

This is a sample packet. Each form has a text box that describes what the form is for. This sample should not be filled out. Please use this as a guide only. If you need additional ISB packets, they are available on our website at <https://ccweb.veridiancu.org>. Thank you.



Independent Support Broker (ISB) packet



Instructions

This packet contains a variety of documents for you to complete and a few helpful resources. We encourage you to keep a copy of these resources for future reference.

Please use the following tips when filling out the documents:

- Only use black ink to prevent delays in the processing of your documents.
- Avoid using a pencil or gel pen because your responses will be hard to read, especially if the documents are faxed or scanned.
- The highlighted areas of this packet indicate where a response is required.

When all the documents are complete, please email them to Veridian Fiscal Solutions at ccoowa@veridiancu.org.

If email is not an option for you, please submit your documents in one of the following ways:

Fax - (319) 236-6785, Attn: Consumer Choices Option

Mailing address –
Veridian Fiscal Solutions
Consumer Choices Option
P.O. Box 4502
Waterloo, IA 50704





Iowa Department of Human Services

Independent Support Broker Agreement

_____ agrees to be an independent support broker for
Independent Support Broker

_____ who is participating in the Consumer Choices Option.
Member

The independent support broker acknowledges that they are not the members' guardian, conservator, attorney in fact under durable power of attorney for health care, power of attorney for financial matters, trustee or representative payee. The independent support broker further acknowledges that they shall not be paid for any other service to the consumer and that they shall not work for an individual or entity that is providing services to the member.

The independent support broker agrees to perform the following services:

- ◆ Assists the member with developing the consumers' initial and subsequent individual budgets and with making any changes to the individual budget.
- ◆ Have monthly contact with the member for the first four months of implementation of the individual budget and have quarterly contact thereafter.
- ◆ Assist with interviewing potential employees and entities providing services and supports if requested by the member.
- ◆ Assist the member with determining whether a potential employee meets the qualifications necessary to perform the job.
- ◆ Assist the member with obtaining signed consent from a potential employee to conduct background checks.
- ◆ Assist the member with negotiating with entities providing services and supports if requested by the member.
- ◆ Assist the member with contracts and payment methods for services and supports if requested by the member.
- ◆ Assist the member with developing an emergency back-up plan. The emergency back-up plan shall also address any health and safety concerns.
- ◆ Review expenditures reports from financial management services to ensure that services and supports in the individual budget are being provided.
- ◆ Document in writing on the independent support broker time card every contact the broker has with the consumer. Contact documentation shall include information on the extent, which the members' individual budget has addressed the members' needs and the satisfaction of the consumer.

Either party may terminate this agreement at anytime with or without cause. If either party terminates the agreement, the Financial Management Services and the consumers' case manager/service worker shall be immediately notified. The Independent Support Broker will be paid an hourly rate of \$_____ (not to exceed \$15.15 an hour). The Independent Support Broker will need permission from the Department of Human Services Iowa Medicaid Enterprise to provide more than 26 hours of service in a 12-month period for the member.

Name of Member

Date

Name of Independent Support Broker

Date



Iowa Department of Human Services

Financial Management Service Agreement

_____ Veridian Credit Union _____ agrees to be an
(Name of banking institution or credit union)

Organized Health Care Delivery System Medicaid provider and a provider of Financial Management Services (FMS) for the Iowa Medicaid Enterprise.

_____ Veridian Credit Union _____ agrees to be the
(Name of banking institution or credit union)

Vendor Fiscal/Employer Agent for Consumer Choices Option consumers and legal guardians, as applicable, who are the common law employers of the support service workers they hire directly. As a Vendor Fiscal/Employer Agent operating under section 3504 of the IRS code and Revenue Procedures 70-6 and 2003-70,

_____ Veridian Credit Union _____ agrees to perform
(Name of banking institution or credit union)

the following tasks:

- ◆ Establish and manage consumers' directly hired service workers' and FMS documents and files.
- ◆ Provide monthly and quarterly status reports for the Department and for consumers, legal guardians, and their individual supports broker that include a summary of expenditures paid and amounts of budgets unused.
- ◆ Assist consumers and legal guardians in understanding their fiscal and payroll related responsibilities.
- ◆ Assist consumers and legal guardians in completing required federal and state tax and insurance forms.
- ◆ Assist consumers and legal guardians in collecting and submitting criminal background, adult and child abuse waivers on potential employees to the Medicaid Department and maintain copies of relevant documentation.
- ◆ Assist consumers in verifying directly hired service workers' citizenship or alien status and maintain copies of relevant documentation.
- ◆ Prepare and disburses payroll for consumers or their legal guardians who hire support service workers directly. Key employer-related tasks include:
 - Verifying that directly hired support service workers' hourly wages are in compliance with federal and state Department of Labor rules;
 - Collecting, verifying, processing, maintaining copies, and monitoring directly hired support services workers' time sheets to assure it matches the consumer's written individual budget;

- Withholding, filing and paying federal Medicare and Social Security (FICA), federal (FUTA) and federal income tax withholding, and state income tax withholding and state (SUTA) unemployment insurance taxes;
 - Computing and processing other benefits, as applicable;
 - Preparing and issuing service workers' payroll checks;
 - Refunding over collected FICA, when appropriate, to directly hired support service workers and the State (employer portion of over collected FICA);
 - Processing all judgments, garnishments, tax levies, or any related holds on directly hired support service workers' pay as may be required by federal, state or local laws, as applicable; and
 - Prepare and disburse IRS Forms W-2 and W-3 annually.
- ◆ Assist consumers and legal guardians in obtaining and renewing worker's compensation insurance policies and paying premiums, as required.
 - ◆ Process and pay invoices for approved goods and services included in the consumers' written individual budgets, maintain documentation and monitor that payments are reflected in the consumer's written individual budget.
 - ◆ Make sure all payments made to directly hired support service workers and vendors that are returned to the FMS provider for any reason are processed in accordance with Iowa State's Abandoned Property Law.
 - ◆ Assist in implementing the State's quality management strategy related to FMS.
 - ◆ Establish an accessible customer service system and communication path for the consumer and the individual support broker.
 - ◆ Provide real time individual budget account balances, at a minimum during normal business hours (9 am – 5 pm, Monday – Friday).
 - ◆ Have the ability to interface with the tracking system chosen by the Iowa Department of Human Services.

As a condition of providing services under this agreement the directly hired support service worker agrees to the following:

- ◆ The directly hired support service worker of the consumer understands and acknowledges that the consumer or the consumer's guardian (indicate by inserting the person's name and title here _____) is the common law employer.
- ◆ The directly hired support service worker of the consumer understands and acknowledges that neither the Iowa Medicaid Enterprise nor the Financial Management Service organization is the common law employer and are not responsible for the actions of the common law employer, the consumer, or the legal guardian.
- ◆ The directly hired support service worker of the consumer or legal guardian understands and acknowledges that funds available for payment are authorized on the consumer's individual budget by the Iowa Department of Human Services, Iowa Medicaid Enterprise, in advance for work performed.

- ◆ The directly hired support service worker of the consumer or legal guardian understands and acknowledges that work performed in excess of the authorized amount on the consumer's individual budget will be paid for by the personal funds of the common law employer and not by the Iowa Department of Human Services, Iowa Medicaid Enterprise or the Financial Management Service organization.
- ◆ The directly hired support service worker of the consumer or legal guardian meets the necessary skills and requirements to be able to perform the services hired to perform.
- ◆ The directly hired support service worker of the consumer or legal guardian is able to successfully communicate with the common law employer (the consumer or legal guardian).
- ◆ The directly hired support service worker of the consumer or legal guardian, if providing self-directed personal care services, is sixteen years of age or older. (Employee under the age of eighteen must have a parent co-sign this agreement.)
- ◆ The directly hired support service worker of the consumer or legal guardian, if providing the independent support broker service or providing self-directed community supports and employment services, is eighteen years of age or older.
- ◆ The directly hired support service worker understands and acknowledges that employees without a valid driver's license may not transport individuals in connection with their employment responsibilities.
- ◆ The directly hired support service worker understands and acknowledges that all documents required by the Employment Packet, including the request to obtain a criminal record check and adult and child abuse registry information, must be completed, submitted to and processed by the FMS prior to the employee performing work.
- ◆ The directly hired support service worker understands and acknowledges that the results of the criminal record and adult and child abuse registry must be obtained prior to the employee performing work. The FMS will notify the common law employer when this has been obtained.
- ◆ The directly hired support service worker agrees to sign and submit to the common law employer (the consumer or legal guardian, as appropriate) a bi-weekly accurate time sheet of all services rendered including the type of service rendered, the date, and the number of services hours delivered (to the nearest quarter hour). Both the common law employer and the employee must sign time sheets. Time sheets need to be submitted to the FMS within five business days from the end of the payroll cycle. Time sheets received after five business days will be paid with the next payroll cycle. Time sheets received after 30 days of the last day of service provided will not be paid. Incorrect time sheets will be returned and will need to be corrected before a paycheck is issued.
- ◆ The funds used to pay the directly hired support service worker are Medicaid funds and submission of false information on time sheets may subject the directly hired support service worker to criminal action, in addition to repayment of any funds.

- ◆ The directly hired support service worker agrees that Federal income tax withholding, Medicare, Social Security and Iowa State income tax withholding (as applicable) shall be withdrawn from the directly hired support service worker's wages per state and federal laws by the FMS.
- ◆ The directly hired support service worker agrees to provide the service as specified by the common law employer (the consumer or legal guardian, as appropriate) on a schedule mutually agreed upon between the common law employer and the employee. Occasional variations in tasks and in the schedule may occur, based on mutual agreement of the parties.
- ◆ In the event of illness, emergency or incident preventing the directly hired support service worker from providing scheduled services to the common law employer (the participant or the legal guardian, as appropriate), the directly hired support service worker agrees to notify the common law employer as soon as possible so that the common law employer can obtain their services from someone else.
- ◆ The directly hired support service worker agrees to participate in training if required by the common law employer.
- ◆ The directly hired support service worker agrees to maintain all information regarding the common law employer in a confidential manner and to respect the common law employer's privacy at all times.

By signing below, the directly hired support service worker certifies that the directly hired support service worker has read and understand the information presented in this agreement and agrees to be bound by the terms of this agreement.

Irischa Bagenstos

Banking institution or credit union authorized representative

Date

Employee of the consumer

Date

This form is part of the Employment Packet and must be completed by each hired employee and sent to the FMS with all required paperwork before work can begin.

Direct deposit information

Direct Deposit is the most efficient way to receive payment for services. Payment is deposited on pay day, paper checks are mailed out on pay day. Work done with multiple members will show as a single deposit into accounts; however check stubs are produced for each member.

Employee information

Employee name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Email: _____

CCO member information

CCO member name: _____
Medicaid number : _____

Financial institution information

Financial institution name: _____
Account type: Checking Savings
Account number: _____
Routing number: _____

Please attach a voided check or deposit slip in the box below. This will ensure we have the accurate financial information we need to make a direct deposit into your account.



2014 Payment schedule

Please note the dates timesheets are due and also that all timesheets must be submitted within 30 days of the last date service was provided.

Veridian Fiscal Solutions must receive all time sheets no later than the 7th and the 22nd. This will ensure that payment will be received by the 15th and the last day of the month. Time sheets and reimbursement requests can be submitted as soon as each pay period ends.

To be eligible for reimbursement, all time sheets and non-payroll reimbursement requests must be submitted within 30 days from the last day service was provided. After 30 days, Veridian may no longer have access to the Medicaid funding to process the reimbursement/payment.

Processing:

Paper checks will be mailed on payday. Employees who use direct deposit will see the payment post to their account on payday. These payment dates will change if the payday falls on a weekend or holiday. When this occurs, the direct deposit will post and paper checks will be mailed on the Friday prior to the payday. Veridian will not be responsible for delayed mailing by the U.S. Postal Service.

Time period:	Timesheet/invoice/ receipt due date:	Pay date:
January 1-15	01/22/2014	01/31/2014
January 16-31	02/07/2014	02/14/2014
February 1-15	02/22/2014	02/28/2014
February 16-28	03/07/2014	03/14/2014
March 1-15	03/22/2014	03/31/2014
March 16-31	04/07/2014	04/15/2014
April 1-15	04/22/2014	04/30/2014
April 16-30	05/07/2014	05/15/2014
May 1-15	05/22/2014	05/30/2014
May 16-31	06/07/2014	06/13/2014
June 1-15	06/22/2014	06/30/2014
June 16-30	07/07/2014	07/15/2014
July 1-15	07/22/2014	07/31/2014
July 16-31	08/07/2014	08/15/2014
August 1-15	08/22/2014	08/29/2014
August 16-31	09/07/2014	09/15/2014
September 1-15	09/22/2014	09/30/2014
September 16-30	10/07/2014	10/15/2014
October 1-15	10/22/2014	10/31/2014
October 16-31	11/07/2014	11/14/2014
November 1-15	11/22/2014	11/28/2014
November 16-30	12/07/2014	12/15/2014
December 1-15	12/22/2014	12/31/2014
December 16-31	01/07/2015	01/15/2015



Information about time sheets

- All time sheets must be submitted no later than the 7th and the 22nd day of each month to ensure payment will be received by the 15th and the last day of the month. Please consult our payment schedule for the actual dates of each pay period. You are not required to wait until the payroll deadline to submit a time sheet or reimbursement request. These documents can be submitted as soon as each pay period ends.
- All time sheets and non-payroll reimbursement requests must be submitted within 30 days from the last day service was provided. After 30 days, Veridian Fiscal Solutions may no longer have access to the Medicaid funding to process the reimbursement/payment.
- All time sheets must be filled out in black ink or typed.
- Each time sheet must be complete. It must be signed and dated by the ISB and member before it is submitted.
- Please list the month that funds should be used to pay for your hours. For example, if you help a member create his/her February budget in January, please indicate in the "Pay Period From" field or the "Service Provided and Narrative" field on your time sheet, if we should pay these hours out of the "January" or "February" budget.
- Veridian Fiscal Solutions is not allowed to accept documents with photocopied or typed signatures.
- Time sheets should be emailed to ccoowa@veridiancu.org at the end of each month. A confirmation will be sent to you when the time sheet is received by email.

If email is not an option for you, please submit your documents in one of the following ways:

Fax - (319) 236-6785, Attn: Consumer Choices Option

Mailing address –
Veridian Fiscal Solutions
Consumer Choices Option
P.O. Box 4502
Waterloo, IA 50704

- Please submit your time sheet for each of your members as its own email or fax.

Questions? Please contact our Consumer Choices Option Department at (319) 226-4692 or (866) 226-4692.



Fax

Date: _____

From: _____

Phone number: _____

Fax number: _____

Pages: _____

To: Veridian Fiscal Solutions - Consumer Choices Option Department

Phone number: 319-CCO-IOWA (319-226-4692)

Toll-free: 866-CCO-IOWA (866-226-4692)

Fax number: 319-236-6785

Address: P.O. Box 4502, Waterloo, IA 50704-9924

Re: _____

CCO member name: _____

Medicaid number: _____

Notes:

Please fax each document separately. For example, if you have three employee time sheets to submit, please submit each employee's time sheet to Veridian Fiscal Solutions in a separate fax.

To avoid having your additional questions or requests missed, please email our Consumer Choices Option Department at ccoowa@veridiancu.org or call (319) 226-4692 or (866) 226-4692.



Consumer Choices Option Semi-Monthly Time Sheet

PLEASE USE BLACK INK ONLY
Do not use pencil, colored ink or gel pens

Employee*: _____ Social Security Number*: _____

Position*: _____ Hourly wage*: _____

Employer's first and last name*: _____

Pay Period From: _____

Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency back up plan or from savings.(Use more than one line if needed.)	Note any progress/changes for consumer

All time recorded on the time sheets needs to be documented to the nearest quarter hour. Time sheets must be received by the Financial Management Service within 30 days of the last day of service provided. Time sheets must be submitted by the 7th/22nd days of the month to be paid by the 15th/last day of the month.

I certify that the person whose name appears on this time sheet has worked the time indicated. I understand that by signing an employee time card which contains false information about hours worked, may make me a party to Medicaid fraud and legal action could occur.

Did the employee perform the job in a respectful and courteous manner?

- Never
- Seldom
- Sometimes
- Usually
- Always

Comments:

In event that my total expenses for this bi-monthly period exceeds my approved allocation, I authorize Veridian Credit Union to use any available funds from my savings, in order to assure payment of this time sheet. The employer agrees that the employer is responsible for any employee wages or supports that exceed the individual budget and savings or that are not identified on the individual budget and savings.

Employee's Signature

Employer's Signature

Date:

Date:

THIS IS A SAMPLE TIME SHEET

We recommend using our online timesheet option, WebTime entry, which can be found at <https://ccoweb.veridiancu.org>. However, if it is necessary to complete a paper time sheet, please use this sample as a guide to avoid potential processing delays. If you need a blank time sheet sent to you, please email Veridian's Consumer Choices Option Department at ccoowa@veridiancu.org or call (319) 226-4692 or (866) 226-4692. You can also download and print blank time sheets from the Medicaid Web site at www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html.

Employer/Medicaid number: 1234567a

*All fields must be filled out completely or time sheet will be returned.

PLEASE USE BLACK INK ONLY
Do not use pencil, colored ink or gel pens.

Consumer Choices Option Semi-Monthly Time Sheet

Employee*: John Doe (example)

Social Security number*: 123-45-6789

Position*: Respite/SCL

Hourly wage*: \$12.00/\$14.00

Employer's first and last name*: Mary Jane (example)

→ Pay period from: January 1 - January 15

Date*	Start Time*	End Time*	Start Time*	End Time*	Total Hours Worked*	Rate of Pay*	SERVICE PROVIDED AND NARRATIVE* Services provided must match service on the individual budget. Please identify in the narrative if hours worked are from the emergency backup plan or from savings. (Use more than one line if needed.)	Note any progress/changes for consumer.
1/3	8 a.m.	1 p.m.			5	\$12.00	Respite ←	
1/5	2 p.m.	6 p.m.			4	\$14.00	SCL – Meal planning, grocery shopping, public transportation skills, cooking	
1/9		3 p.m.			7	\$12.00	Respite	

This semi-monthly sample only shows a few work shifts. The full semi-monthly time sheet has rows for shifts shown on page one and two.

Time sheet tips from Veridian:

→ If you submit a time sheet twice a month, please list hours for the 1st through the 15th and the 16th through the last day of the month separately. If you submit a time sheet once a month, please list only hours for one month on each time sheet.

Please clearly list the service code (respite, SCL, personal care, etc.) and your hourly wage for the service. ←

Please list the total hours worked for each service code separately. For this sample time sheet, you would list 12 hours respite and 4 hours SCL.

Employer/Medicaid number: 1234567a

*All fields must be filled out completely or time sheet will be returned.

All time recorded on the time sheets needs to be documented to the nearest quarter hour. Time sheets must be received by the Financial Management Service within 30 days of the last day of service provided. Time sheets must be submitted by the 7th/22nd day of the month to be paid by the 15th/last day of the month.

I certify that the person whose name appears on this time sheet has worked the time indicated. I understand that by signing an employee time card which contains false information about hours worked, may make me a party to Medicaid fraud and legal action could occur.

Did the employee perform the job in a respectful and courteous manner?

- Never Seldom Sometimes Usually Always

Comments:

In the event that my total expenses for this semi-monthly period exceed my approved allocation, I authorize Veridian Fiscal Solutions to use any available funds from my savings in order to assure payment of this time sheet. The employer agrees that the employer is responsible for any employee wages or supports that exceed the individual budget and savings or that are not identified on the individual budget and savings.

John Doe
(example)

Employee's Signature

1/9/2013

Date

Mary Jane
(example)

Employer's Signature

1/9/2013

Date

**Each time sheet must be signed and dated by both the employee and employer.
Any time sheets with missing, photocopied or typed signatures will not be processed.**