

COMMUNITY Alliance

Serving the Developmentally Disabled
Since 1986

Community Residence Corporation 卄
Community Living Network 卄

301 W Michigan Avenue Suite 102, Ypsilanti, MI 48197
ph *734-482-3300 fax* 734-482-3894
www.communityalliance-mi.org

Spring 2021

Dear Employer of Record/Guardian of Employer of Record

I just wanted to thank you for choosing Community Living Network as your Fiscal Intermediary and to invite you to complete our annual survey when you receive it, we send it out annually. It will be sent out in written form and by email. Please choose either method to complete. We value your opinion and feedback to ensure we provide the service you need.

I am including our processes that are in place to ensure we are in compliance with Medicaid guidelines. If you have any questions, please contact our team to ask.

The following are the processes/information sheets included in this letter:

- New Employee Submission Process (step by step)
- Timesheet Requirements and Frequently Made Mistakes
- Training Requirements and Tracking Notification Process
- Budget Instruction Sheet
- Timesheet and Payable Submission Process

If you have any questions please contact us and we will assist you.

Sincerely,

Melissa Frash, Director of Fiscal Intermediary Services
Community Living Network
Community Alliance

New Employee Submission Process

Employees can't start until a start date is given by CLN

- Step 1:** Employer should have the potential employee complete an application and check their references.
- Step 2:** Employee and employer will sign the consent form for a criminal background check and send to CLN at timesheets@communityalliance.com or fax to 734-482-3894.
- Step 3:** CLN will complete all required background checks. CLN will contact the Employer/Guardian. If the employee is in good standing after the checks, we will send out the employee packet. If the employee is not in good standing, we will inform you that they can't proceed. If there is a minor issue on their record we will send out an acknowledgement letter for you to sign and return before their payroll can be processed.
- Step 4:** When you submit the employee packet be sure the date that is being signed is after the date you received the "ok to proceed" from CLN. The employment agreement needs to be dated after the background check has been completed.
- Step 5:** Submit proof of completion of all required trainings to CLN. Training attendance is paid, record name of training on your timesheet/progress note.
- Step 6:** CLN will call and give you the approval and start date for the employee to start working and follow up with a letter. CLN will not pay the employee for any Medicaid approved service prior to this date. Training hours prior to this date will be paid the first payroll after the employee has met the qualified status under Medicaid standards. At this time, we will enter them into our payroll system.
- Step 7:** Employee will record their hours and progress notes for each shift worked. They will submit complete and accurate timesheets for payment by the due date after each pay period. CMH set timelines for submitting billing claims. If you submit beyond this time frame CLN won't be able to pay the hours worked, you will need to find other funds to pay the employee.
- Step 8:** Employee will stay current with all required trainings. Use the CLN training record tool to see when the employee's training will expire. Do not wait until they have expired before updating the training. When the employee is not current with training they are considered not qualified under Medicaid standards.

Timesheet Requirements and Frequently Made Mistakes

Timesheets need to include:

- Client's name (legal name, not nickname)
- Employee's name (legal name, not nickname)
- Contact phone number
- Date and time of service (need to use AM or PM)
- Pay period time frame (1st -15th or 16th -30th /31st)
- Progress notes to match the date and time of service
- Total hours/units worked daily
- Use of 15 minute time increments (:15, :30, :45)
- One date per line (if worked past 12 AM/Midnight start a new date line as of 12AM)
- Signature of employee
- Signature of employer/guardian/authorized person
- Signature date
- Designated amount of overtime or holiday if to be paid, it needs to be marked on the timesheet (if your budget allows for them)

Frequently made mistakes:

- Illegible handwriting
- Missing AM or PM
- Submission not clear (too dark, too light, blurry)
- Overlapping dates/times with another employee
- Late submission
- Employee not compliant with Medicaid requirements
- Overlapping pay periods (the 16th is included on 1st -15th submission)
- Missing signature/date
- Use of white out. Make corrections on the next line.

CAUTION

Timesheets are the only tool we have to use for submitting clean claims for billing to CMH. If the timesheets contain errors, we will not be able to pay against the dates in question. If the employee is not a qualified employee under the Medicaid standards and submits hours for Medicaid services, we will reject the timesheet and the employer will need to find other funds to pay the time sheet.

Training Requirements Tracking and Notification Process

At Hire:

1. At hire, employers and employees are given the list of required trainings based on the Community Mental Health agency providing their services. There are certain Medicaid requirements that need to be completed before the employee can start working. It is also emphasized that there are other training requirements that are a priority for CMH and the Department of HHS that staff should complete, but not required before starting. CLN cannot pay for any non-training service hours for a new hire without appropriate Medicaid trainings and a background check being completed. They can't start providing service hours until a start date has been given, otherwise those hours will not be paid by CLN.
2. When CLN staff receives the initial employee packet and proof of training from the employer or employee, CLN will record the information into the employee training database.
3. CLN will notify the employer if the employee is missing any required training. Notification will be provided in writing via email or USPS with a form indicating the status of training achieved and outstanding.

Ongoing:

4. CLN will create a monthly report of all employees training that will be sent to the employer. This report will include a list of all training completed with expiration dates. They can contact CLN for current schedules and resources of where training can be received. If there is a blank area, it means we do not have record of that training for that employee. Any expired dates need to be brought current.
5. These reports will indicate if an employee is missing any required training. It is emphasized that if the training requirements required by Medicaid and/or encouraged by CMH and the Department of HHS are not current then the employee should not work before appropriate training has been completed.
6. CLN will send the CMH Self-Determination contact person a copy of the training records each month.

Consumer Name:			(3) Total authorized hours:			(4) Keep in mind the budget reports will be approximately 6-8 weeks behind due to the way payroll and billing is completed. Example you will receive a report in early March with January's information.					(5)	
(1)			Weekly CLS		20.00							
Period:			Annual Respite									
7/01/2017-6/30/2018 (2)			CLS Rate									
Month (6)	Revenue for Month (7)	Wages (8)	Payroll Taxes @ 12.50% (9)	Workers Comp Ins (10)	Mileage/Activity (11)	MISC. (12)	Monthly Total Used (13)	(Shortage) or Surplus (14)	Hours approved (15)	Hours Used (16)	CLS Usage % (17)	Respite hours used (18)
A	B	C	D	E	F	G	H	I	J	K	L	M
Jul-17	\$686.25	\$ 551.93	\$ 68.99	\$ 42.50			\$ 663.42	\$ 22.83	80.00	45.75	57.19%	
Aug-17	\$506.25	\$ 544.76	\$ 68.10	\$ 42.50			\$ 655.36	\$ (149.11)	80.00	33.75	42.19%	
Sep-17	\$922.50	\$ 743.90	\$ 92.99	\$ 42.50			\$ 879.39	\$ 43.11	80.00	61.50	76.88%	
Oct-17	\$704.09	\$ 566.53	\$ 70.82	\$ 42.50			\$ 679.85	\$ 24.24	80.00	45.25	56.56%	
Nov-17			\$ -									
Dec-17			\$ -									
Jan-18			\$ -									
Feb-18			\$ -									
Mar-18			\$ -									
Apr-18			\$ -									
May-18			\$ -									
Jun-18			\$ -									
Totals	\$2,819.09	\$2,407.12	\$300.89	\$170.00	\$0.00	\$0.00	\$2,878.01	\$ (58.92)	\$ 320.00	\$ 186.25	\$ 0.58	\$ -
(20) Remaining CMH Budget amount would go here								(20)				

What each section of the budget represents.

- 1 This is the employer/client initials and ID #
- 2 This is the IPOS authorization period from CMH.
- 3 This indicates the amount of CLS and Respite hours approved based on authorization. CLS rate will indicate the current CLS rate.
- 4 There may be notes in this area.
- 5 Some may have an estimated monthly budget amount in this area. (Based on # of approved hours at the approved rate times 52 weeks divided by 12)
- 6 The month's data we are using.
- 7 This is the revenue (money) we receive from CMH based on submitted billable hours from the timesheets.
- 8 This is the amount of taxable wages paid out to employees.
- 9 These are the employer portion of taxes to be paid (Medicare, Social Security, Fed and State unemployment)
- 10 This is the Worker's Compensation policy amount divided into 12 monthly payments.
- 11 This is the amount paid out in Mileage or activity if a part of your intial budget allocation and in IPOS.
- 12 This is the amount paid out to vendors for employer expenses such as background checks, therapy services, class reimbursement.
- 13 This is the total of 8 through 12.
- 14 This is the revenue (#7) minus expenses (13) paid out. If it is in () it means we paid out more than we received from CMH that month.
- 15 This is an estimate of CLS hours approved for the month. Based on taking weekly times 4.
- 16 This is the amount of CLS hours used from the timesheets.
- 17 This is the percentage of CLS hours used based on what was approved and what was used. (#16 divided by #15) CMH will monitor this usage amount.
- 18 This is the amount of respite used, subtract the bottom total from the amount at top (#3) to get remaining amount respite hours left.
- 19 Overall cash flow balance. This is the amount of cash you have available from what was billed to CMH and paid out to employees. This should be a positive number and can be used to pay out towards Medicaid approved expenses.

COMMUNITY Alliance

Serving the Developmentally Disabled
Since 1986

Community Residence Corporation ✚
Community Living Network ✚

301 W Michigan Avenue Suite 102, Ypsilanti, MI 48197
ph *734-482-3300 fax* 734-482-3894 www.communityalliance-mi.org

Timesheet and Payable Submission Process

Timesheets

1. Pay periods are from the 1-15th and 16th to the end of the month. Your timesheets should only include dates that fall in these timeframes.
2. Please use a separate timesheet for different pay periods. Payment will be delayed if multiple
3. pay periods are on the same time sheet.
4. Timesheets MUST include:
 - a. Employer's full name (written at the top of each page)
 - b. Employee's full name (written at the top of each page)
 - c. Date and time of service, you MUST include AM and PM.
 - d. Both the Employer (Guardian) and the employee MUST sign and date the timesheet after reviewing to confirm its accuracy.
 - e. When progress notes are required by the CMH, they must be included.
5. Timesheets can be submitted by:
 - a. Drop off to 301 W. Michigan Ave Ste. 102 Ypsilanti, MI 48197
 - b. Faxed to 734-482-3894 (24-hour fax line)
 - c. Emailed to timesheets@communityalliance.com (secure email)
6. Any errors or unauthorized overlapping will delay your payment for the days' in question and may prompt further review and discussion with CMH.

Due Dates and Pay Frequency

1. Timesheets are DUE 3 days after the end of the service period.
 - a. Timesheets for the 1-15th service period is due on the 18th and
 - b. Timesheets for the 16th-end of month service period are due to us on the 3rd of the next month.
 - c. Timesheets submitted 30 days after the date of service may not be paid due to CMH billing submission deadlines.
2. Pay dates are on the 15th and 30th of each month or the closest business day if they fall on the weekend/holiday.
 - a. Direct Deposits funds will be available in your bank account the next business day after processing.
 - b. If CLN made a payroll error, we will make the correction **that same day**. We can arrange a check for pick up if preferred for a CLN error.

Payables (this includes mileage and activity reimbursement)

1. All expenses must be Medicaid approved expenses.
2. Expenses would have been a part of your initial budget allocation worksheet to ensure funds are available. Payables are approved and paid based on funds available in your budget.
3. Mileage must be submitted on the mileage log including destination, number of miles and the reimbursement cost. It must be signed by Employer and Employee.
4. Activity reimbursements must be submitted on the Financial Voucher with receipts attached. The form must be signed by Employer and Employee.
5. Payables are paid out twice a month.