



*in Texas* a division of DSSW and LifeSpan Home Health

## DECEMBER 2015 NEWSLETTER

### CONTENTS:

**PAYMENT OF OVERTIME BECOMES LAW**

**PHC, MDCP & PCS CONSUMERS RECEIVE A RATE INCREASE**

**IMPORTANT W-2 INFORMATION**

**2016 PAYDAY SCHEDULE & TIMESHEET**

**ABUSE, NEGLECT & EXPLOITATION WEBINAR**

**BEFORE YOUR NEW EMPLOYEE CAN START WORK**

**EMPLOYEE APPLICATION MATERIALS**

**REQUIRED CPR AND FIRST AID RULES**

**DIRECT DEPOSIT AND PAY CARDS**

**TRAVELING WITH YOUR ATTENDANT**

**TRANSPORTATION TIMESHEETS**

**CHANGES AND CHALLENGES**

### **PAYMENT OF OVERTIME BECOMES LAW**

The Appeals Court issued its ruling on overtime siding with the Department of Labor. The DOL says that the new law becomes effective November 12, but that they will exercise prosecutorial discretion through December 31, 2015 in enforcing the new requirement.

Service advisors are identifying clients who have employees working more than 40 hours per week, and will be adjusting budgets. Employees will need to decide one of two routes: cut back to 40 hours per week, or adjust their per hour rate to accommodate overtime. This second choice should mean that gross income will remain the same.

(continued next column)

Example:

Employee works 65 hours a week at \$11.90 per hour. Gross income will be \$40,222.

With overtime, the employee works 40 hours at \$10.00 per hour and 25 hours of overtime at \$15.00 per hour. Gross income will be \$40,300.

If your employee is working more than 40 hours a week, please contact your Service Advisor so your budget can be adjusted.

### **EMPLOYEES RECEIVING OVERTIME WILL HAVE A NEW METHOD FOR RECORDING HOURS**

Employees who are working more than 40 hours a week will move from paper timesheets to a web-based time management system. They will clock in and out using a computer or their smart phone. Employers will then review hours and approve them for payment – also using either a computer or a smart phone.

Employers and employees will be educated on the process to follow.

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### **PHC, MDCP AND PCS CONSUMERS GET AN INCREASE**

Consumers receiving services through PHC, MDCP, or PCS have received a rate increase. Case Managers with these three programs have until December 1 to revise budgets. Once we have the revised authorizations, you will be able to give your attendants a small increase – probably between 7 to 10 cents per hour.

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### **W-2s and ULTI SELF-SERVE**

W-2s will be mailed on January 31, 2016. All W-2s will be mailed to the employee address on file. If your employee moved during 2015, we must receive the address change **in writing by December 21**. Email to [NewHires@cdsintexas.com](mailto:NewHires@cdsintexas.com) or fax to 877-726-4919.

To access employee earning information (including W-2s), contact Brenda Anderson at [banderson@cdsintexas.com](mailto:banderson@cdsintexas.com). She will get you set up.

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Your employees can get access as well – including copies of current and past W-2's. They will only have access to their individual information.

### **PAYDAY SCHEDULE FOR 2016 & TIMESHEETS**

The 2016 Payday Schedule is posted on the home page of our website [www.cdsintexas.com](http://www.cdsintexas.com), on UltiPro, and is a part of this newsletter as well.

We also posted new timesheets. The timesheet in landscape format may be used by anyone. (And we added an extra line for the 16<sup>th</sup> or 31<sup>st</sup> day!) The timesheet in portrait format may only be used by individuals in the programs listed: CLASS, DBMD, PCS, PHC, and STAR+PLUS.

Please help our payroll specialists out and use a new, clean copy of the timesheet.

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### **ABUSE, NEGLECT & EXPLOITATION WEBINAR**

DADS presented a webinar for CDS employers on abuse, neglect & exploitation on September 25. That webinar is now available as a power point or in its original format. The link is:  
<http://www.dads.state.tx.us/providers/cds/webinars/index.html>

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### **REMINDER: CLASS AND DBMD EMPLOYEES MUST HAVE FACE-TO-FACE HANDS ON CPR WITH CHOKING PREVENTION**

### **BEFORE YOUR NEW EMPLOYEE CAN START WORK**

Please remember, we need the forms listed below in order to clear your employee to work.

- Form 1725 – with clearances conducted by our office
- Form 1728 – Liability Acknowledgement
- Form 1729 – Applicant Verification (which includes CPR for CLASS and DBMD. MDCP will need CPR and First Aid).
- Form 1734 – Certificate of Relationship
- I-9 – Homeland Security Employability Form
- If a licensed nurse, the appropriate Form 1747 to verify nursing license and appropriate supervision if an LVN.

- Any licensed professional, we will need to be able to verify current license.

Please be sure they understand that these clearances are necessary *before* you can offer them a position.

**CLASS and DBMB employees must have hands on CPR** which includes choking prevention. MDCP employees need CPR w/ choking prevention and first aid. Online training is acceptable for MDCP only.

**REMEMBER: DO NOT ALLOW YOUR EMPLOYEE TO  
WORK UNTIL WE HAVE NOTIFIED YOU. IF YOU  
HAVE NOT HEARD FROM US WITHIN 48 HOURS,  
PLEASE CALL THE NEW HIRE DEPARTMENT AT 866  
675-7331, EXT. 1691**

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### **EMPLOYEE APPLICATION MATERIALS**

There have been many form changes in the last year – including the Form I-9 and the Form 1725 Criminal History Check. A complete employee application package may be found on our website:  
[www.cdsintexas.com](http://www.cdsintexas.com).

**YOU WILL NOT NEED A PASSWORD TO ACCESS THESE FORMS.** Please use updated forms. Some old forms we can accept, but others we are not allowed to accept in the old version.

Remember that you are now required to detail training given to all new employees on the **Form 1732**.

If you do not have a service plan to use as a training document, there is a Skills Competency Checklist in our Application Package. You can also email [NewHires@cdsintexas.com](mailto:NewHires@cdsintexas.com) and request the form.

### **IF YOUR HOURS CHANGE**

If your hours change – an increase or a decrease, please complete a new Work Schedule & Tasks - **Form 1731** and fax a copy to 877 726 4919 or email [NewHires@cdsintexas.com](mailto:NewHires@cdsintexas.com)

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### **DIRECT DEPOSIT OR PAY CARDS**

Due to the ever-increasing number of lost checks, we are moving toward use of direct deposit or pay cards only. With our new payday card vendor, we can make funds available to employees the same day when processing late payroll. If you would like more

information, email [cduran@cdsintexas.com](mailto:cduran@cdsintexas.com) or [evillalobos@cdsintexas.com](mailto:evillalobos@cdsintexas.com).

New employees are being asked to choose between pay cards or direct deposit.

Oh – and they hold drawings every month for cash prizes – and even a car!!

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### TRAVELING WITH YOUR ATTENDANT

DADS just issued a clarification on traveling out of state with your attendant. Anyone using the CDS option may travel outside the state of Texas with their attendant. They should abide by their established schedule. Travel expenses cannot be covered.

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### TRANSPORTATION

Some programs are adding transportation as a separate service. If transportation is added to your service plan, please remember that you will need to track transportation hours on a separate timesheet.

If the employee will be driving their own car, you will need to send us proof of liability insurance and a copy of a valid driver's license.

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### CHANGES & CHALLENGES: YES, THEY ARE HAPPENING

Change & Challenge: Growth: Several financial management services agencies (consumer directed services agencies) have closed this year - - - some very quickly. This has been both a change and a challenge to us, as we have absorbed a number of these transfers. Instead of our steady average of new clients a month, we are receiving three times our normal referrals. Some from transfers and some just increased new referrals. From 57 staff members in May, we have grown to 75, with two more to join us by the end of this month.

Challenge: Training: With that many new employees, we are challenged to get them all trained and able to handle their responsibilities and, most importantly, your questions. I'm not sure we have met that challenge yet, and we continue to work on it.

Challenge: New requirements and changes in requirements by the State: Just like most of you, we have not had a "raise" since 2007 – quite the opposite, our fees have been reduced. At the same time, the amount of paperwork has increased – as any of you who have hired a new employee this year have discovered. The new CFC services have almost everyone confused, rate changes in 3 programs require almost half of our budgets to be revised, and in addition to new paperwork, new hiring standards for CLASS employees are frustrating to all of us.

We appreciate your patience as we accommodate this growth and finish training new employees. We understand the frustration some of you have felt when your questions have been inadequately answered or the response time slow. We are working very hard on this. Please email me at [hbaker@cdsintexas.com](mailto:hbaker@cdsintexas.com) with any major issues you have encountered. Your help in identifying shortcomings will aid us in training.



Helen M. Baker

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### NEW COMPANY DIRECTORY

Watch our Facebook page. We will be issuing an updated directory at the end of the year and will post the notice on FB. Our website will be updated at that time as well.

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### TURN YOUR TIMESHEETS IN ON TIME

The Department of Labor requires hourly employees to be paid at least twice a month. Additionally, if you are receiving services through the Personal Care Services Program or through managed care (STAR+PLUS), we have a 95 day billing deadline. After that we cannot bill for services that are more than 95 days old. And that means we will not pay for services that are more than 95 days old. Please check your quarterly reports, and take advantage of access to your payroll records through UltiPro. If you do not yet have access to your payroll records, please email Brenda Anderson, and she will get you set up.

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**CDS in TEXAS / DISABILITY SERVICES OF THE SOUTHWEST/LIFE SPAN HOME HEALTH**  
**CDS PAYDAY SCHEDULE 2016**

Payroll is on the 11th and 25th of the month unless that date falls on a holiday or weekend in which case it will be the first business day prior to payday

Pay Period	Payroll Start Date	Payroll End Date	Employee Payday
1	12/16/15	12/31/15	01/11/16
2	01/01/16	01/15/16	01/25/16
3	01/16/16	01/31/16	02/11/16
4	02/01/16	02/15/16	02/25/16
5	02/16/16	02/28/16	03/11/16
6	03/01/16	03/15/16	03/25/16
7	03/16/16	03/31/16	04/11/16
8	04/01/16	04/15/16	04/25/16
9	04/16/16	04/30/16	05/11/16
10	05/01/16	05/15/16	05/25/16
11	05/16/16	05/31/16	06/10/16
12	06/01/16	06/15/16	06/24/16
13	06/16/16	06/30/16	07/11/16
14	07/01/16	07/15/16	07/25/16
15	07/16/16	07/31/16	08/11/16
16	08/01/16	08/15/16	08/25/16
17	08/16/16	08/31/16	09/09/16
18	09/01/16	09/15/16	09/23/16
19	09/16/16	09/30/16	10/11/16
20	10/01/16	10/15/16	10/25/16
21	10/16/16	10/31/16	11/10/16
22	11/01/16	11/15/16	11/25/16
23	11/16/16	11/30/16	12/09/16
24	12/01/16	12/15/16	12/23/16
1	12/16/16	12/31/16	01/11/17

Signed timesheets can be scanned and emailed to : [cds@cdsintexas.com](mailto:cds@cdsintexas.com)

All timesheets are due by 5 PM following last day of the pay period. In other words if the last day of payroll is the 15th, timesheets are due by 5 PM on the 16th.

>>> TIMESHEETS ARE DUE ON THE 1ST AND 16th EVEN IF IT IS A WEEKEND OR HOLIDAY - THANKS <<<

PLEASE DO NOT TRY TO CASH YOUR CHECKS EARLY

Our bank receives a list of approved checks on payday. Any checks cashed prior to the actual payroll date will be returned. Your employee will incur expensive bank charges

**PLEASE USE THE FAX NUMBER THAT CORRESPONDS TO CONSUMER'S LAST NAME**

<b>A</b>	877-726-4910 210-785-3470	<b>B</b>	877-726-0183 210-733-3068	<b>C</b>	877-726-4911 210-785-3471	<b>D</b>	877-726-0184 210-733-3069
<b>E</b>	877-726-0185 210-733-3073	<b>F</b>	877-726-4912 210-785-3472	<b>G</b>	877-726-0186 210-733-3074	<b>H</b>	877-726-4913 210-785-3473
<b>I</b>	877-726-0187 210-733-3102	<b>J</b>	877-726-0188 210-733-3103	<b>K</b>	877-726-0189 210-733-3105	<b>L</b>	877-726-0190 210-733-3108
<b>M</b>	877-726-4915 210-785-3475	<b>N</b>	877-726-4914 210-785-3474	<b>O</b>	877-726-0191 210-733-3109	<b>P</b>	877-726-0192 210-733-3112
<b>Q</b>	877-726-5893 210-733-3115	<b>R</b>	877-726-4916 210-785-3476	<b>S</b>	877-726-5894 210-733-3116	<b>T</b>	877-726-4918 210-785-3478
<b>U</b>	877-726-5895 210-733-3117	<b>V</b>	877-726-5896 210-733-3119	<b>W</b>	877-726-4917 210-785-3477	<b>X,Y,Z</b>	877-726-5897 210-733-3124

Alternate numbers: If above numbers are not working: 866 301 1182 or 866 462 6671 or 877 812 3789

New Hire Paperwork & Requests for reimbursement 877 - 726 - 4919 or 210 - 785 - 3479

**Consumer Directed Services - Service Delivery Log with Written Narrative/Written Summary**

Program (CHECK ONE) <input type="checkbox"/> CLASS <input type="checkbox"/> DBMD <input type="checkbox"/> CBA/STAR+PLUS WAIVER <input type="checkbox"/> HCS <input type="checkbox"/> MDCP <input type="checkbox"/> non-CBA/STAR+PLUS <input type="checkbox"/> PCS <input type="checkbox"/> PHC/FC/CAS <input type="checkbox"/> TxHmL <input type="checkbox"/> PRIVATE PAY					Participant Name		
Pay Period					Employer Name		
Service Provider Name				Service Type: (Check One) <input type="checkbox"/> PAS <input type="checkbox"/> PAS/HAB <input type="checkbox"/> HABILITATION <input type="checkbox"/> PROTECTIVE SUPERVISION <input type="checkbox"/> LVN NURSING <input type="checkbox"/> RN NURSING <input type="checkbox"/> RESPITE <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> OTHER: _____			
Service Date	Time In (AM or PM)	Time Out (AM or PM)	Time In (AM or PM)	Time Out (AM or PM)	Total Hours	Place of Service	Written Narrative <small>Continue narrative on next page, if needed.</small>
<b>Total Hours</b>							

The employer cannot submit a time sheet to the Financial Management Services Agency (FMSA) for time worked by the employee while the individual was in the hospital, nursing facility, ICF/IID, or ineligible for Medicaid. The employee and employer certify that the information provided above is complete and accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

Signature — Service Provider			Date		
<b>Service Type:</b>					
Hours Reg at	\$	per hour	Hours Sick at	\$	per hour
Hours OT at	\$	per hour	Hours Holiday at	\$	per hour
Hours Vacation	\$	per hour	Bonus	\$	
Other	\$				

Signature — Employer or Designated Representative (DR)		Date
<b>FMSA Use Only</b>		

**Time sheet:**    Acceptable    Unacceptable    Return to employer  
**Notes:**

**FMSA:**

DOCUMENTATION OF SERVICES DELIVERED - CDS

Consumer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Program (circle one)  
CLASS DBMD PCS PHC  
STAR+PLUS

Service Provider Name: \_\_\_\_\_

Pay Period No. \_\_\_\_\_

Month: \_\_\_\_\_

PAYPERIOD		CIRCLE ONE: HAB PAS CFC PAS/HAB RESPITE PROT. SUP. INTERVENER Transportation *** STAR+PLUS: non- CBA CBA Prot. Sup. CFC PAS CFC HAB or CFC PAS/HAB								
DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME	COMMENTS	
1	16									
2	17									
3	18									
4	19									
5	20									
6	21									
7	22									
8	23									
9	24									
10	25									
11	26									
12	27									
13	28									
14	29									
15	30									
	31									

Total Payroll / Pay Period Hours Delivered: \_\_\_\_\_

**CERTIFICATIONS:** The employee and employer certify that the information provided above is complete accurate and understand that submitting a false or fraudulent time sheet could result in a Medicaid fraud referral.

Service Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer or DR Signature \_\_\_\_\_ Date \_\_\_\_\_

PAS / Habilitation
_____ Hours Reg at \$ _____ per hr
_____ Hours OT at \$ _____ per hr
_____ Hours Vacation
_____ Hours Sick
_____ Hours Holiday
_____ Bonus
_____ Other _____

Respite / Intervener/Transportation
_____ Hours Reg at \$ _____ per hr
_____ Hours OT at \$ _____ per hr
_____ Hours Vacation
_____ Hours Sick
_____ Hours Holiday
_____ Bonus
_____ Other _____

CDSA Use Only

Timesheet: Acceptable \_\_\_\_\_ Unacceptable \_\_\_\_\_ Returned to Employer: \_\_\_\_\_

Date CDSA Processed: \_\_\_\_\_

CDSA Signature: \_\_\_\_\_

Disability Services of the Southwest

LifeSpan

CDS in Texas, Inc.

Notes: