

Attachment C

Self-Administered Services

Manual

New Choices Waiver Program
Division of Integrated Healthcare
Utah Department of Health & Human Services

Table of Contents

Definitions	3
Overview	4
Case Management.....	6
Case Management Responsibilities	7
Self-Administered Services Case Management.....	7
Person-Centered Care Planning.....	9
Home Safety Checklist	10
Ongoing Monitoring.....	10
Discontinuation of SAS.....	12
Health and Safety Checklist	13
Attendant Care Services Unit Allocation Instructions	14
Employer Checklist.....	15
Background Checks.....	16
Employee Checklist	17
Electronic Visit Verification.....	18
Appendices.....	19
Appendix A: Required New Choice Waiver SAS Forms	20
Appendix B: FMS Agencies and FMS Agency Forms.....	21
Appendix C: Timesheet Submission	23

Definitions

Attendant Care: services that reinforce an individual's strengths, while substituting or compensating for the absence, loss, diminution, or impairment of a physical or cognitive function.

Employee: individual(s) hired by the employer to provide Attendant Care, Homemaker and/or Respite Care.

Employer: NCW participant.

Electronic Visit Verification (EVV): a system that electronically verifies the occurrence of home or community-based service visits.

Financial Management Services (FMS): agency that assists the participant, when appropriate, in performing a number of employer-related tasks, without being considered the common law employers of the service providers. Tasks performed by the FMS agency include: documenting service provider's qualifications, collecting service provider time records, preparing payroll for participant's service providers, and withholding, filing, and depositing federal, state, and local employment taxes.

Homemaker Services: services consisting of the performance of general household tasks (e.g., meal preparation, grocery shopping, laundry and routine household care provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for themselves or others in the home.

Participant: individual enrolled in NCW.

Participant Designee: individual(s) designed by the participant to assist with or coordinate the management of Self-Administered Services by fulfilling the responsibilities of the Employer.

Person-Centered Planning: care planning process driven by the participant which results in a plan that is based on assessed needs, strengths, goals, preferences, and desired outcomes of the participant.

Respite Care-Incremental: incremental care provided to give relief to, or during the absence of, the normal caregiver.




Self-Administered Services: service delivery method in which the participant and/or a designee hire individual employee(s) to deliver waiver services rather than receiving those services through the traditional agency-based service delivery.

Overview

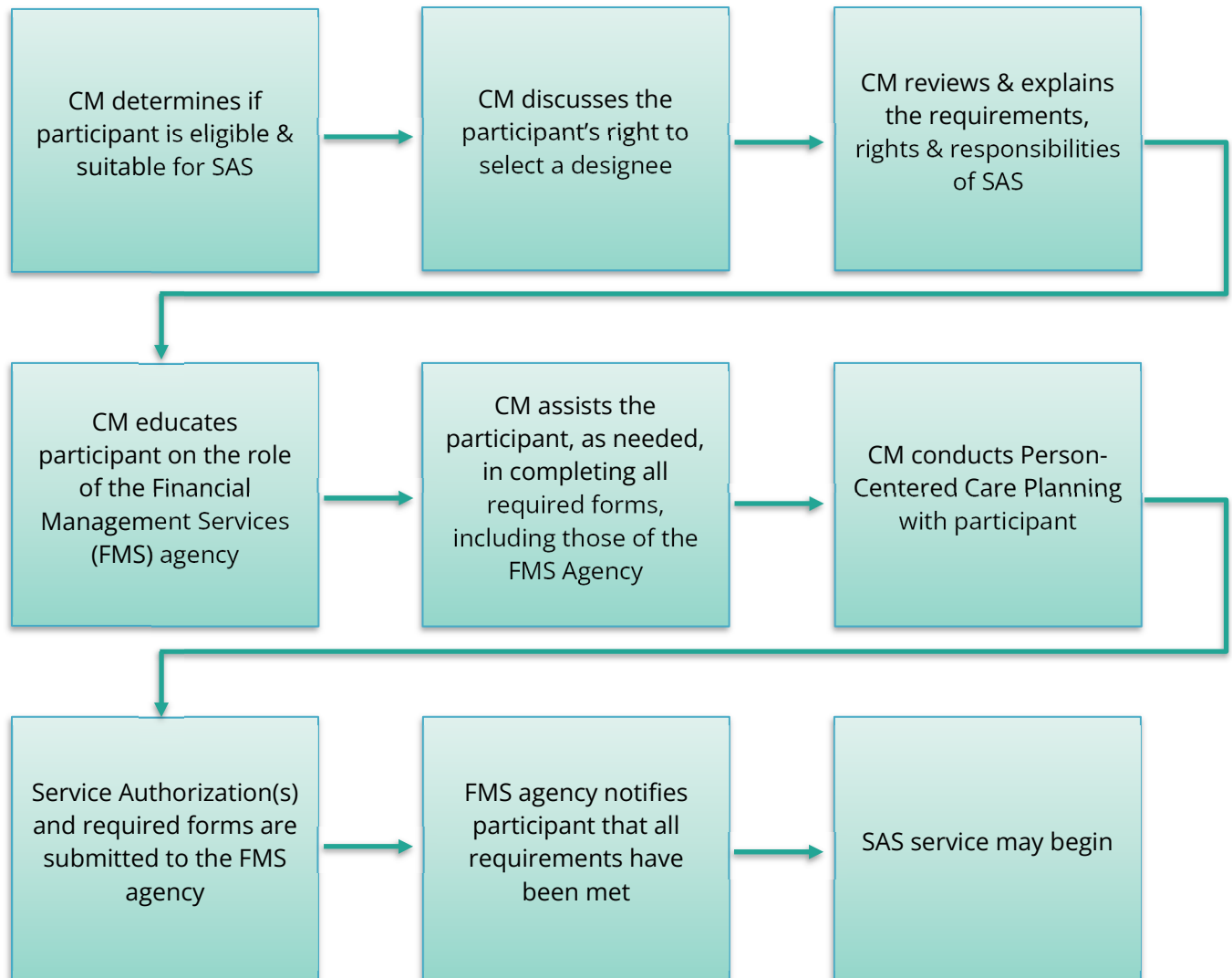
Self-Administered Services (SAS) is an alternative service delivery model that may be authorized to address the assessed needs of the participant. Services are provided through a non-agency-based provider to a participant who lives in a private residence. Participants receiving any type of Adult Residential Services are not eligible for SAS.

Under the SAS method, the participant and/or their chosen designee hire individual employee(s) to deliver a waiver service. The participant/designee is then responsible to perform the functions of the employer, including but not limited to: supervising, hiring, setting the wage, scheduling, and assuring that employee qualifications are met.

SAS only applies to participants with identified needs that the case manager has determined to qualify for one or more of the services listed below. These services are the only services available under SAS, however they are also available through traditional agency-based providers.

	<p>ATTENDANT CARE</p> <p>Services that reinforce an individual's strengths, while substituting or compensating for the absence, loss, diminution, or impairment of a physical or cognitive function</p>
	<p>HOMEMAKER SERVICES</p> <p>Services consisting of the performance of general household tasks (e.g., meal preparation, grocery shopping, laundry, and routine household care provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for themselves or others in the home.</p>
	<p>RESPITE CARE</p> <p>Incremental care provided to give relief to, or during the absence of, the normal caregiver.</p>

The steps required to establish SAS are described throughout this guide; typically, the process includes:



Case Management

The documents listed below are required to establish SAS and should be retained by the entities as indicated.

Form	CMA	Employer	Employee
Employer Checklist		√	√
Employee Checklist		√	√
Participant Agreement	√	√	
Background Check* See "Background Checks" for more information	√	√	
Employee Code of Conduct	√	√	√
Employment Agreement	√	√	√
Wage Worksheet for Employees	√	√	√
PCCP Addendum	√	√	
Incident Reporting Protocol		√	√
Health and Safety Checklist	√		
Unit Allocation for Attendant Care	√		
SAS Service Authorization	√		
First Aid Certification	√	√	√
Employee Social Security Card (copy)		√	
Employee Photo Identification (copy)		√	
W-4		√	
I-9		√	
FMS Packet	√	√	√
Home Safety Checklist	√		

Case Management Responsibilities

Self-Administered Services Case Management

The CMA should provide a thorough overview of SAS, including but not limited to:

1. SAS as an alternative service delivery method to the traditional agency-based model.
2. Review the requirements and rights and responsibilities as outlined in the Participant Letter of Agreement.
3. Inform the Participant that they may choose a designee to assist in the administration of services and the responsibilities as an employer. This designation is documented in the Participant Letter of Agreement and in the PCCP.

Current SAS employee(s) may not serve as the designee

4. Determine that the Participant or designee has the ability to understand the risks, rights and responsibilities of receiving services through SAS, and is able to participate in SAS.
5. Inform the participant of the ability to combine SAS with agency-based services.
6. The role and process of the FMS agency and assist in the choice of available FMS agency.

If the participant decides to utilize SAS, the CMA should:

1. Conduct person-centered planning session and complete the SAS Section of the PCCP.
2. Conduct a home visit and complete the Home Safety Checklist.
3. Assist the participant, as needed, with completing required forms.
4. Complete and submit the SAS Service Authorization.

A completed SAS Service Authorization must be submitted along with the required employer and employee forms. It is crucial that the SAS Service Authorization be submitted in a timely fashion as services may not begin until all employer and employee forms are received and approved by the FMS agency. A delay in submitting the service authorization may result in a gap in services for the participant as back billing is not allowed.

Important Reminders

- SAS employees can be authorized to work for more than 40 hours per week if the participant does not want an additional caregiver. (Hours in excess of 40 hours per week would be paid as overtime. Questions about billing using the correct modifier should be addressed with the FMS provider.)
- Employer and employee forms must be completed and accurate before SAS may begin.
- Inform the participant/designee that services should not begin until the FMS agency confirms the official start date.
- Submitting requests for backpay is not allowed.
- Upon completing required documents and care planning, submit the SAS Service Authorization form and all required FMS employer and employee forms to the selected FMS Agency. The FMS agency will notify the CMA when all the forms are complete and accurate. The FMS agency will confirm the official start date that services can begin.

****DON'T FORGET TO SUBMIT THE SAS SERVICE AUTHORIZATION FORM****

Person-Centered Care Planning

The person-centered care planning session should be used to identify the health and safety needs of the participant and if SAS is suitable for them. The SAS section of the PCCP Addendum should be completed during the care planning meeting and must include:

1. Thorough review of the rights, responsibilities, and risk(s) associated with SAS;
2. Discussion regarding the role of a designee and a determination if a designee will be utilized;
3. Assessment of the participant's need for Respite services;
4. Determine the need for Attendant Care;

(If the participant is eligible for Attendant Care, use the Unit Allocation Form and Instructions to assess the level of assistance required. Ensure the participant has utilized Medicaid State Plan Services to the extent available.)

5. Determine the need for Homemaker Services;

(If the participant is eligible for Homemaker Services, ensure that the person normally responsible for homemaking is temporarily absent or unable to manage the home.)

6. Identification of employee(s); and

Provide contact information for each employee.

7. Develop a SAS Backup Plan.

The backup plan in the PCCP lists three other backups contacts who are qualified to provide substitute services in the event that the main caregiver(s) is unavailable. The plan should also describe what steps will be taken to ensure continued provision of services in the event that no caregiver(s) is available.

Changes or updates to SAS should be reflected in the "PCCP Updates" section of the Addendum

- *If the changes/updates are associated with a change to the Care Plan, upload the updated PCCP Addendum*
- *If the changes/updates are not associated with a change to the Care Plan, the PCCP Updates section should still be completed and the updated document saved in the participant's file*

Home Safety Checklist

The Home Safety Checklist must be completed prior to initiating SAS and is intended to help identify areas of existing or potential risk. After completing an assessment of the residence, the case manager and participant/designee discuss the results and identify appropriate solutions.

During the initial face to face visit (within two weeks of starting SAS) the case manager should review the checklist to ensure the appropriate progress has been made in addressing hazards.

The completed checklist should be saved to the participant's file.

Ongoing Monitoring

The CMA is responsible for monitoring the safety and well-being of the participant along with the quality and effectiveness of the self-administered service(s) being delivered. Additionally, the CMA should monitor the relationship between the participant and the employee(s) and have ongoing contact with the participant/designee and employee(s) through the following methods:

1. An initial face-to-face visit with the participant/designee and employee(s) within two (2) weeks of start-up of the service.
 - a. To ensure services are being delivered as agreed and address any questions/concerns regarding the administration of SAS.
2. Monthly contact either face-to-face, via video conference, or via telephone.
 - a. Adhering to the expectations described in the NCW Provider Manual, Section 7-3, the case management agency must make at least one monthly contact directly with the participant.
3. Quarterly face-to-face visit and completion of Health and Safety Checklist.
 - a. Due to the potential of increased risks associated with participants residing in a private residence, a face-to-face visit is required at least once a quarter for each SAS participant. The Health and Safety Checklist should inform the purpose and scope of the visit and must be completed each quarter.
4. An annual reassessment of the care plan to determine changes in condition, reevaluate and adjust the care plan, and offer additional training to the participant/designee and/or employee(s).
5. Event based contacts either by telephone or face to face visits, as warranted.

During each contact, assess the participant to assure their needs are being met!

Additionally, the CMA is responsible for notifying the FMS agency when any of the following occurs:

- The participant is no longer eligible for services;
- A new service is authorized or an existing service is no longer authorized;
- There is a change in the number of units authorized or the frequency of service;
- The participant is deceased;
- There is a change in case manager;
- The participant is in the hospital or nursing home; and/or
- The participant has moved.

Another expectation of ongoing monitoring is to determine if discontinuing SAS is warranted. Reasons for potential discontinuation include:

- The participant is in the hospital, nursing or rehabilitation facility;
- Voluntary withdrawal;
- The health and safety needs of the participant are not being adequately met;
- The participant or designee fails to provide the required documentation or refuses to follow the service descriptions agreed upon in the Care Plan;
- There is evidence of abuse, neglect, or exploitation of the participant by the designee or employee;
- There is a credible allegation that funds are being misused or evidence of fraud,; for example, that a service is not being performed;
- The participant fails to maintain Medicaid waiver eligibility;
- The participant/designee fails to cooperate with the agreed upon Care Plan; and/or the participant/designee fails to cooperate with authorization changes or rules; and/or
- The case manager determines that the participant is no longer able to manage the services authorized in the care plan and no designee is available.

Discontinuation of SAS

If the case management agency identifies any reason that may support discontinuance of SAS they must discuss this with the participant/designee prior to formally discontinuing services. The case manager must immediately notify NCW of this decision via email to ncwincidents@utah.gov. The notification must include:

- Copy of current PCCP Addendum;
- Description of current situation;
- A plan addressing how services previously covered by SAS will be provided;
- Interventions implemented to address concerns; and
- Justification for discontinuing SAS.

If NCW determines that the termination of SAS is warranted, a denial letter will be sent, and hearing rights provided.

Denial of Self-Administered Services will not affect continued participation in the NCW Program. If the discontinuance of SAS is deemed necessary, the case manager will work with the participant/designee to revise the Care Plan to request services available through agency-based providers. This process will include all aspects of service plan development, including participation by the participant and individuals of their choosing and offering choice of providers. The PCCP Updates section of the current PCCP Addendum must be completed to reflect the change from SAS to agency-based service delivery.

Health and Safety Checklist

To ensure that appropriate and necessary safeguards to protect the health and welfare of SAS participants are in place, a quarterly face-to-face visit is required. During this visit the Health and Safety Checklist must be completed. The goal of the checklist is to identify potential or actual instances of abuse, neglect, exploitation, or areas of concern. Information gathered through the face-to-face visit and checklist will help inform actions to address areas of concern or implement prevention strategies.

Each section of the checklist must be addressed, and the completed document should be saved to the participant's file.

Level of Care: Identify if there has been a change in the participant's level of care that warrants a comprehensive assessment.

Emotional Wellbeing: Determine if the participant could benefit from support to improve emotional wellbeing.

Environmental Risks: Identify environmental factors that pose an actual or potential risk to the participant's health and safety.

Critical Incidents: Ensure that critical incidents have been reported and addressed appropriately.

Services and Employees: Ensure services are provided as indicated on the care plan and identify necessary changes; ensure employee(s) are providing services in an appropriate manner.

Community Access: Ensure participant is able and can access the outside community.

Backup Plan: Ensure sufficient and appropriate safeguards are in place to facilitate the continued provision of services in the event the caregiver(s) is unavailable.

	PCCP	Home Safety Checklist	Health & Safety Checklist
Initial Visit	√	√	√
2-week Visit			
Monthly Visit			
Quarterly Visit			√
Annual Visit	√		√

The Health and Safety Checklist must be completed during a quarterly face-to-face visit

Attendant Care Services Unit Allocation Instructions



The Attendant Care Services Unit Allocation form is designed to assist the case manager in determining the number of units of Attendant Care Services a participant needs in order to meet their assessed needs.

1. The “Points” section of the form identifies how many points a participant receives in each of the functional status activities. These are based on their level of need in each of the activities listed in the “Functional Status” section (adapted from the MDS-HC, Section H-2).
2. Score each activity listed in the Functional Status section.
 - When totaling all points, do not add the assigned points for bathing, grooming, or dressing/undressing as these activities can be provided by a home health agency under Medicaid State Plan Services.
3. Once points are totaled, the level of assistance is identified as minimal, moderate, or intense. There is a range of units associated with each level.
 - For example, if the score is 50 then 20-59 units per week could be assigned; if the total is 55 then 60-110 units per week could be assigned.
 - Justification must be provided if the score is above the range of allowable units (i.e., 60 units requested for a participant with a score of 50).
4. There may be special circumstances identified that will negate the number of units a participant receives based solely on the functional status score.
 - For example, if a participant is unable to prepare their own meals but has a willing neighbor who prepares meals and does not wish to be compensated, you will not add the score associated with the “prepare meals” activity. Make sure to clearly document, in the activity log, why the score was overridden.
5. The Unit Allocation Sheet should be viewed as a person-centered process; and therefore, should be completed at minimum annually.
6. Please be aware that all other NCW services requests, except those utilized under SAS services, should be submitted only after the Medicaid State Plan benefits have been utilized. Please contact the State Medicaid Agency if questions arise regarding coordination between State Plan and NCW benefits.

Employer Checklist

Thank you for your interest in Self-Administered Services (SAS). This service option allows you or your designee to manage some of the services that you receive from the NCW Program. Through this service delivery option, you or your designee will be responsible for managing individual employees and performing all employer related functions, including the following:

- | | |
|--------------|----------------|
| ✓ Recruiting | ✓ Wage Setting |
| ✓ Hiring | ✓ Scheduling |
| ✓ Training | ✓ Termination |

 **IMPORTANT** 

Services provided through SAS cannot begin until you receive confirmation of the official start date from your Financial Management Services (FMS) Agency or your case manager.

The following documents will need to be completed and returned to your case manager. A copy of each document can be found in the Appendix B.

- **PARTICIPANT LETTER OF AGREEMENT:** Requires Participant/Designee Signature
- **WAGE WORKSHEET FOR EMPLOYERS:** Requires Participant/Designee Signature
- **EMPLOYMENT AGREEMENT FORM:** Requires Employee, and Participant/Designee Signatures
- **NEW CHOICES WAIVER EMPLOYEE CODE OF CONDUCT:** Requires Employee and Participant/Designee Signatures

Each FMS agency requires specific forms you must complete to establish yourself as an Employer. The actual forms and instructions for completing them are included in the packet provided by the FMS agency. Please complete the forms requested by the FMS agency that you have selected and return them to your case manager.

Background Checks

As the employer, you have the right to request that employee(s) complete a criminal background check; however, a background check is not a requirement of SAS.

If you decide to request that an employee complete a criminal background check, please note:

- A background check may be completed at the employer's expense.
- The employer can require that the check be completed prior to starting or within 10 days of starting employment.
- A copy of the completed background check should be submitted to the employer.

To coordinate requesting a background check please visit:

<https://bci.utah.gov/obtaining-utah-criminal-history-records-of-your-employees/>

It is your right as an employer to request that employee(s) complete a criminal background check.

You will need to determine if you or the employee will be responsible for the cost of the background check.

Employee Checklist

Thank you for your interest in becoming a Self-Administered Services (SAS) employee for a New Choices Waiver (NCW) participant. Under SAS the participant/designee is your employer and will perform all employer related functions, including the following:

- | | |
|--------------|----------------|
| ✓ Recruiting | ✓ Wage Setting |
| ✓ Hiring | ✓ Scheduling |
| ✓ Training | ✓ Termination |

{ IMPORTANT }

Services provided through SAS cannot begin until you receive confirmation of the official start date from the participant's case management or the participant's Financial Management Services (FMS) Agency.

The following forms must be completed and returned to your employer. A copy of each document can be found in the Appendix B.

- Background Check: (if requested)
- EMPLOYMENT AGREEMENT FORM: Requires Employee and Participant/Designee Signatures
- NEW CHOICES WAIVER EMPLOYEE CODE OF CONDUCT: Requires Employee and Participant/Designee Signatures
- First Aid Certification: Required upon initiating SAS services; not required to provide proof of annual renewal.
- REQUIRED FMS FORMS: See list in Appendix B; if you need assistance with these forms, please contact the FMS agency that your employer is using.

Electronic Visit Verification

(Information taken from <https://medicaid.utah.gov/evv/>)

Section 12006(a) of the 21st Century Cures Act mandates that states implement Electronic Visit Verification (EVV) for all Medicaid Personal Care Services and Home Health Services that require an in-home visit by a provider. This also applies to similar services delivered under Home and Community-Based Services waiver programs.

The Cures Act, passed in December 2016, requires all state Medicaid agencies to implement an EVV requirement for providers of Personal Care Services (PCS) and Home Health Services (HHS) to avoid a reduction in federal Medicaid funding.

What is EVV?

EVV is a system that includes multiple point-of-care verification technologies, such as telephonic, mobile, and web-based verification inputs. The system electronically verifies the occurrence of home or community-based service visits, identifying the precise time that service provision begins and ends to ensure accurate claims disbursement.

EVV is required for all Personal Care Services under Medicaid effective July 1, 2021. EVV is required for all Home Health Services under Medicaid effective July 1, 2023. Providers must select their own EVV service vendor and have records available for review upon request. All systems must be compliant with the Cures Act requirements including the:

- type of service performed
- individual receiving the service
- date of the service
- location of service delivery
- individual providing the service
- time the service begins and ends
- date of creation of the electronic record

Providers may choose the EVV system that best meets their needs and are not required to use a specific software or vendor as long as the system meets federal requirements.

Inquiries regarding EVV may be directed to dmhf_evv@utah.gov

Appendices

Appendix A: Required New Choice Waiver SAS Forms

Ensure that the current versions of forms are in use.

- NCW SAS Employee Code of Conduct and Certification of Understanding and Compliance (12.1.22)
Outlines the expectations of SAS employees
- NCW SAS Employment Agreement (12.1.22)
Describes role, responsibilities, and expectations of a SAS employee
- NCW SAS FMS Service Authorization Form (12.1.22)
Indicates the service and number of units to be provided through SAS; completed authorization must be received and processed by FMS agency for services to begin
- NCW SAS Health and Safety Checklist (12.1.22)
Completed during quarterly face-to-face visit; saved in participant's file
- NCW SAS Home Safety Checklist (12.1.22)
To be completed prior to initiating SAS.
- NCW SAS Participant Letter of Agreement (12.1.22)
Outlines the roles, responsibilities, and expectations of SAS participant
- NCW SAS Wage Worksheet for Employers (12.1.22)
Used by the employer to determine and set wage for employee(s)
- NCW Unit Allocation for Attendant Care Services (12.1.21)
Assesses the level of need for Attendant Care which translates to service units. Completed form should be uploaded to Care Plan.
- Incident Reporting Protocol (4.2020)
Describes the employee's responsibility to report critical events
- PCCP Addendum (11.1.21)
Includes SAS specific section that must be completed for participant's utilizing SAS. Serves as official backup plan for performance monitoring and program compliance.

Appendix B: FMS Agencies and FMS Agency Forms

Agency	Fax Number	Address
Morning Sun Financial Services	888-657-0874	9400 Golden Valley Golden Valley, MN 55427
Acumen	888-249-7023	PPO Box 539 Orem, UT 84058
AssuranceSD	801-317-1900 855-224-5810	3450 N. Triumph Blvd Ste #102 Lehi UT 84043

EMPLOYER FORMS		
<p>Acumen</p> <p>Hard copy forms are listed under the New Choices Waiver header of the website here: https://www.acumenfiscalagent.com/utah/#New-Choices-Waiver</p>	<p>AssuranceSD</p> <p>Hard copy forms can be found at https://www.assurancesd.com/ or by contacting 801-317-1900, 855-224-5810 or info@assuranceSD.com</p>	<p>Morning Sun</p> <p>Hard copy forms can be found at www.morningsunfs.com or by contacting a coordinator at 877-450-5041</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Acumen Authorization Form <input type="checkbox"/> Form 2678 (Employer/Payer Appointment of Agent) <input type="checkbox"/> Form 8821 (Tax Information Authorization) <input type="checkbox"/> Form SS4 (Application for Employer Identification Number) <input type="checkbox"/> Employer Agreement <input type="checkbox"/> Others, as requested 	<ul style="list-style-type: none"> <input type="checkbox"/> AssuranceSD Employment Application <input type="checkbox"/> Set-up Form <input type="checkbox"/> Others, as requested 	<ul style="list-style-type: none"> <input type="checkbox"/> SS-4 <input type="checkbox"/> Form 2678 (Employer/Payer Appointment of Agent) <input type="checkbox"/> Form 8821 (Tax Information Authorization) <input type="checkbox"/> UT Dept of Workforce Unemployment Form <input type="checkbox"/> Work Agreement <input type="checkbox"/> E-Verify Instructions <input type="checkbox"/> Employment Application (if applicable) <input type="checkbox"/> Consent for Release of Information <input type="checkbox"/> EVV Data Information Form <input type="checkbox"/> Others, as requested

If you have any questions or need assistance completing the forms, please contact your case manager or your FMS agency. If your employee needs assistance with the employee forms, please have your employee contact your FMS agency.

Appendix B Continued

EMPLOYEE FORMS		
<p>Acumen</p> <p>Hard copy forms are listed under the New Choices Waiver header of the website here: https://www.acumenfiscalagent.com/utah/#New-Choices-Waiver</p>	<p>AssuranceSD</p> <p>Hard copy forms can be found at https://www.assurancesd.com/ or by contacting 801-317-1900, 855-224-5810 or info@assurancesd.com</p>	<p>Morning Sun</p> <p>Hard copy forms can be found at www.morningsunfs.com or by contacting a coordinator at 877-450-5041</p>
<ul style="list-style-type: none"> <input type="checkbox"/> W-4 Form <input type="checkbox"/> I-9 Form (and copies of the IDs used) <input type="checkbox"/> Employee Information Form <input type="checkbox"/> Pay Selection Form (and a voided check or bank letter if direct deposit is selected) <input type="checkbox"/> NCW Employee Rate Information Form (completed by the employer) <input type="checkbox"/> Others, as requested 	<ul style="list-style-type: none"> <input type="checkbox"/> AssuranceSD Employment Application <input type="checkbox"/> Set-up Form <input type="checkbox"/> I-9 Form <input type="checkbox"/> W-4 Form <input type="checkbox"/> Relationship Form <input type="checkbox"/> Direct Deposit Form <input type="checkbox"/> Others, as requested 	<ul style="list-style-type: none"> <input type="checkbox"/> New Employee Change Notice <input type="checkbox"/> W-4 <input type="checkbox"/> Employment Tax Questionnaire <input type="checkbox"/> Live and Work Form <input type="checkbox"/> Direct Deposit Form <input type="checkbox"/> I-9 <input type="checkbox"/> Overtime Agreement - Attestation to the Employee <input type="checkbox"/> Live-in Exemption <input type="checkbox"/> Other, as requested

For questions or help needed to complete employee forms, please contact the participant's FMS agency.

Appendix C: Timesheet Submission

The process for submitting an employee time sheet will differ by FMS agency; please contact the selected FMS agency for assistance.

Timesheet Submission		
Acumen	AssuranceSD	Morning Sun
<ul style="list-style-type: none"> Employers and employees will use the Electronic Visit Verification (EVV) by using the DCI mobile app Employees must use the DCI mobile app to clock hours in real time at the beginning and end of each shift using their own web enabled smartphone or tablet. Shifts are automatically created in DCI where the employer will review and approve the entries by the time submission deadlines of the 1st and 16th of each month Exceptions to this process include: Live-in employees can continue to use paper timesheets or the DCI web portal to manually record their shifts FOB users must take token readouts at the beginning and end of each shift, but can report the hours (and the FOB token readouts) using the DCI web portal or a paper timesheet 	<ul style="list-style-type: none"> Employers and employees will use the Electronic Visit Verification (EVV) by using the AssuranceSD App or mobile system website Training video, manuals, and 1:1 web conference training is available to those that would like assistance using the EVV system For Live-in employees or services that do not require EVV submissions, alternative options to submit timesheets: E-Timesheet portal Paper timesheet may be faxed, emailed or mailed 	<ul style="list-style-type: none"> Employers and employees will use the Electronic Visit Verification (EVV) system by using the DCI mobile app. Employees must use the DCI mobile app to clock hours at the beginning and end of each shift using their own web enabled smartphone or other electronic device. Upon enrolling with Morning Sun, the employer and employee are automatically set up in the EVV system; Morning Sun will provide instructions on how to navigate and use the EVV system Exceptions to this process include: Live-in employees can continue to use paper timesheets or the DCI web portal to manually record their shifts FOB users must take token readouts at the beginning and end of each shift, but can report the hours (and the FOB token readouts) using the DCI web portal or a paper timesheet

The maximum allowable employee wage may change on a regular basis and may be dependent on the FMS agency; however, the wage should be no less than the state's hourly minimum wage. For additional questions on employee wages, contact the selected FMS agency for further assistance.