

## **VOUCHERED NURSING SERVICE – FAMILY MEMBER DISCLOSURE OF INFORMATION**

### **INTRODUCTION:**

The purpose of this disclosure is to assist families in understanding their responsibilities as a Nursing Service – 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.

### **WHAT IS VOUCHERED NURSING SERVICE - FAMILY MEMBER?**

It is the provision of physician prescribed medical care in the consumer's own home.

### **NURSING SERVICE – FAMILY MEMBER:**

A regional center can classify an individual as a Nursing Service – Family Member vendor if he/she is a family member ("Family Member" means an individual who has a developmentally disabled person residing with him/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 selects, assigns, and monitors an individual who provides nursing services for the consumer. The family member may be the direct provider of the nursing service if the service is not intended to provide respite to the family member. The individual or family member who provides the nursing service shall possess the following qualifications:

- **is validly licensed as a Licensed Vocational Nurse by the California State Board of Vocational Nurse and Psychiatric Technical Examiners; or**
- **is certified by the Department of Health Services as a Nurse's Aide or Assistant; or**
- **is a Registered Nurse validly licensed as such by the California State Board of Registered Nurses.**
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### **WHAT WILL BE MY RESPONSIBILITIES AS A NURSING SERVICE – FAMILY MEMBER VENDOR?**

You will be responsible for selecting the prescribed validly licensed individual. In addition, you will be responsible for scheduling, monitoring and making sure the person providing the nursing care is familiar with the consumer's daily routines and needs.

### **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 nursing worker(s)
- Nursing license number of worker(s)
- Date of birth of nursing worker(s)
- Social Security number of nursing worker(s)
- Address of nursing worker(s)
- Telephone number of nursing worker(s)
- Date and time of nursing service
- Location of nursing service
- Hourly units of service

### **HOW MUCH WILL I PAY MY NURSING WORKER?**

FNRC will reimburse you for authorized nursing services at a rate not to exceed the Schedule of Maximum Allowances (SMA) as developed by the Department of Health Services, which includes fringe benefits. 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.

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

No. As a vendor for Nursing Service-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 nursing worker's employer. You may be responsible for withholding federal, state, and local taxes from the nursing worker's wages and for paying and reporting the nursing 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 a Nursing Service - 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 (FNRC 019)
- Home and Community Based-Services Provider Agreement (6/99)
- Vendor Conflict of Interest Questionnaire
- A statement from your physician regarding the level of nursing care your family member requires (i.e., Registered Nursing, Licensed Vocational Nursing, Certified Nurse's Aide).

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

## **HOW AND WHEN SHOULD I RECEIVE PRE-AUTHORIZATION FOR NURSING 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 NURSING SERVICE WORKER?**

Nursing workers are solely your employees. See section **"What Will Be My Responsibilities as a Nursing Service – Family Member Vendor."**

## **HOW DO I BILL FNRC FOR VOUCHERED NURSING SERVICES?**

For each month you are authorized to utilize nursing 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
- Vendored family member name (you)
- Vendor number
- Vendor address
- Vendor phone number
- Consumer UCI number
- Date of service
- Address where nursing services were provided
- Start and end times of service provided
- Number of hours nursing worker worked
- Amount billed to the regional center
- Name of nursing worker
- Nursing worker's social security number
- Nursing worker's address
- Nursing worker's signature certifying they provided the nursing 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 nursing worker(s) listed on the form, in addition to having read and followed all nursing service program requirements and the terms and conditions pursuant to Title 17, California Code of Regulations, Sections 50604(a), 50604(d), 54326(a)(10), 54355(b)(1) through (5), 54355(g)(3)(A) through (C), 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 vouchered nursing 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.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Vendor**

\_\_\_\_\_  
**Address of Vendor**

\_\_\_\_\_  
**Telephone Number of Vendor**

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

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