manager.

### **Terminating Employees**

Employees may choose to end their employment with the Employer, or vice versa. If the Employee quits, their final check will be paid according to the normal pay schedule. If the Employee is terminated, then they will receive their final paycheck either the next payday or within 7 business days, whichever is earlier.

Unfortunately, not everyone that is hired is capable of doing the job. If the Employer decides to terminate, consider the following:

- State the reasons for termination clearly. Do not attack the Employee personally.
- Have another person there if the Employee might be angry or put your safety at risk.
- Dismiss him or her over the phone, if needed.
- Have a backup Employee ready to start.
- It is illegal to withhold payment of wages. The Employee must be paid, even if the Employer is not satisfied with the work performed.

Employment should be terminated immediately if the Employee has:

- Stolen something.
- Been abusive physically or mentally.
- Broken confidentiality.
- Did not follow the agreement between the Employer and Employee.

Any actions by the Employee that are against the law should be reported to the police immediately. Also, report the incident to the Service Recipient's Case Manager.

Be sure to have your employee return all keys and borrowed property.

## Paying Employees

CDCN will pay your employees on a bi-weekly basis by direct deposit to a bank account or pay card. CDCN will deduct taxes, and if applicable, other withholdings such as garnishments.

## Time Submittal

Employees must use an approved Electronic Visit Verification (EVV) method to clock-in and clock-out for each shift worked. This is federal law under the 21<sup>st</sup> Century Cures Act. In Arizona, approved EVV methods include the Sandata mobile app, member's landline or Sandata alternative device located at the member's home.

Each shift has to be approved by the Service Recipient or their Representative. It is preferable that the Service Recipient/Representative approve each shift in the mobile app when the employee clocks-out. However, they can also approve time on the Sandata web portal. To ensure employees are paid on time, shifts must be approved by the published deadline shown on the payroll calendar.

If there is a device malfunction or an employee forgets to clock in or out, please call CDCN as soon as possible to resolve the error.

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

## Working Hours

Employees must fulfill their commitments to all hours and schedules they accept from the Employer. Definite hours are not guaranteed. Positions are classified as "temporary" because the work is not guaranteed. The Employer will determine job duties and work schedules based on the Service Recipient's current and approved plan of care.

**An Employee will not be paid for hours worked or tasks performed that are not authorized on the plan of care.** The Employer may be responsible for payment if the Employer has the Employee:

- Work hours that are not authorized on the plan of care.
- Do tasks that are not approved.
- Work is performed prior to receiving approval to work from CDCN.

## Payroll

Pay days are every other Friday. For more information, please see the Payroll Calendar located on the CDCN website. Pay stubs and W-2s are sent first class mail to the employee's address on file or electronically.

W2's are issued to all Employees for the previous year. These will be sent out in accordance with IRS requirements. If an Employee has not received a W2 by February 10th, please contact CDCN.

If an employee's address changes, they must update their address with CDCN. Otherwise, their W2 and paystubs will continue to go to their old address.

## Workplace Harassment

The Employer has a responsibility to keep the workplace harassment free. All forms of harassment, including sexual harassment, are prohibited. Harassment includes the use of degrading words, or behaviors toward an individual or individual's characteristics. Characteristics include:

- Race
- Color
- Religion
- Gender
- Sexual Orientation
- Gender Identity
- National Origin
- National Origin
- Age
- Disability
- Genetic Information
- Marital Status
- Any other characteristic protected by law

Harassment is prohibited by Title VII of the Civil Rights of 1964, the Equal Opportunity Commission, and State regulations.

## Sexual Harassment

Sexual harassment, as defined by the U.S. Equal Employment Opportunity Commission (EEOC), is any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when any of the following occur:

- The conduct implicitly or explicitly affects an individual's employment.
- The conduct unreasonably interferes with an individual's work performance.
- The conduct creates an intimidating, hostile, or offensive work environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors. It may involve individuals of the same or different gender. Examples of prohibited sexual harassment include, but are not limited to:

- Sexual flirtations, touching, advances, or propositions.
- Verbal abuse of a sexual nature.
- Graphic or suggestive comments about an individual's dress or body.
- Sexually degrading words to describe an individual.
- The display of sexually suggestive objects or pictures, including nude photographs.

## Reporting Harassment

Everyone in the workplace must always conduct themselves in a manner consistent with the spirit and intent of this policy. If an individual believes he or she is a victim of harassment, he or she may choose to take action before filing a formal complaint. When talking to another individual regarding harassment, the individual must:

- State the facts as they see them.
- Describe their feelings or reactions to the incident (s).
- State what he or she would like to happen next.

An individual may, at any time, file a complaint. It is recommended that the individual initially file a complaint with CDCN. This provides the Company the opportunity to intervene in and potentially resolve the situation. Retaliation or intimidation directed towards anyone who makes a complaint will not be tolerated. Complaints concerning a perceived violation of this policy may also be filed with either your state's Equal Rights Division or the United States' Equal Employment Opportunity Commission.

### Alcohol and Drug Free Workplace

The employer has the right to an alcohol and drug free workplace. Being under the influence of /or having alcohol or any illegal drug, in any amount while working, is not allowed. Violating this practice may result in an Employee losing his or her job.

### Confidentiality and Disclosure

The Service Recipient's information is private. Your Employees should **not** share any of the Service Recipient's information. This includes the Service Recipient's medical care.

There are special circumstances when an Employee may disclosure the Service Recipient's information. **Your Employees should report to CDCN any situations of potential harm.** They should also report the issue to the Service Recipient's Case Manager and, if necessary, the authorities. CDCN may forward these reports on to the appropriate authorities. Below are examples of concerns that CDCN may report to the appropriate authorities.

Any reasonable cause to suspect:

- That the Service Recipient has threatened, or poses a threat to, the physical safety of another person, and it appears possible that the threat may be carried out.
- That the Service Recipient is at risk of imminent bodily harm.
- Death or other reportable incidents.

### Termination of Services

Services may be terminated by CDCN or the Service Recipient. The process is as follows:

#### By CDCN

CDCN may terminate the working relationship with a Service Recipient. In accordance with our policy, we must provide advance written notice to the Service Recipient. We will not terminate services without offering additional training to the Service Recipient or encouraging the use of a personal representative. However, for violations of CDCN policies or state regulations, services may be terminated immediately. Please refer to the most recent service agreement for more information; a blank copy may be found on the CDCN website.

#### By the Service Recipient

The Service Recipient may choose to terminate services at any time; however, 30-days prior notice is preferred. The termination may involve dropping out of the self-directed program or transferring services to another program or provider.

## Reporting Status Changes/Notifications to CDCN

The Service Recipient/Employer and Employee must inform CDCN within one (1) business day of any change in the following:

- Name (Please submit an updated Social Security Card)
- Mailing address
- Phone number
- Employee bank account (if Employee is using Direct Deposit)
- Dismissal or resignation of an Employee
- Service Recipient hospitalization or rehabilitation intake and discharge dates
- Guardianship status

Delayed reporting of this information could result in delayed or incorrect pay.

## Safe Work Environment

The Employer and their Employee are responsible for:

- ✓ Maintaining a safe and healthy work environment
- ✓ Following all federal, state, and local health and safety laws and requirements
- ✓ Always following correct practices and procedures to avoid injuries and illnesses

Please report any unsafe conditions immediately to the Service Recipient's Case Manager, Adult Protective Services, or the authorities, as appropriate. The number to Adult Protective Services is included on the Contact Information sheet for your convenience.

A Home Safety Check Resource Form is included in the Appendix. This form may be used to assist in identifying safety issues within the Service Recipient's home. Usage of this form is not required and is given as a resource.

## Employee Safety and Accident Prevention

Employees must follow usual procedures for working safely and preventing accidents. Employees are expected to follow all safety rules and procedures. If personal protective equipment is required, employees must wear it. The Employer provides personal protective equipment, if it is necessary. Employees should report any unsafe conditions, equipment, or practices immediately to the Employer or CDCN.

## Insurance

CDCN provides Workers' Compensation Insurance to your employee(s).

If an employee is hurt on the job, they **MUST** report the injury or accident to their employer and immediately call the CDCN **Injury Hotline (1-888-541-1701)**. If the employee does 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

Employees injured on the job **MUST** report their injuries immediately. If an Employee is injured at work or develops a work-related illness, they should follow these steps:

### 1. If needed, get medical help.

- If the injury is serious and life-threatening: Someone should call 911 or take the injured worker to the nearest emergency room.
- If the injury is not life-threatening but requires medical treatment, the injured worker should go to an urgent care/walk-in clinic or doctor's office; if neither is available, the injured should go to the emergency room.

### 2. Call the CDCN Injury Hotline to report the injury/illness immediately upon occurrence, whether or not the injury seems serious at the time.

- Risk Management has a toll free phone line to receive all injury reports.
- The Injury Hotline phone number is: **1-877-532-8542**, and is available 24 hours a day, 7 days a week to report an injury.
  - If no one answers, please leave a message and someone will return your call.

## Non Work-Related Injuries

Non Work-related injuries should be reported to your local CDCN office. It is one of CDCN's responsibilities to monitor an injured worker's Return to Work, to ensure they can safely provide services to the service recipient and to protect the employee from aggravating the injury.

## Service Recipient Injury and Serious Accident Reporting

Employees **MUST CALL 911** if a Service Recipient is injured, or a serious accident occurs that affects their health or safety.

**The employee also must REPORT THE INCIDENT TO CDCN AND THE SERVICE RECIPIENT'S CASE MANAGER RIGHT AWAY.** If an employee learns of an incident after it happens, they must make sure it has been reported to CDCN and the appropriate case manager.

**CDCN does not provide emergency care or medical services. The Service Recipient should call a doctor or 911 if he or she is in danger or has a medical emergency. If the Service Recipient cannot call, the employee should contact a doctor or call 911.**

## Medicaid Fraud

The money for services in the program comes from state and federal governments. Fraud or abuse of this Medicaid program is against the law. Suspected cases of Medicaid fraud or abuse must be reported to the State by the Company.

Examples of Service Recipient/Employer or employee fraud and abuse of Medicaid funds are:

- Accepting pay for time that was not worked.
- Improperly using Electronic Visit Verification (EVV) in a way that records more time than was actually worked.

“Padding” time worked, such as taking a break and not subtracting break time when the time is recorded.

- Changing another person’s paperwork.
- Forging an employee’s or Service Recipient/Employer’s signature.
- Turning in a false claim for time worked or tasks completed when these were not done and there was knowledge of it.
- Suggesting or helping a Service Recipient get services or supplies that are not required for the person’s disability.
- Not providing the quality of services for a Service Recipient that is expected.
- Falsifying employment documentation.

All cases of possible Medicaid fraud and abuse must be reported immediately to the appropriate authority - your state’s fraud hotline or the Office of Inspector General. Reporting contact information can be found on our website, under the Resources/Fraud Prevention tab, and on the Contact Information page at the beginning of this Handbook.

For additional training, please see our fraud prevention video on the CDCN website.

### **The Service Recipient’s Backup Plan**

There will be times when a regularly scheduled Employee cannot work. It is important to have a backup plan for these times. CDCN will be unable to provide assistance if the Service Recipient’s regularly scheduled Employee is unable to work. It is the Employer’s responsibility to find a replacement.

#### **Maintaining a Current Backup Plan**

- The Employer and Case Manager are responsible for developing a list of backup workers and scenarios. This list should be used when the regularly-scheduled employee cannot provide services. Backup workers can be friends, neighbors, church members, or other Service Recipients’ Employees.
- Backup plans should be in writing and kept on file.
- It is important to have a backup plan and discuss the plan with your staff.
- Update the backup plan if there are any changes in staff or your needs.
- Backup plans should be updated annually.

#### **Emergency Planning**

Emergency planning is a good idea for everyone. Having a plan may help keep the Service Recipient safe and minimize any injury or damage. Remember to plan for different emergencies. Examples of different emergencies are: medical emergencies, hospitalizations, fires, power outages, severe weather, and other natural disasters.

Things to consider when making a plan:

1. Make a list of people to contact for each type of emergency.
2. Make a plan on how to contact family and Employees if there is a power outage or natural disaster.
3. Make a list of medications and/or equipment to take if it's necessary to evacuate.
4. Organize medical information, emergency contact information and, if applicable, living will information. Place it all together in an easy to access location
5. Store extra food and water in case of a severe weather emergency or other natural disaster.
6. Discuss with and include Employees in emergency planning. It is helpful to keep emergency information near the telephone. Show the Employee this list and talk about an emergency plan during orientation and training.

Other emergencies to consider:

- What is the plan in case of a fire or in a power outage?
- What are the evacuation routes and who should be called?
- In the event of an emergency related to the Service Recipient's disability, what does the Employee need to do? Who should the Employee call? Where should the Employee take the Service Recipient?
- Some fire departments have special stickers to put in the Service Recipient's window to let them know of a disability. Then the firemen can plan for a special evacuation, if necessary.
- Individuals on ventilators or other life-dependent electronic equipment should be registered with their local power companies and fire stations in the case of a major power failure.

It is a good idea to hang the Backup Plan on the refrigerator or in a common place. That way both the Service Recipient and Employee (s) will know where it is and what to do, if needed.



## **Appendices**

**Home Safety Check Resource Form**  
**Privacy Awareness Training Guide**  
**Abuse, Neglect & Exploitation**  
**Zsecure**  
**Feedback Form**  
**Status Change Form**  
**Payroll Calendar**  
**Answer Key to Required Caregiver Trainings**  
**List of Caregiver Training Modules**  
**Earned Paid Sick Time Poster**



---

Member \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

**FIRE:**

Is an Evacuation Plan in place in the event of a fire?  Yes  No  N/A

Are there Special Needs to be considered during an evacuation?  Yes  No  N/A

If yes, what are the Special Needs? *Example: Oxygen in use.*

---

---

Has the local Fire Department been notified that this is a Special Needs Residence?  Yes  No  N/A

Phone number of local emergency agency: \_\_\_\_\_

**ELECTRICAL:**

Ground fault interrupters on outlets near bathroom and kitchen sinks?  Yes  No  N/A

Are electrical cords in safe condition?  Yes  No  N/A

Electrical switches and outlet boxes have covers?  Yes  No  N/A

**BUILDING SERVICES AND SAFETY EQUIPMENT:**

Any concerns with the following?

Building Services -  Heat  Sewer  Phone  Water  Electricity

Safety Equipment -  Smoke Detector  Fire Extinguisher  Flashlight  Other: \_\_\_\_\_

**WALKWAYS:**

Clear, adequately lit, free of trip hazards?  Yes  No  N/A

Handrails along stairways and balcony edges?  Yes  No  N/A

Safe, unobstructed emergency escape route?  Yes  No  N/A

Provisions made for maintaining outdoor walkways?  Yes  No  N/A

Who will you contact if walkways need clearing?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL SAFETY:**

Does parking allow safe access to home?  Yes  No  N/A

Parking location: \_\_\_\_\_

Describe any apparent safety risks associated with this residence: \_\_\_\_\_

---

Describe procedures to minimize risks: \_\_\_\_\_

\_\_\_\_\_

Any pet issues?: \_\_\_\_\_

\_\_\_\_\_

**HAZARDOUS MATERIALS:**

Are sharps (needles, etc.) properly disposed of?

Yes  No  N/A

Are there any hazardous materials in the home?

Yes  No  N/A

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS/OBSERVATIONS:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**DO NOT RETURN TO CONSUMER DIRECT CARE NETWORK**

***This form is for use by you, the Member. It is intended to assist you in identifying safety issues in your home. All actions taken in response to any issues that may arise from completing the Home Safety Check are the sole responsibility of the Member.***



## *Federal/State law: fraud must be reported*

**A**s an approved provider or contracted agency with public health and human services departments, employers must comply with all applicable Federal, State and local laws. Therefore, employers are **charged by Federal and State law** with the responsibility of identifying, investigating, and referring to law enforcement officials, **cases of suspected fraud or abuse.**



**Fraud is a crime against all taxpayers and is a State and Federal crime. Employers are mandatory reporters of any suspected fraud.**

**All cases of possible fraud and program abuse should be reported immediately.**

**To make a report, please call**

**1-877-532-8530**

**Fraud Hotline**

**Toll Free**



**PARTICIPANTS**

# **Fraud** **Prevention Program**

**Be Aware**



▲ *Understanding fraud and the possible risks*

▲ *Assuring compliance with Federal and State laws*

▲ *Preventing fraudulent activities*



## Understanding fraud

**B**ecause you receive home-based health services, it is important to know what fraud means. Professionals, friends, and even family members can commit fraud.

It is **your responsibility to recognize the signs of fraud** so you can avoid this problem.

### Fraud is defined as:

*The intentional deception or misrepresentation\* that an individual knows, or should know to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).*

*(Centers for Medicare & Medicaid Services)*

*\*Some States define fraud in varied terms. For example, Alaska defines fraud as "knowingly... with reckless disregard".*

### Examples of fraud:

- Using programs to receive unnecessary services and supplies
- Billing for services that were never provided
- Billing for services that pay at a higher rate than those provided
- Submitting hours on a time sheet that employees did not work
- Failing to keep required records or failing to make them available to authorities
- Abusing a program or behaving unethically

## Committing fraud



**I**ntentional or reckless fraud results in significant sanctions ranging from oral warnings to a suspension, termination, or financial penalties. There will be consequences for fraudulent conduct. Any Participant or Personal Representative participating in fraudulent acts **will be reported to Medicaid Fraud units** and subject to **possible discharge from the company.**

If a Participant or Personal Representative gives false information or knows of false information and fails to report it, they may be convicted of a **crime**. It may also result in **large fines or jail time.**

## Preventing fraud

### Components to help prevent fraud:

- Participants receive initial and ongoing **training on fraud topics** (regular fraud prevention training, as well as education topics in newsletters).
- **All employees** are required to pass a criminal and Office of Inspector General (OIG) **background check.**
- Acknowledgement and anti-fraud statement included on every time sheet. Documents and time sheets are audited weekly.
- A **Fraud Prevention Hotline** for response to compliance issues.

### These components are in line with the employer's goals:

- Promoting **integrity** and **ethical behavior**
- Assuring **compliance with all governmental laws, rules and regulations**
- Supporting ethical standards, standards of conduct and **zero tolerance for fraud and abuse**

Program

Preventing

# Abuse, Neglect and Exploitation

Abuse, neglect, and exploitation are difficult issues to talk about but probably are the most important issues to deal with. Most workers provide excellent care. However, some workers may take advantage of the individuals they work for who need their help. For your own safety, we want to make sure you know what abuse is and how to deal with it if it happens to you. Please let your Program Coordinator or Case Manager know if abuse, neglect or exploitation has occurred. S/he can help you plan for safety. Abuse, neglect and exploitation are against the law.

The different types of abuse are:

**Physical Abuse** includes hitting, slapping, pinching, kicking and other forms of rough treatment. If a worker does something on purpose to cause you physical pain, it may be physical abuse. For example, you have fallen down. Your worker gets mad and grabs you and forcefully pulls you up. Bruises are left on your arms.



**Verbal Abuse** means any time a worker uses spoken or written words or gestures that are meant to insult or attack you or make you feel bad. For example: you forget to take your pills and your worker says, “you are so stupid.”

**Psychological Abuse** happens if a worker uses actions or makes statements that are meant to humiliate or threaten you or to cause you emotional harm. For example, your worker continually tells you that, “you cannot take care of yourself. Without me you would be nothing.”

**Sexual Abuse** includes any unwanted sexual annoyance, touching, fondling or attack. Any sexual behavior by a worker that makes you uneasy is sexual abuse. For example, your worker fondles your breasts when giving you a bath.

**Neglect** means a worker is not meeting your basic needs for food, hygiene, clothing or health maintenance. Neglect includes repeated acts of carelessness. After you have given the service provider/worker directions about these things, s/he should make sure your basic needs are met. For example, your worker consistently takes your good food. She then cooks you meals with the leftovers but the meals are not balanced and do not follow your diet restrictions.

**Exploitation** happens when you trust someone and the person lies to you or scares you in order to take or use your property or money for himself/herself. An example of exploitation would be a worker taking something of value from you without permission. For example, taking your television, DVD player or automobile without asking your permission is exploitation. If your worker asks you to put their name on your bank account, this is exploitation. For example, your worker convinces you to put his name on your checking account. He then takes some money from your account telling you it is for the extra time he has worked.

If you feel a worker is abusing or exploiting you, take care of the situation right away. If the abuse is slight, you can try talking with the worker:

- Tell him/her what actions or behaviors you do not like.
- Tell the worker that if the behaviors do not stop right away you will need to find another worker.



This approach may be effective for a worker who may not be aware of how you are feeling. Be ready to take more action right away if the behaviors do not stop.

In most abuse cases, you should dismiss the worker immediately. **DO NOT** put up with mistreatment. Protect yourself. Your safety is the priority. Remember you can use your Emergency and Backup Plan to use a “backup” worker if you have to dismiss someone because of abuse.

### **How to Recognize Potential Abuse**

- Does your caregiver ignore your instructions and requests?
- Does your caregiver make mistakes and then blame you or other people?
- Does your caregiver ask personal questions unrelated to your care, such as how you manage your finances?
- Does your caregiver eat your food without asking?
- Does your caregiver make unwanted comments about your appearance, weight, clothing, speech, eating habits, etc.?
- Do you sometimes find less money in your wallet than you expected?
- Are there unfamiliar charges on your checking or credit card account?
- Does your caregiver attempt to control your choices such as what you wear and what you eat?

If you answer “yes” to any of these questions, there may be potential for abuse.

**All persons employed by Consumer Direct Care Network are mandatory reporters of suspected abuse, neglect, exploitation, or self-neglect.** This means if you tell us of an incident of abuse we must report it. Please report any of the following acts to our office immediately:

- Engaging in, or threatening a Member or a person in the Member’s household with physical, sexual, mental abuse or coercion
- Exploiting a Member for financial gain or failing to remove a caregiver who has exploited a Member for financial gain
- Theft of medication, money, property, supplies, equipment, or other assets of a Member
- Failing to report a theft as described in this section
- Failing to remove from contact with a Member any employee who is under the influence of alcohol or drugs while providing services to a Member, or whose use of alcohol or drugs interferes with work performance or Member safety.
- Violating, or knowingly allowing an employee to violate, state or federal laws regulating prescription drugs and controlled substances, including forging prescriptions and unlawfully distributing
- Failing to report facts known to the provider agency or an agency's caregiver regarding the incompetent or illegal practice or conduct of a care provider in connection with services
- Performing, or allowing a caregiver to perform, a service that is beyond that person's professional training
- Failing to perform the acts that are within a person's scope of competence and training that are necessary to prevent harm or an increase in the risk of harm to a Member

- Violating the disclosure of information provisions of the Health Insurance Portability and Accountability Act of 1996
- Discriminating, or allowing a caregiver to discriminate, on the basis of race, religion, color, national origin, ancestry, or sex in the provision of care to a Member

**Remember**, reports of abuse, neglect and exploitation must be investigated. When Adult Protective Services receives a report, they will contact you to find out more information. Do not be alarmed. Their job is to keep the public safe.

### **Incident Management and Reporting**

Incident Management refers to the prevention and reporting of abuse, neglect, or exploitation of Members. In the event an incident should occur, the Member, caregiver, or other party must:

- Ensure the safety of the Member
- Obtain medical assistance as needed
- Involve law enforcement as needed
- Report incidents to your county human services department

### **Examples of reportable incidents include:**

- **Abuse, Neglect and Exploitation**
  - **Abuse** means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish to a Member.
  - **Neglect** means the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness to a Member.
  - **Exploitation** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a Member's belongings or money without the voluntary and informed consent of the Member.
- **Death**
  - **Unexpected Death** - death caused by an accident, unknown, or unanticipated cause.
  - **Natural or Expected Death** - any death of an individual caused by a long-term illness, a diagnosed chronic medical condition, or other natural or expected condition resulting in death.
- **Other Reportable Incidents**
  - **Environmental Hazard** - an unsafe condition that creates an immediate threat to life or health of a Member.
  - **Law Enforcement Intervention** - the arrest or detention of a person by law enforcement, involvement of law enforcement in an incident or event, or placement of a person in a correctional facility.
  - **Emergency Services** - admission to a hospital or psychiatric facility or provision of emergency services that result in medical care, which is not anticipated for the Member, and would not routinely be provided by a primary care provider.

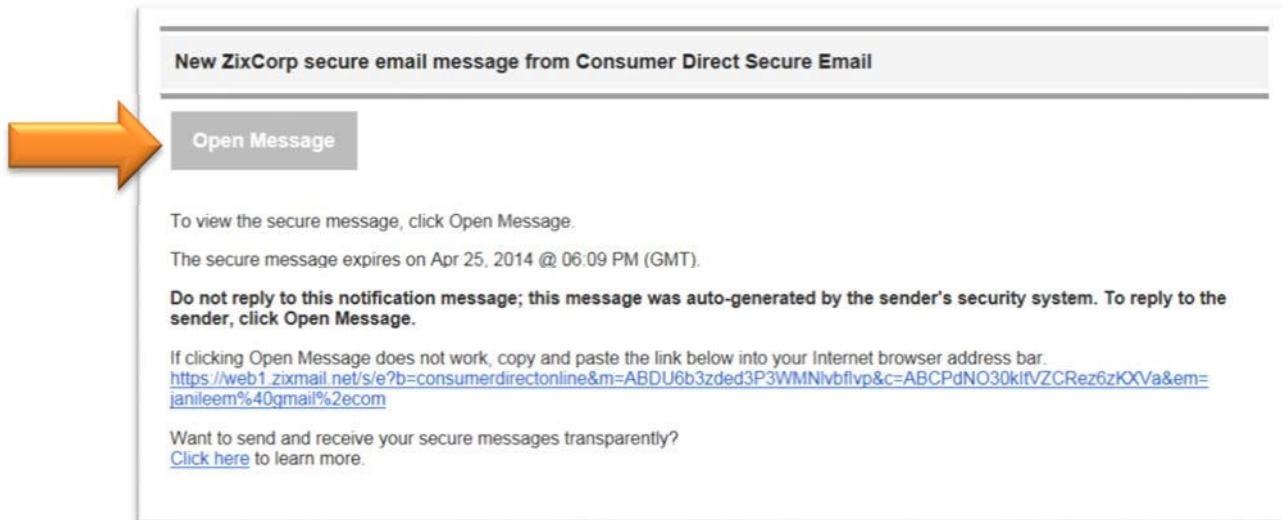


### Accessing Secure Email Sent by Consumer Direct Care Network

AllCare uses a secure messaging system to send protected health information.

*Below is an example of a secure message. This is not spam so do not delete.*

**Step 1:** To view the message, click the “open message” button.



New ZixCorp secure email message from Consumer Direct Secure Email

**Open Message**

To view the secure message, click Open Message.

The secure message expires on Apr 25, 2014 @ 06:09 PM (GMT).



**Do not reply to this notification message; this message was auto-generated by the sender's security system. To reply to the sender, click Open Message.**

If clicking Open Message does not work, copy and paste the link below into your Internet browser address bar.  
<https://web1.zixmail.net/s/e?b=consumerdirectonline&m=ABDU6b3zded3P3WMNlvflvp&c=ABCPdNO30kitVZCRez6zKXVa&em=janileem%40gmail%2ecom>

Want to send and receive your secure messages transparently?  
[Click here](#) to learn more.

**Step 2:** You will need to register the first time you view a secure email. This is different than your web portal login. Create a password. Passwords must meet the password rules. Enter your password and click the register button.



  **Secure Email**  
MyDirectCare - Nightingale Nursing - Full Circle MHC  
Better@Home - Home Health of MT - It Starts With Me

**Register Account**  
Register below for your mailbox to send and receive secure messages.

Email Address:  
test@yahoo.com

Password:

Re-enter Password:

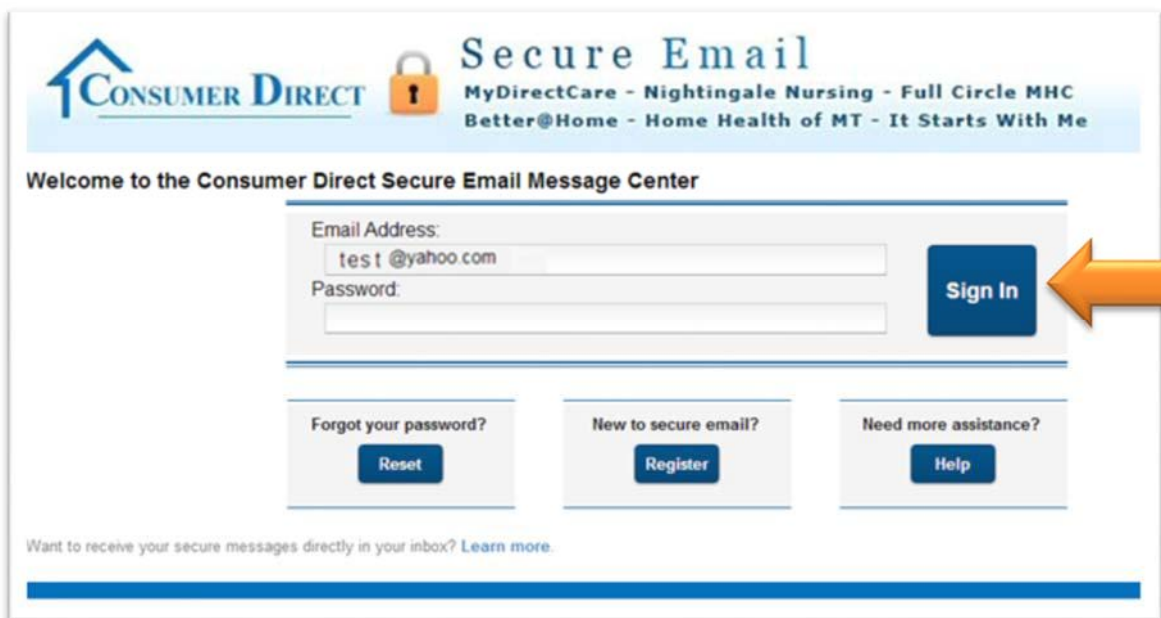
**Password Rules**  
Passwords must be at least 6 characters in length, and meet 2 of the following conditions:

- Contain both alphabetic and numeric characters
- Contain both uppercase and lowercase characters
- Contain at least one special character, such as: ~!@#\$%^&

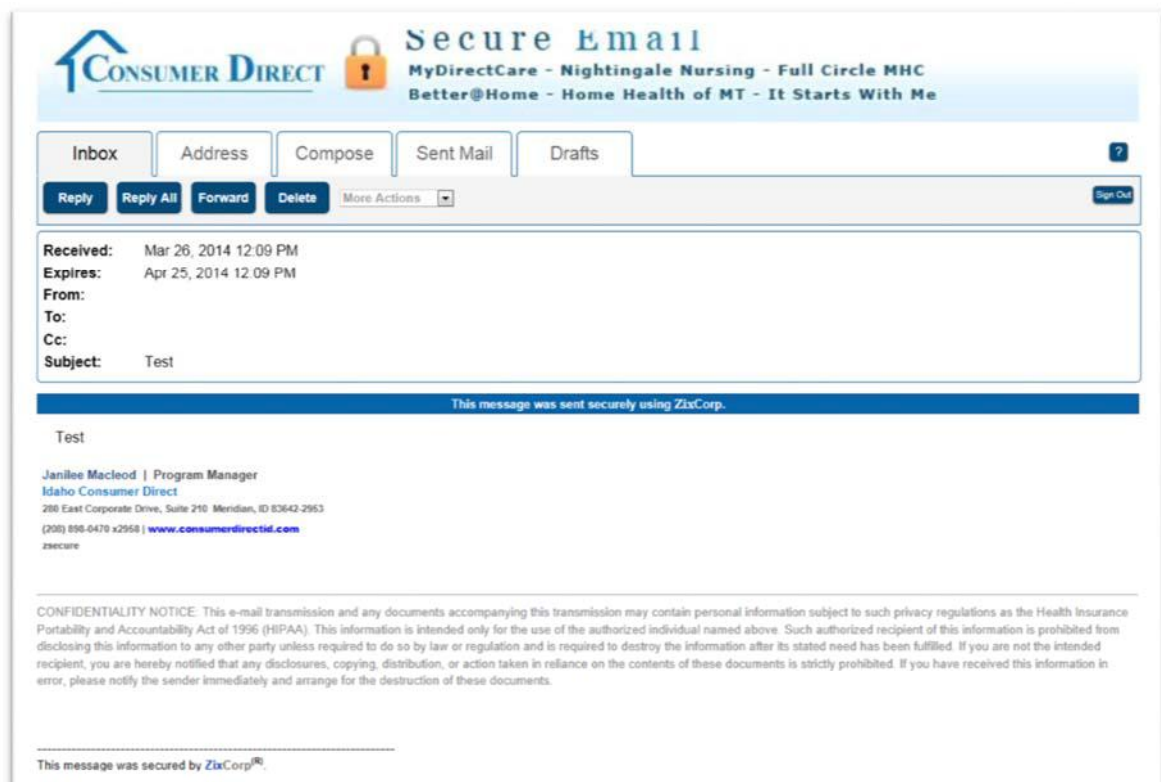
Passwords cannot match email address.

Want to receive your secure messages directly in your inbox? [Learn more.](#)

**Step 2 Continued:** If you've already created a password, you will get the login screen below. Enter your password and click the sign in button.



**Step 3:** After signing in you will be able to read and respond to your message(s). Messages do expire so print or save the email if you wish to keep it. Remember to check your spam/junk folder often.

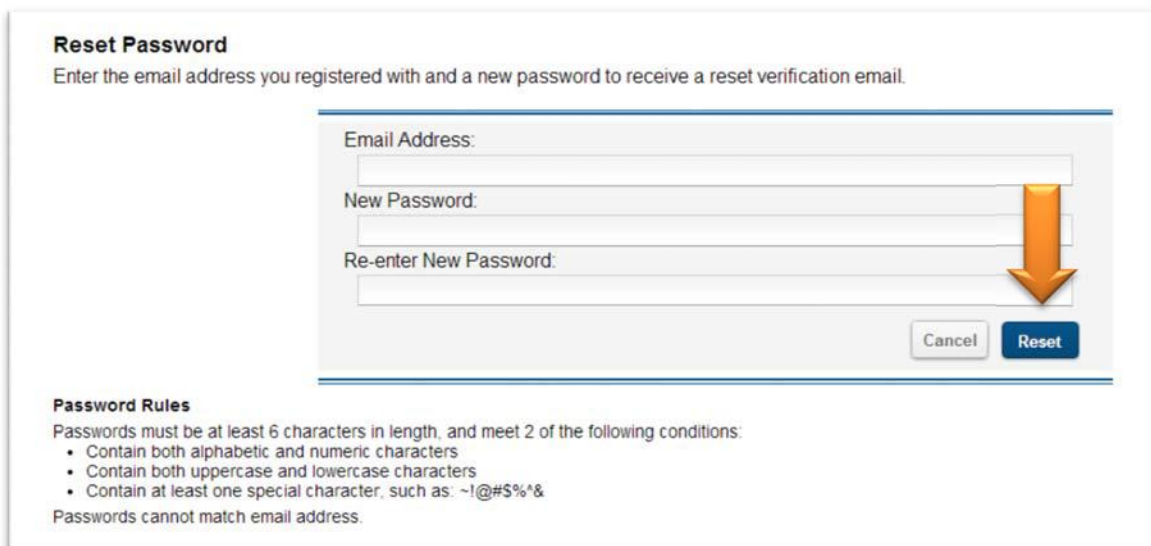


## Changing Your Secure Email Password

**Step 1:** From the login screen, click the reset button under the “forgot your password” section.



**Step 2:** Enter your e-mail address and new password. Click the reset button.



**Step 3:** You will receive an e-mail with the links below. Click the activate link to accept your new password.

Your Consumer Direct Secure Email password is pending.

To ACTIVATE your new password, click the link below:

<https://web1.zixmail.net/s/a?b=consumerdirectonline&cmd=ABDjGiBPpgQdGHFgEF0rZvgy>

This is the last step in this one-time process.

To DECLINE your new password, click the link below:

<https://web1.zixmail.net/s/d?b=consumerdirectonline&cmd=ABDjGiBPpgQdGHFgEF0rZvgy>

If the link above is disabled, copy and paste it into your Internet browser address bar.

**Step 4:** You will receive the message below after you click the activation link. Click the continue button to proceed to the login screen.



## Secure Email

MyDirectCare - Nightingale Nursing - Full Circle MHC  
Better@Home - Home Health of MT - It Starts With Me

### Activation Successful

You have successfully activated your new password. Click Continue to return to the Sign In page.

[Continue](#)

Note: Your password is important. Please store it in a safe place.



# COMPLAINT/GRIEVANCE FORM

Directions: Please complete all the sections except the gray one at bottom of page. Mail or fax the form to Consumer Direct Care Network at the address or fax number listed below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Affiliation (check one):  Consumer  Caregiver  Personal Care Representative  
 Administrative  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the box that applies:  Compliment  Suggestion  Complaint  Grievance

Would you like us to contact you?  Yes  No If yes, how:  phone  email  mail

Please describe the compliment, suggestion complaint or grievance:

Please mail or fax completed form to: Consumer Direct Care Network  
50 North Alvernon Way  
Tucson, AZ 86711-2801  
Toll-free Fax: 877-398-8413

For Consumer Direct office use:  
Date Received: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_  
Action Taken:  Resolved  Not Resolved  Submitted to Program Manager  
Plan: (Please use back of form)





<b>Name:</b> _____	<b>Effective Date of Change:</b> _____
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"/> <b>Address Change</b>	Mailing (City, State, Zip):		
	Physical (City, State, Zip):		
<input type="checkbox"/> <b>Phone Number Change</b>	Home:	Work:	Cell:

Local Office Plus CDMS Changes									
<input type="checkbox"/> <b>Name Change</b> *provide supporting documentation (Social Security Card) with this form	Previous name: _____ New name: _____								
<input type="checkbox"/> <b>Social Security Number Change</b> *provide supporting documentation (Social Security Card) with this form	Previous SSN: _____ New SSN: _____								
<input type="checkbox"/> <b>Date of Birth Change</b> *provide supporting documentation with this form	Previous DOB: _____ New DOB: _____								
<input type="checkbox"/> <b>New EIN Holder</b> *requires supporting paperwork – contact your coordinator	New EIN Holder: _____								
<input type="checkbox"/> <b>Caregiver Payment Type Changes</b> * requires supporting paperwork – completed pay selection form	<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"/> <b>Caregiver Wage Changes</b> * requires paperwork and approval – contact your coordinator	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Service Recipient Name:</td> <td style="width: 50%;">New Wage:</td> </tr> <tr> <td>Service Code(s):</td> <td><input type="checkbox"/> New Mod Wage Agrmt</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change Mod Wage Agrmt</td> </tr> <tr> <td></td> <td><input type="checkbox"/> End Mod Wage Agrmt</td> </tr> </table>	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 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								
<b>Service Recipient –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Deactivation</b> <input type="checkbox"/> <b>Hold</b> <input type="checkbox"/> <b>Transfer</b> * change in Auth requires supporting paperwork	Explanation: _____ <input type="checkbox"/> Reactivate for billing purposes only								
<b>Employee/Caregiver –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Dismissal</b> <input type="checkbox"/> <b>Hold</b> *if <b>Dismissal</b> , from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient * <b>reactivation</b> requires supporting documentation	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"/> <b>Employee/Caregiver Location Change</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Previous location:</td> <td style="width: 50%;">New location:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Previous location:	New location:	_____	_____				
Previous location:	New location:								
_____	_____								
<b>Other/Additional Information:</b>									

 \_\_\_\_\_  
 Service Recipient, Managing Party, or Employee Signature

 \_\_\_\_\_  
 Date

02249





# 2025 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							1							1
5	6	7	8	9	⑩	11	2	3	4	5	6	⑦	8	2	3	4	5	6	⑦	8
12	△ 13	14	15	16	17	18	9	△ 10	11	12	13	14	15	9	10	11	12	13	14	15
19	△ 20	21	22	23	⑳	25	16	△ 17	18	19	20	㉑	22	16	17	18	19	20	㉑	22
26	27	28	29	30	31		23	24	25	26	27	28		23	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					1	②	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	⑬	14
13	14	15	16	17	⑱	19	11	12	13	14	15	⑯	17	15	16	17	18	△ 19	20	21
20	21	22	23	24	25	26	18	△ 19	20	21	22	23	24	22	23	24	25	26	⑳	28
27	28	29	30				25	△ 26	27	28	29	⑳	31	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						1	2		△ 1	2	3	4	⑤	6
6	7	8	9	10	⑪	12	3	4	5	6	7	⑧	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	⑰	20
20	21	22	23	24	⑳	26	17	18	19	20	21	㉒	23	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28	29	30	28	29	30				
							31													

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							1		1	2	3	4	5	6
5	△ 6	7	8	9	10	11	2	3	△ 4	5	6	7	8	7	8	9	10	11	⑫	13
12	△ 13	14	15	16	⑰	18	9	10	△ 11	12	13	⑭	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	⑳	△ 25	26	27
26	27	28	29	30	⑳		23	24	25	⑳	△ 27	28	29	28	29	30	31			
							30													

## 2025 Bank & Post Office Holidays

\*Consumer Direct Care Network office closures

\*New Year's Day - Wednesday, January 1

\*Martin Luther King, Jr. Day - Monday, January 20

Presidents Day - Monday, February 17

\*Memorial Day - Monday, May 26

\*Juneteenth - Thursday, June 19

\*Independence Day - Friday, July 4

\*Labor Day - Monday, September 1

Columbus Day - Monday, October 13

\*Veterans Day - Tuesday, November 11

\*Thanksgiving Day - Thursday, November 27

\*Christmas Day - Thursday, 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
12/15/2024	12/28/2024	12/30/2024	1/10/2025
12/29/2024	1/11/2025	1/13/2025	1/24/2025
1/12/2025	1/25/2025	1/27/2025	2/7/2025
1/26/2025	2/8/2025	2/10/2025	2/21/2025
2/9/2025	2/22/2025	2/24/2025	3/7/2025
2/23/2025	3/8/2025	3/10/2025	3/21/2025
3/9/2025	3/22/2025	3/24/2025	4/4/2025
3/23/2025	4/5/2025	4/7/2025	4/18/2025
4/6/2025	4/19/2025	4/21/2025	5/2/2025
4/20/2025	5/3/2025	5/5/2025	5/16/2025
5/4/2025	5/17/2025	5/19/2025	5/30/2025
5/18/2025	5/31/2025	6/2/2025	6/13/2025
6/1/2025	6/14/2025	6/16/2025	6/27/2025
6/15/2025	6/28/2025	6/30/2025	7/11/2025
6/29/2025	7/12/2025	7/14/2025	7/25/2025
7/13/2025	7/26/2025	7/28/2025	8/8/2025
7/27/2025	8/9/2025	8/11/2025	8/22/2025
8/10/2025	8/23/2025	8/25/2025	9/5/2025
8/24/2025	9/6/2025	9/8/2025	9/19/2025
9/7/2025	9/20/2025	9/22/2025	10/3/2025
9/21/2025	10/4/2025	10/6/2025	10/17/2025
10/5/2025	10/18/2025	10/20/2025	10/31/2025
10/19/2025	11/1/2025	11/3/2025	11/14/2025
11/2/2025	11/15/2025	11/17/2025	11/26/2025*
11/16/2025	11/29/2025	12/1/2025	12/12/2025
11/30/2025	12/13/2025	12/15/2025	12/24/2025*
12/14/2025	12/27/2025	12/29/2025	1/9/2026
12/28/2025	1/10/2026	1/12/2026	1/23/2026

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## LIST OF CAREGIVER TRAINING MODULES

- Abuse & Neglect
- Alzheimer's
- Advance Directives
- Arthritis
- Assistive Devices
- Autism
- Basic Nutrition & Hydration
- Bathing Tips
- Being Assertive
- Bill of Rights
- Blood Sugar
- Cancer
- Care Planning Process
- Chemical Hazards
- Combative Clients
- Commonly Prescribed Diets
- Congestive Heart Failure
- COPD
- Critical Thinking
- Cultural Diversity
- Customer Service
- Cystic Fibrosis
- Dementia
- Depression
- Diabetes
- Dressing & Grooming
- Elderly Activity
- Emotional Loss
- Eye Disorders
- Fall Risk Factors
- Feeding Clients
- First Aid Tips
- Flu
- Food Preparation and Safety
- GI Disorders
- Handwashing
- Hearing Disorders
- Heart Attack
- HIV and Aids
- Hospice
- How to use a Hoyer Lift
- Hypertension
- Incontinence
- Kidney Disease
- Maintaining a Professional Distance
- Mentally Ill Clients
- Mentally Retarded Clients
- Multiple Sclerosis
- Normal Aging
- Ostomies
- Pain Management
- Parkinson's
- Performing Mouth Care
- Personal Wellness
- Preventing Pressure Sores
- Range of Motion
- Reporting and Documenting
- Safe Transfers
- Seizures
- Spinal Cord Injuries
- Smoking
- Spina Bifada
- Stroke (CVA'S)
- Substance Abuse
- Tuberculosis Update
- Time Management Skill
- Vital Signs
- Wound V.A.C (reading only)







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## THE FAIR WAGES AND HEALTHY FAMILIES ACT

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### Earned Paid Sick Time

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- EXEMPTIONS:** The Fair Wages and Healthy Families Act (the “Act”) does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer’s home on a casual basis; or any person employed by the State of Arizona or the United States government.
- ENTITLEMENT AND AMOUNT:** Beginning July 1, 2017, employees are entitled to earned paid sick time and accrue a minimum of one hour of earned paid sick time for every 30 hours worked, subject to the following limitations:
- Employees whose employers have less than 15 employees may only accrue or use 24 hours of earned paid sick time per year.
  - Employees whose employers have 15 or more employees may only accrue or use 40 hours of earned paid sick time per year.
- Employers are permitted to select higher accrual and use limits.
- TERMS OF USE:** Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse, or stalking. Employees may use earned paid sick time for themselves or for family members. *See Arizona Revised Statutes § 23-373* for more information.
- RETALIATION & DISCRIMINATION PROHIBITED:** Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under the Act, including requesting or using earned paid sick time; (2) assisting any person in doing so; or (3) informing any person of their rights under the Act.
- ENFORCEMENT:** Each employee has the right to file a complaint with the Industrial Commission’s Labor Department alleging that an employer has violated the Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Act may result in penalties.
- INFORMATION:** For additional information regarding the Act, you may refer to the Industrial Commission’s website at [www.azica.gov](http://www.azica.gov) or contact the Industrial Commission’s Labor Department: 800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

**THIS POSTER MUST BE CONSPICUOUSLY POSTED IN A PLACE  
THAT IS ACCESSIBLE TO EMPLOYEES**





# SECTION 4:

## EMPLOYEE ENROLLMENT PACKETS





# SECTION 5: AHCCCS SDAC MANUAL