

## **VOUCHERED ADULT DAY CARE – FAMILY MEMBER DISCLOSURE OF INFORMATION**

### **INTRODUCTION:**

The purpose of this disclosure is to assist families in understanding their responsibilities as an **Adult Day Care – Family Member Vendor**. By reading this disclosure form, signing it, and returning the signature page to Far Northern Regional Center (FNRC), you are acknowledging that you have read and understand the information presented in the Disclosure.

### **WHAT IS VENDORIZATION?**

Vendorization is a process established by the Department of Developmental Services (DDS) through regulations that are used by FNRC to determine what individuals or agencies may provide services to FNRC consumers. A regional center may not pay for services provided prior to vendorization.

### **VOUCHERED ADULT DAY CARE – FAMILY MEMBER:**

A regional center can classify an individual as an Adult Day Care – Family Member vendor if he/she is a family member (“Family Member” means an individual who has a developmentally disabled person residing with him or her, is responsible for the 24-hour care and supervision of the developmentally disabled person and is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided) and not the direct provider of the day care service, and he/she selects the day care service for the consumer from an individual that:

- **possesses the skill, training and education necessary to provide the day care service, or**
- **an adult day care facility that possesses a valid day care license for adults issued by The Department of Social Services (DSS) or an agency authorized by DSS to assume specific licensing responsibilities and provides non-medical care and supervision to adults 18 years of age or older on a less than 24-hour per day basis. Adult day care does not include adult day programs vendored by FNRC.**

### **WHAT WILL BE MY RESPONSIBILITIES AS AN ADULT DAY CARE – FAMILY MEMBER VENDOR?**

It is your responsibility to select, monitor, and assign duties to the adult day care worker or agency providing the non-medical day care services to your family member. You will be responsible for ensuring that the individual selected to provide the adult day care services possesses the skill, training, and education necessary to provide the service. You are responsible for holding an Interdisciplinary (ID) Team Meeting, including the regional center Service Coordinator, to plan the Day Care Program and write the Individual Service Plan (ISP). You must submit a sample weekly schedule showing proposed activities. In addition to writing the ISP, you are responsible for keeping it updated and forwarding a copy to your Service Coordinator at FNRC. Additionally, you must complete and submit a progress report on a semi-annual basis to your Service Coordinator.

### **CAN I HIRE MYSELF?**

No. Title 17 Regulations prohibit you from being the direct provider of the Adult Day Care services.

### **WHAT RECORDS WILL I NEED TO KEEP AND FOR HOW LONG?**

You are required to keep the following financial and service records to support all billings for **five (5) years from the date of final payment for the state fiscal year in which services were rendered:**

- Name of adult day care worker(s)
- Date of birth of adult day care worker(s)
- Social Security number of adult day care worker(s)
- Address of adult day care worker(s)
- Telephone number of adult day care worker(s)
- Date and time of adult day care service
- Location of adult day care service
- Hourly units of service

### **HOW MUCH WILL I PAY MY ADULT DAY CARE WORKER?**

You should pay the day care worker in accordance with your agreement with him/her, but at least minimum wage under state and federal law, and in conformity with the information you provided to FNRC which was used to establish your hourly rate. The hourly rate should include an approximate 20% factor for fringe benefits if you select an individual day care worker to provide services. The fringe benefits are limited to: federal and state taxes, state disability insurance, social security, Medicare, unemployment insurance, employee training tax, life insurance, health insurance, dental insurance, vision insurance, retirement, and long-term disability insurance. Questions about current minimum wage and requirements may be directed to the Office of the California Labor Commissioner, phone number(s) for which can be found in the government section of your phone book.

### **ARE VENDORS EMPLOYEES OF FNRC?**

No. As a vendor for Adult Day Care - Family Member you will be an independent contractor, not an employee of FNRC.

### **AS A VENDOR WILL I BE CONSIDERED AN EMPLOYER?**

The government may consider you the adult day care worker's employer. You may be responsible for withholding federal, state and local taxes from the day care worker's wages and for paying and reporting the day care worker's payroll taxes and wages to the IRS and the Employment Development Department (EDD). You may also have to provide workers' compensation for the workers you hire. If you do not know how to do this, it is your responsibility to contact a tax consultant, IRS, EDD or a worker's compensation carrier for more information.

### **HOW DOES THIS AFFECT MY GOVERNMENT BENEFITS?**

If you are receiving SSI, social security benefits, veterans' benefits or welfare, the money you receive for the vouchered services is exempt and will not affect your benefits, providing you pay it all to your employee(s). If your employee receives government benefits, the earned income

you provide them may affect their benefits, and they will need to report the wages they receive from you.

### **HOW DOES THIS AFFECT MY PERSONAL TAXES?**

FNRC cannot render tax or employment law advice. You should consult your personal attorney and/or tax advisor on these issues. There is information from the IRS, Franchise Tax Board, Social Security Administration, and Employment Development Department at the numbers listed in the government section of your phone book.

### **WILL MY INSURANCE BE AFFECTED BY MY BECOMING A VENDOR?**

FNRC strongly recommends that you contact your insurance agent or broker to determine what effect becoming an Adult Day Care – Family Member vendor will have on your current coverage or what additional coverage you may need. FNRC carries no liability insurance covering any vendor including you, your employee(s) or the consumer.

### **HOW DO I BECOME A VENDOR?**

The following forms must be completed, signed, and returned to the Community Services Division at Far Northern Regional Center, P. O. Box 492418, Redding, CA 96049-2418:

- Vendor Application (DS 1890)
- IRS W-9 Form
- Disclosure of Information Form
- Home and Community Based-Services Provider Agreement (6/99)
- Vendor Conflict of Interest Questionnaire

Upon receipt of the completed forms, you will be assigned a Vendor Number. You will then be established as an Adult Day Care – Family Member vendor for your family member with a developmental disability (consumer).

### **HOW AND WHEN SHOULD I RECEIVE PRE-AUTHORIZATION FOR ADULT DAY CARE SERVICES ONCE I AM VENDORED?**

Once you have been approved as a vendor, your family member's Service Coordinator will meet with you and the family member (the ID team) to determine the need and then complete an authorization. This form will be processed by FNRC and a copy mailed to you. The form states the time period you are authorized to utilize services, the number of hours of service you are authorized to utilize, and the rate of payment you will receive per hour of authorized service.

### **WHO CAN I EMPLOY AS AN ADULT DAY CARE WORKER?**

Adult day care workers are solely your employees. You cannot provide the service and pay yourself. They must be at least 18 years of age and possess the skill, training, and education necessary to provide the respite service. See section “**What Will Be My Responsibilities as an Adult Day Care—Family Member Vendor.**”

### **HOW DO I BILL FNRC FOR ADULT DAY CARE SERVICES?**

For each month you are authorized to utilize adult day care services you must submit a **Vouchered Services Billing Form**. The following information will need to be provided on each billing form before FNRC can make payment to you:

- Consumer name
- Vended family member name (you)
- Vendor number
- Vendor address
- Vendor phone number
- Consumer UCI number
- Date of service
- Address where adult day care services were provided
- Start and end times of service provided
- Number of hours adult day care worker worked
- Amount billed to the regional center
- Name of adult day care worker
- Adult day care worker's social security number
- Adult day care worker's address
- Adult day care worker's signature certifying they provided the adult day care services listed, and their acknowledgment that if they give information that is untrue, they may be fined or go to jail.
- Your signature, as the vendor, certifying that the information provided on the form is true and correct, and that the person signing the form is the only person who employed, supervised, and assigned duties to the adult day care worker(s) listed on the form, in addition to having read and followed all adult day care service program requirements and the terms and conditions pursuant to Title 17, Sections 50604(a), 50604(d), 54326(a)(10), 54355(b)(1) through (5), 54355(g)(1)(A), and that all information on the billing form is correct and complete and that you understand if you give information that is untrue, you may be fined or go to jail.

### **HOW DOES FNRC PAY FOR SERVICES?**

FNRC pays in arrears, usually within thirty (30) days of receipt of your billing. A billing received by the fifth (5<sup>th</sup>) working day of the month after the month of service should be paid on or about the twentieth (20<sup>th</sup>) of that month. If the Vouchered Services Billing Form is incomplete, payment will be delayed until all required billing information is obtained from you. By law, FNRC cannot pay for services in excess of those authorized or services provided prior to vendorization.

### **WHO SHOULD I CONTACT IF I HAVE FURTHER QUESTIONS?**

Contact the Service Coordinator for the individual (consumer) that will be receiving the adult day care services.

**I HAVE READ AND ACCEPTED THE STATEMENTS CONTAINED IN THIS DISCLOSURE OF INFORMATION FORM. I UNDERSTAND THAT I AM SUBJECT TO AUDIT BY REGIONAL CENTER, STATE, OR FEDERAL AUTHORITIES AND THAT I MUST MAINTAIN RECORDS OF SERVICES PROVIDED TO MY FAMILY MEMBER FOR AT LEAST FIVE (5) YEARS FROM THE DATE OF FINAL PAYMENT FOR THE STATE FISCAL YEAR IN WHICH SERVICES WERE RENDERED. I ALSO UNDERSTAND THAT IF MY RECORDS ARE INACCURATE, OR ARE NOT KEPT, SOME OR ALL AMOUNTS PAID TO ME MAY HAVE TO BE REPAID TO FAR NORTHERN REGIONAL CENTER. IF MY ACTIONS ARE DETERMINED TO BE FRAUDULENT, I UNDERSTAND THAT I MAY BE SUBJECT TO PROSECUTION AS PROVIDED BY LAW.**

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**Signature**

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**Date**

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**Print Name of Vendor**

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**Address of Vendor**

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**Telephone Number of Vendor**

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**Name(s) of Consumer(s) to Receive Services**

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