TABLE OF CONTENTS:

INSERTED IN FRONT COVER:

A checklist and all documents which must be signed and returned to the CDS office in order to start the CDS program. If available, budgets for all programs.

CONTAINED IN BINDER:

1) Contact Information for office staff
2) Frequently Used Forms
3) Consumer Directed Services Employer Manual

INSERTED IN BACK COVER:

1) New hire forms
2) Timesheets which will need to be copied for use during the year
3) Mandatory forms to post where all employees can view

REIMBURSEMENT REQUEST FORM

This section to be completed by participant/ or parent/ or guardian

All items reimbursed under the CDS option must be included on the signed budget received by the office prior to the purchase being made. By submitting this reimbursement request and signing below I understand that the items purchased and reimbursed for must be for CDS use only.

_____ **Date:** _____

Participant or Employer Signature Acknowledgement (required)

Participant Name: _____ **Receipt Date:** _____

Check payable to: _____ **Date Submitted:**_____

Name of person submitting request: _____ **Amount requested: $** _____

Description of purchase: _____

_____

_____

Mail check to: _____

_____

THIS SECTION FOR CDS OFFICE USE ONLY

Approved by: _____ **DATE**_____

Processed by: _____ **DATE**_____

CHECK # _____ **AMOUNT $**_____ **DATE**_____

____ **ENTERED IN BUDGET** **PLAN YR TO BE BILLED:** _____ **TO** _____

____ **PENDING BUDGET SIGNATURE-** **MAILED/FAXED**_____ **RECEIVED**_____

____ **ENTERED IN A/P**

NOTES: _____

_____

Billing

Program: ___ **CLASS** ___ **DBMD** ___ **MDCP** ___ **PHC** ___ **HCS** ___ **TxHmL** ___**SPW** ___ **STAR+PLUS** ___**non SPW** ___ **PCS Foster** ___ **PCS STAR Kids** ___**PCS (HHSC)** **STAR Kids**

Billing Date: _____ **Unit Cost:** _____ **Qty:**_____ **Bill amount:** _____

Email: AccountsPayable@cdsintexas.com
6243 IH-10 West, Suite 430 San Antonio, Texas 78201
Toll Free Phone: 866-301-0931 Fax: 877-726-4919

TEXAS Department of Aging and Disability Services

Consumer Directed Services

Management and Training of Service Provider

Service Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Name of Individual Receiving Services	Program	Services Delivered
Name of Consumer Directed Services Employer		

I. Purpose (Choose one)

☐ Initial Orientation ☐ Ongoing Training

☐ Evaluation

☐ 30-Day 3-Month 6-Month _ Annual Other _____

☐ Supervision

☐ Verbal Warning: ☐ First ☐ Second ☐ Third ☐ Other _____

Written Warning: ☐ First Second Third Other _____

☐ Conflict Resolution Other _____

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: *(Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.* **Employer should initial below.**

_____ Employee oriented to individual's condition and trained to perform approved tasks.

_____ Employee demonstrated knowledge of individual's condition, any special needs, and showed competence to perform the approved Tasks.

III. Documentation of Abuse, Neglect and Exploitation Training: *(Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)* **Employer should initial below.**

_____ Employee was trained on acts which constitute abuse, neglect, and/or exploitation and understands the responsibility to report instances of ANE and understands actions that will be taken if they are reported to have committed ANE.

IV. Evaluation/Performance Review:

V. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan: _____

VI. Service Provider Comments: (if any)

_____ Signature of Service Provider _____ Date

This document has been reviewed with the service provider listed above.

_____ Signature of Employer _____ Date _____ Signature of Witness _____ Date

Date sent to FMSA: _____ **Date received by FMSA:** _____

TEXAS Department of Aging and Disability Services

Form 1730
October 2015

Consumer Directed Services (CDS)

Wage and Benefits Plan - Employee Compensation

Service Provider Name →	Social Security No.
Individual Receiving Services →	Employer Name →
Date of Hire →	___ Initial Wage and Benefit Plan ___ Plan Change: Effective Date:
First Date of Work →	**Program: Circle one: CLASS, DBMD, HCS, MDCP, PCS, PHC, STAR Kids (PAS or Respite), STAR+PLUS, TxHmL**

COMPENSATION

Choose from Service categories below at arrow (⇨)

First Service Type	Hourly Wage	Second Service Type	Hourly Wage
_____	$_____	_____	$_____

NOTICE: Any employee who works more than 40 hours a week will be paid overtime, following TWC guidelines.

⇨⇨⇨**Service Categories**: **CLASS:** CFC PAS/HAB, Respite, Transportation, Nursing. **DBMD:** Res. Hab, Respite. **HCS:** CFC PAS/HAB, Respite, Transportation. **MDCP:** Respite, Sup. Fam Svcs. **PCS:** PAS, CFC PAS/HAB. **PHC:** PAS. **STAR Kids:** CFC PAS/HAB, Respite. **STAR+PLUS:** PAS, CFC PAS/HAB, Respite, Prot. Sup., Nursing. **TxHmL**: CFC PAS/HAB, Respite, Transportation, Day Hab. **All Programs**: If service is not listed call the office.

Benefits: (Benefits are optional)

☐ Hepatitis B Vaccination (attach completed Form 1727 if vaccination is requested by employee.)

List any other optional benefits here (attach additional sheet if necessary)

Withholdings:

☐ **W-4 Employee's Withholding Allowance Certificate** (Attach completed Form W-4)

☐ **Required Garnishments**

Type	Amount	
Payment to:		Frequency:

☐ **Voluntary Withholdings** (not related to W-4)

Type	Amount	
Payment to:		Frequency:

☐ **Other:**

Acknowledgement/Agreement:

Time Sheets/Service Delivery Logs mut be completed accurately each work shift/day. Payment for services delivered is made from state and/or federal funds. Falsification of a time sheet is considered fraud and is punishable under the law. Accurate, signed timesheets are due the 1st & 16th of the month before 5:00 p.m. **Paychecks** are distributed by Check for the first payperiod and subsequently by direct deposit or paycard at least twice a month according to the posted payday schedule. I agree to receive paychecks by regular 1st class U.S. Mail.

Employee and employer mutually agree to the compensation, benefits, withholdings and all information above and agree that any changes or revisions must be documented and provided to the employee, the employer, and the Financial Management Services Agency.

→ _____	→ _____	→ _____
Printed Employer Name	Signature- Employer	Date
→ _____	→ _____	→ _____
Printed Service Provider Name	Signature -Service Provider	Date

CDS in Texas or CDS/LifeSpan

If this is a pay rate change, please send with Form 1730 signed by Employer & Employee. If this is termination, please send with Form 1732.

PAYROLL STATUS CHANGE	EFFECTIVE DATE (req'd)

Employee name: _____ **Hire Date:** _____

Last four digits of Social Security # _____

REASON FOR CHANGE **(Please check one or more pertinent boxes)**

ADDRESS CHANGE	☐	RESIGNATION	☐
NAME CHANGE	☐	RETIREMENT	☐
NEW HIRE	☐	DISCHARGE	☐
PAY INCREASE - PAS	☐	LAYOFF	☐
PAY INCREASE - RESPITE	☐	OTHER	☐

REQUIRED ON ALL DISCHARGES:

LAST DAY WORKED: _____

REASON FOR DISCHARGE: _____

ELIGIBLE FOR REHIRE YES ☐ NO ☐

ADDITIONAL COMMENTS:

_____

NEW ADDRESS & PHONE NUMBER CHANGE

Street: _____

City, State Zip: _____

Primary Telephone: Secondary Telephone:

CHANGE	EMPLOYEE NAME/ POSITION OR PAY CHANGE	
	From	To
NAME CHANGE:		
PAY -- PAS		
PAY - RESPITE		

Participant Name: _____

Participant Signature _____ DATE

(OR DESIGNATED RESPONSIBLE PARTY)

DOCUMENTATION OF SERVICES DELIVERED - CDS

Bi-Weekly

*You may email timesheets to cds@cdsintexas.com or reference the pay schedule for the appropriate fax number to send in your timesheet

Consumer Name:	Program Selection (Please Circle) TxHml CLASS PHC DBMD STAR Plus HCS STAR Kids(MDCP) STAR Kids(PCS)
Employer Name:	
Service Provider Name:	Type of Service (Please Circle) HAB PAS PAS/HAB RESPITE Protective Supervision

EVV 1722 Option 2 and 3 - Timesheet - Hours Worked Documentation

Pay Period Number:

**USE 24 HOUR TIME: 8:00 A.M OR 20:00 FOR 8:00 P.M. Enter 12:00 AM as 00:00

DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL TIME	COMMENTS / NARRATIVE
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
								Total Payroll / Pay Period Hours Delivered:	

Service:_____

_____ Hours Vacation

_____ Hours Sick

_____ Hours Holiday

_____ Bonus

_____ Other _____

FMSA Agency Only

Date Processed:

By Whom:

FMSA Comments

Was the consumer hospitalized or in an medical care facility during this pay period? Please list dates:_____

Employer and Employee here by certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized and the services were NOT provided while the consumer was in the hospital, nursing home, or the Medicaid-reimbursed healthcare facility. I understand that falsification of this time sheet is considered Medicaid Fraud, and may result in dismissal from the program and criminal prosecution.

Service Provider Signature Date

Employer or DR Signature Date

CDS in Texas Bi-Weekly 2022 Payroll Schedule

EVV Option 1 approvals/visit maintenance and EVV Option 2-3 timesheets are due every other Monday. Payday is every other Friday. If Friday is a Holiday, payday will be on a Thursday.

PAY PERIOD	PAYROLL START	END	DUE		PAY DATE
1	12/12/2021	12/25/2021	12/27/2021		01/07/2022
2	12/26/2021	01/08/2022	01/10/2022		01/21/2022
3	01/09/2022	01/22/2022	01/24/2022		02/04/2022
4	01/23/2022	02/05/2022	02/07/2022		02/18/2022
5	02/06/2022	02/19/2022	02/21/2022		03/04/2022
6	02/20/2022	03/05/2022	03/07/2022		03/18/2022
7	03/06/2022	03/19/2022	03/21/2022		04/01/2022
8	03/20/2022	04/02/2022	04/04/2022		04/15/2022
9	04/03/2022	04/16/2022	04/18/2022		04/29/2022
10	04/17/2022	04/30/2022	05/02/2022		05/13/2022
11	05/01/2022	05/14/2022	05/16/2022		05/27/2022
12	05/15/2022	05/28/2022	05/30/2022		06/10/2022
13	05/29/2022	06/11/2022	06/13/2022		06/24/2022
14	06/12/2022	06/25/2022	06/27/2022		07/08/2022
15	06/26/2022	07/09/2022	07/11/2022		07/22/2022
16	07/10/2022	07/23/2022	07/25/2022		08/05/2022
17	07/24/2022	08/06/2022	08/08/2022		08/19/2022
18	08/07/2022	08/20/2022	08/22/2022		09/02/2022
19	08/22/2022	09/03/2022	09/05/2022		09/16/2022
20	09/04/2022	09/17/2022	09/19/2022		09/30/2022
21	09/18/2022	10/01/2022	10/03/2022		10/14/2022
22	10/02/2022	10/15/2022	10/17/2022		10/28/2022
23	10/16/2022	10/29/2022	10/31/2022		11/11/2022
24	10/30/2022	11/12/2022	11/14/2022		11/25/2022
25	11/13/2022	11/26/2022	11/28/2022		12/09/2022
26	11/27/2022	12/10/2022	12/12/2022		12/23/2022
1	12/01/2022	12/24/2022	12/26/2022		01/06/2023

EVV Option 2 and 3 timesheets can be scanned and emailed to : CDS@cdsintexas.com

EVV Option 1 Employer Vesta CDV link for visit maintenance and approval: https://cdv.vestaevv.com/#/login

All EVV Option 1 approval and visit maintenance and all EVV Option 2-3 timesheets are due by **5 PM** on **Monday**, **EVEN IF IT IS A HOLIDAY**

EMPLOYEES SHOULD NOT TRY TO CASH THEIR CHECKS EARLY.

ALL EMPLOYEES SHOULD HAVE DIRECT DEPOSIT OR BANK CARD. Any checks cashed prior to that date will be returned.

EVV Option 2-3 PLEASE USE THE FAX NUMBER THAT CORRESPONDS TO LAST NAME- EMAIL IS BEST PRACTICE: CDS@cdsintexas.com

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

CONTACT CDS: If you have questions about payroll please contact us at CUSTOMERSUPPORT@cdsintexas.com or (210) 798-3779 x 0

New Hire Paperwork NEWHIRES@cdsintexas.com **Requests for Reimbursement** ACCOUNTSPAYABLE@cdsintexas.com FAX **877 - 726 - 4919** or **210 - 785 - 3479**

Visit our website for more information and forms: www.CDSINTEXAS.com