

VOUCHERED RESPITE SERVICE – FAMILY MEMBER DISCLOSURE OF INFORMATION

INTRODUCTION:

The purpose of this disclosure is to assist families in understanding their responsibilities as a Respite Service – Family Member Vendor. By reading this disclosure form, signing 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 RESPITE SERVICE - FAMILY MEMBER?

It is non-medical care and supervision provided in the consumer's own home.

RESPITE SERVICE – FAMILY MEMBER:

A regional center can classify an individual as a Respite 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 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), is not the direct provider of the respite service, and selects the respite service for the consumer from an individual:

- **who is at least 18 years of age, and**
- **who possesses the skill, training or education necessary to provide the respite service.**

WHAT WILL BE MY RESPONSIBILITIES AS AN IN-HOME RESPITE VENDOR?

You will be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, you will be responsible for ensuring that the person providing the respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's Individual Program Plan (IPP) or Individualized Family Service Plan (IFSP).

CAN I HIRE MYSELF?

No. Title 17, California Code of Regulations, prohibits you from being the direct provider of the In-Home Respite 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 respite worker(s)
- Date of birth of respite worker(s)
- Social Security number of respite worker(s)
- Address of respite worker(s)
- Telephone number of respite worker(s)
- Date and time of respite service
- Location of respite service
- Hourly units of service

HOW MUCH WILL I PAY MY RESPITE WORKER?

FNRC will reimburse you for authorized in-home respite services up to \$8.57 per hour, which includes fringe benefits. 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. You should pay the respite worker in accordance with your agreement with him/her, but at least minimum wage under state and federal law. 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.

WHAT IF I HAVE MORE THAN ONE FAMILY MEMBER ELIGIBLE FOR IN-HOME RESPITE SERVICES?

FNRC has different rates depending on how many consumers are being cared for at the same time. Check with your Service Coordinator about the specifics that will apply to your family.

ARE VENDORS EMPLOYEES OF FNRC?

No. As a vendor for Respite 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 respite worker's employer. You may be responsible for withholding federal, state, and local taxes from the respite worker's wages and for paying and reporting the respite 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 him/her may affect his/her benefits, and he/she will need to report the wages he/she receives 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 in-home respite 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 065)
- 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 a Respite Service – Family Member Vendor for your family member with a developmental disability (consumer).

HOW AND WHEN SHOULD I RECEIVE PRE-AUTHORIZATION FOR IN-HOME RESPITE 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 for authorized service.

WHO CAN I EMPLOY AS AN IN-HOME RESPITE WORKER?

Respite 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 on page 1, "**What Will Be My Responsibilities as an In-Home Respite Vendor.**"

CAN THE RESPITE WORKER I EMPLOY BE USED TO WATCH OTHER FAMILY MEMBERS THAT ARE NOT CONSUMERS OF FNRC?

The rate authorized by FNRC is only for authorized services for consumer(s) living in your home. You may pay an additional amount for care of other family members, but it will not be reimbursed by FNRC.

HOW DO I BILL FNRC FOR IN-HOME RESPITE SERVICES?

For each month you are authorized to utilize in-home respite 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 respite services were provided
- Start and end times of service provided
- Number of hours respite worker worked
- Amount billed to the regional center
- Name of respite worker
- Respite worker's social security number
- Respite worker's address
- Respite worker's signature certifying he/she provided the respite services listed, and his/her acknowledgment that if he/she give information that is untrue, he/she 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 respite worker(s) listed on the form, in addition to having read and followed all respite 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)(4)(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 (5th) working day of the month after the month of service should be paid on or about the twentieth (20th) 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 in-home respite 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

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