

This is the most current list of answers to questions received about the Consumer Directed Employer. In some cases, the answers on this list have been updated or clarified after the monthly webinars. The list will be updated each month.

Contents

GENERAL QUESTIONS	1
CLIENT QUESTIONS	5
INDIVIDUAL PROVIDERS QUESTIONS	10
CASE MANAGEMENT QUESTIONS	20
ELECTRONIC VISIT VERIFICATION QUESTIONS	25

#	QUESTION	RESPONSE
GENERAL QUESTIONS		
1.	Why is Washington State establishing a Consumer Directed Employer now?	In the 2018 legislative session, the Washington state legislature passed ESSB 6199, a bill authorizing DSHS to contract with a Consumer Directed Employer. The Consumer Directed Employer will serve as the legal employer of the IP workforce and handle all employment, payroll and administrative functions of managing this workforce. The client will continue to be the managing employer.
2.	Is the implementation still on track for July 2020?	No, the implementation timeline is now early 2021.
3.	What are the benefits of having a Consumer Directed Employer?	Currently, Individual Provider administrative functions are managed by DSHS and Area Agency on Aging case managers and contract staff, and DSHS manages the payroll system. The Individual Provider workforce in Washington State has grown to approximately 40,000 workers and the complexity of managing this workforce has greatly increased. Changing to the Consumer Directed Employer model will allow case managers to spend more time assessing, service planning, and supporting people in need of services across our system. People receiving in-home care will retain the right to select, supervise, manage, and dismiss the individual providing their care. IPs will have one entity to work with for payroll, requirement tracking, taxes and all other employment items
4.	Is the Consumer Directed Employer going to be considered a home care agency?	No. RCW 74.39A.500 (2)(f) specifically states; "A consumer directed employer is not a home care agency under chapter 70.127RCW".

#	QUESTION	RESPONSE
5.	Is there a reason that you can't just require IPs to join an agency already in place?	Washington is committed to preserving a consumer directed service option for people receiving in-home personal care. In the enabling legislation, the legislature required home care workers who wish to provide personal care as an Individual Provider to be employed by the CDE and clarified that clients will continue to select their individual provider, oversee the day to day management and scheduling of the provider's tasks, and dismiss the provider when desired.
6.	Will there be a way to opt out of the CDE?	The legislation requires that home care workers who wish to provide personal care as an Individual Provider must be employed by the CDE.
7.	When will the change to the Consumer Directed Employer happen?	The implementation timeline is 2021.
8.	How can I participate in this process and give feedback?	You may visit the CDE website at www.dshs.wa.gov/altsa/cde to: <ul style="list-style-type: none"> • Sign up to receive Consumer Directed Employer updates by email • Sign up to attend a monthly informational webinar or stakeholder meeting • Review the latest Materials & Resources
9.	What is the pilot and what will it look like?	The pilot will have about 100-200 IPs who transition prior to the larger rollouts to see how the transition works. The vendor may then make updates to the system, training or processes as needed. The details, including location, have not been settled on at this time. Case managers will be notified if IPs in the pilot are providing care to clients on their caseload.
10.	 Will all IP groups be represented in the rollout pilot program including IPs that live where internet is not as available?	DSHS will work with case managers to identify IPs that represent a variety of situations including limited access to internet, English as a second language, and different living arrangements.
11.	What is the start date for phase one of implementation?	We are still working with CDWA to determine a roll out schedule. Once we finalize the timeline, we will post it on the CDE website.
12.	If the CDE vendor is from out of state, will there be CDE staff stationed in the State to assist clients, IPs, and field staff locally?	Yes. There is a requirement that the CDE provide a local presence throughout the State and ensure that all counties are covered. This presence may differ from county to county based on population, geography and need for in person support.
13.	 Do you have a date for hiring CDE office staff?	Information on the CDE vendor staff positions can be found at https://www.consumerdirectwa.com/
14.	How many sites will the Consumer Directed Employer have around the state?	The Consumer Directed Employer must have a state wide presence that is sufficient to ensure timely hiring and deployment of providers. This presence may be met by someone available on a regular basis or a permanent physical location.

#	QUESTION	RESPONSE
15. 	Is the decrease from thirteen to three CDWA physical locations statewide a permanent change or is it temporary change due to COVID?	CDWA will operate out of three offices – in Lacey, Federal Way, and Spokane. CDWA will continue to coordinate with DSHS and the State of Washington to follow safe protocols regarding face-to-face meetings. Remote and digital support will be provided by statewide CDWA Service Coordinators to complete required CDE documents. CDWA will work with DSHS to determine if additional offices are needed to ensure success of the CDE program.
16.	Will the CDE be working with AAAs and HCS offices to utilize their space to meet with IPs? Will they also have permanent offices for IPs to walk in at any time?	The CDE will work with HCS and DDA offices to coordinate use of space for IP hiring, training, and other support activities. DSHS has encouraged the CDE to reach out to the AAAs individually to see if they are interested in providing space as well.
17.	Will CDE staff make home visits to meet clients/IPs?	In general, no. If there is a problem reported by the IP or client, and the CDE thinks that a home visit may be helpful to resolve the situation, they may choose to visit the client’s home with the client’s permission.
18.	What does "DSHS will have the oversight responsibilities for managing the CDE vendor" mean?	DSHS will manage the CDE contract and monitor vendor compliance using dedicated staff tasked with on-going quality assurance responsibilities.
19.	Who will have regulatory oversight of the new Consumer Directed Employer?	There will be contract monitor positions at DSHS to oversee and monitor the Consumer Directed Employer performance.
20. 	Will there be Quality Assurance activities after the CDE is in place?	Yes. There will be a DSHS team that will provide monitoring of the CDE contract and quality assurance activities.
21.	Are the webinar questions and answers posted for viewing?	The monthly public webinars are posted to the CDE website (https://www.dshs.wa.gov/altsa/cde) under “Materials & Resources”. A compilation of questions and answers from all the webinars may also be found on the website.
22.	Can webinars be recorded and posted to the website so I can watch the ones I am not able to attend in person?	We are not able to record webinars at this time. However, we do post the slides each month and update the Q&A document.
23. 	Are the IPs able to see or have access to these webinars?	Yes, the webinar slides are available on the CDE website. They are typically posted no later than one week after the presentation. https://www.dshs.wa.gov/altsa/stakeholders/consumer-directed-employer-webinars
24.	Are transition plans for the clients or home care agencies?	Transition plans are part of the readiness activities in the Organizational Change Management (OCM) process. They detail work that needs to be done to achieve business process changes, such as authorizing and assigning tasks to the CDE instead of to the IP. For more information about OCM and transition plans, please see Talking Points #4 – OCM/Readiness

#	QUESTION	RESPONSE
25.	What is a "subject matter expert"?	A subject matter expert (SME) is an employee who has been doing a specific job for a period of time and is familiar with the subject in a way that other employees may not be. SMEs at Headquarters are the business owners of the readiness transition plans.
26.	Are there evidence-based examples of this model being used in other states that were used as rationale while moving this legislation through the Washington legislature?	Not at this time. The Consumer Directed Employer is based on the CMS-recognized Agency with Choice model for delivery of in home care. However each state's Medicaid in-home care program is different. There have been no studies to generate an evidence-based approach.
27.	What type of QA/Audit processes did the vendor outline to mitigate potential payment and/or service issues?	Consumer Direct has planned for software quality assurance testing as part of their CDE solutions. The contract also requires monthly reporting to DSHS from the CDE on timely and accurate payment among other performance standards.
28.	What will the rate be for CDE?	The final rate has not yet been set for the CDE. The rate for the CDE will be comprised of two components defined in the RCW 74.39A.530: an administrative rate and labor rate. The initial administrative rate will be determined through contract negotiations with the vendor. DSHS will set the initial labor rate based on projections for the costs associated with paying IPs just prior to transition.
29.	Will the CDE have the same rate as the home care agencies?	No, the CDE rate will be less than the rate for home care agencies. The exact CDE rate is yet to be determined.
30.	How will the CDE work when it comes to APS reports regarding abuse/neglect by Individual Providers?	The CDE will be informed of an investigation similar to the way home care agencies are informed today. Their role in the investigation will vary depending on the nature of the investigation.
31.	Are Consumer Direct Care Network (CDCN) and Consumer Direct of Washington the same entity?	Yes, Consumer Direct Care Network doing business as the CDE will be identified as Consumer Direct Care Washington (CDWA).
32.	How can we find out more about the CDE?	Consumer Direct Care Washington has information available online. https://consumerdirectcare.com/
33.	Will there be job opportunities with CDWA as it rolls out implementation? Will there be opportunities to move up in the company?	CDWA has a website that includes a list of open positions and information on how to apply. As we get closer to implementation the list of available positions will most likely grow. Here is the link, https://www.consumerdirectwa.com/ . There is a Careers button.
34.	Are PACE providers being included in the CDE training and roll out?	Yes.
35.	SB 6581 was passed this year by the Legislature, and it requires the CDE to adopt a comprehensive written policy on how to respond to issues of discrimination and abusive conduct. How will this be implemented? Will the development of these written policies be a public process?	This is out of scope of the CDE transition project. However, the CDE will need to comply with all requirements of the bill that apply to IPs.

#	QUESTION	RESPONSE
36.	Is there a plan to have continuity in verbiage when referring to client (consumer or client)?	At this point in time CDWA is using the word “client” in their materials.
37. 	Will the CDE have COVID19 specific policies, procedures, guidelines for IPs and non-related client's?	The CDE will follow Washington State's COVID-19 protocols, and work within the current process to provide IPs access to appropriate PPE.
38. 	Wi-Fi options are extremely limited due to COVID. Cafés/coffee shops that have allowed guests to use of their Wi-Fi have now closed their lobbies due to COVID. Are there any alternate options to access webinar information and the upcoming Getting to Know the CDE virtual sessions?	In response to the impacts of COVID-19, Drive-In Wi-Fi Hotspots provide free temporary, emergency internet access for Washingtonians who do not have broadband service to their homes. Visit www.driveinwifi.wa.gov to find locations near you.
39. 	Will DSHS make adjustments/corrections to the shared benefit reductions prior to the CDE changeover?	DSHS expects that the shared benefit adjustments to IP hours will be complete prior to the CDE going live.
40. 	Can IPs and Clients participate in the WAC review process?	Yes, IPs and Clients can participate in the WAC review process. Information on how to participate in the DSHS WAC revision process can be found at: https://www.dshs.wa.gov/office-of-the-secretary/how-participate .

CLIENT QUESTIONS

41.	Have families been informed of this upcoming change?	<p>Yes. During the 2018 legislative session extensive outreach was done with stakeholders including groups representing family members. The Informing Families group has published an informational video on the CDE. The video can be accessed at: https://informingfamilies.org/cde-video/.</p> <p>During the summer of 2018, listening sessions were held across the state. Family members attended the sessions and planned to take the information provided to those groups. Additionally, members of the Consumer Directed Employer Strategic Development Group represent family member constituents and provide on-going information to those they represent.</p> <p>As the project continues and implementation is closer, there will be a concerted outreach for all families and clients as part of the project's readiness activities.</p> <p>The CDE project aims to have an open, inclusive, and informative process. We have engaged people currently receiving in-home care, individual providers, stakeholders, the public, and consulted with tribal governments throughout this course of this project. Please participate through webinars, in-person meetings, email updates, and other engagement opportunities.</p>
-----	--	--

#	QUESTION	RESPONSE
42.	When will an informational handout be available for distribution to clients and IPs?	The handout is still being developed and will be available early 2020. Once complete, it will be posted to the CDE website.
43.	How will clients who do not receive the Wellness Education newsletter be informed about the CDE?	The Wellness Education article is an early, informal communication. There will be several informal communications throughout the project, including an informational brochure. Formal notifications will be sent to all clients much closer to implementation.
44. 	Will the Client/IP "Getting to Know the CDE" sessions be available/taped for viewing at a later time?	The details of the sessions have yet to be determined, we will let you know more specifics when they become available.
45. 	Will clients be able to call in to the "Getting to know the CDE" informational sessions and will there be interpreter services available?	Yes, people will be able to call in. At this point in time CDWA is not planning on having the "Getting to know the CDE" informational sessions have interpreter services available.
46. 	Will I need to talk to CDWA if I want to talk to my son's case manager?	No, clients and their representatives may contact their case managers as they do today regarding eligibility, resources, etc. However, if the issue is IP related you will need to contact CDWA.
47.	What will happen to the Home Care Agencies when the Consumer Directed Employer is operational?	Home care agencies will remain unchanged and will continue to bill through ProviderOne. Clients selecting in-home personal care may choose to receive care through a home care agency, the Consumer Directed Employer or both. The Consumer Directed Employer will be the employer of Individual Providers only.
48.	Family members are prohibited from providing care to their relatives as employees of Home Care Agencies. Can family members provide care to their relatives as employees of the Consumer Directed Employer?	The Consumer Directed Employer may hire eligible family members as Individual Providers. Parents and step-parents are not eligible to be paid to provide care to their minor children and spouses are not eligible to be paid to provide care to spouses (exception: Chore program).
49. 	What will clients need to know about hiring an IP upon changeover to the CDE?	When a Client has determined they want an IP to provide services, they should instruct the IP to apply with the CDE. Once the hiring process is complete, the CDE will inform the IP and Client and the Client can assign hours. The CDE will notify the CM of assigned hours.
50.	Will clients be able to call the Consumer Directed Employer and ask for Individual Provider's available to work for them?	Yes. Clients can contact the Consumer Directed Employer to ask about available Individual Providers that are listed in the Carina database. Clients can also continue to use the Carina website to find available Individual Providers and contact them directly.
51. 	Will the CDE assist clients with posting jobs on Carina and managing those job posts for clients?	Yes. If needed, the CDE will assist clients with adding profiles and stating their need, as well as connecting clients and IPs already in Carina.
52. 	If a client has only one IP but their current IP needs to drop a few hours how would the client get another IP?	This process will be similar to how it works today. The client would need to either provide a new IP to go through the CDE hiring process, or look in CARINA for a potential match (CDWA may assist with this process).

#	QUESTION	RESPONSE
53.	Will the CDE take over the HCRR for linking clients with potential IPs?	Yes, the CDE will provide clients with the names of potential IPs. The referral registry functions will be absorbed by the CDE. Carina will continue to be the database for providers and clients looking for additional work or available providers. The CDE will contribute names to Carina as part of its recruiting and capacity expansion requirements.
54.	What will happen with all of the IP files that the HCRR maintains?	The HCRR files will need to be retained per the DSHS Policy. The HCRR files will not be transferred to the CDE.
55.	Will all the IPs registered with HCRR have to resubmit their information to CDWA?	Any information that is currently in the Carina database will still be there after the transition. IPs without a client will need to work with CDWA to complete hiring and any pre-screening activities required by the employer.
56.	Will the CDE be responsible for providing back-up caregivers if an IP is sick or stuck dealing with an emergency? Or will clients still be responsible for having a plan for situations like this?	As the managing employer, clients will remain responsible for identifying back-up caregivers to cover for sick or vacationing caregivers.
57.	Are case managers only directing clients to go through Carina to look for individual providers?	No. Carina is a valuable resource for finding Individual Providers but clients can use any method to find Individual Providers.
58.	The client will still be the "managing employer." How will you communicate what the managing employer's responsibilities are to the IP?	The vendor will be providing information to the IPs regarding their responsibilities. The vendor will also be providing information to the clients as the managing employer. This will be similar content to the current "Acknowledgment of My Responsibilities as the Employer of My Individual Providers".
59.	How will the Consumer Directed Employer handle clients who have a high number of Individual Providers who all work different service amounts each month? How will the authorization be handled?	If the client uses multiple Individual Providers, the total number of Individual Provider hours will be authorized to the Consumer Directed Employer. The client will determine the schedule for each Individual Provider and communicate the schedule to the Consumer Directed Employer. The schedule must not exceed the Individual Providers' work week limits.
60.	What is Client Responsibility?	Client Responsibility is the monthly amount of money clients with higher incomes pay toward the cost of their Medicaid services. The amount is determined by the client's financial worker. Only individuals served through the Home and Community Services Division of the Aging and Long-Term Support Administration pay Client Responsibility. Individuals served by the Developmental Disabilities Administration do not pay Client Responsibility. Client Responsibility is sometimes referred to as Client Participation or just Participation.

#	QUESTION	RESPONSE
61.	What is the CDE's role in collecting client responsibility?	As the IP's employer, the CDE must pay the providers for all hours worked including any client responsibility. Client responsibility payments will be paid directly to the Consumer Directed Employer. IPs cannot be involved in the collection of client responsibility under the CDE model. There is an expectation that the CDE will work with clients who are not paying their client responsibility in an attempt to prevent the discontinuation of services.
62.	 Can the client's responsibility (participation) payment be set up through an auto withdrawal from a bank account?	Yes, Client Responsibility (Participation) payment to CDWA can and will be encouraged to be set up with auto withdrawal.
63.	How does the client responsibility payment to the IP work if the IP is a parent?	The CDE will collect the client responsibility directly from the client, regardless of any familial relationship between the IP and client.
64.	How will the CDE handle client responsibility that is more than the cost of care? Will the CDE know not to collect more than the cost of care from the client?	CMS rules state a provider can only collect client responsibility once the services have been delivered. In the event client responsibility exceeds the actual cost of care, the CDE will need to bill the client at the end of the month for the amount of care delivered. There will be a process in place to handle situations where secondary services need participation to be applied.
65.	Will the CDE stop serving clients if client is late paying participation or ends up owing too much participation?	DSHS requires the CDE to work with clients who are having challenges paying client responsibility in an effort to prevent discontinuation of services. In the event a client and the CDE cannot work out an agreement for payment of client responsibility, the CDE can terminate services to that client with 30 days' notice. This will not impact the client's Medicaid eligibility. Under these circumstances, the client would need to choose another qualified provider.
66.	 Regarding client responsibility, if a client loses CDE services for inability to pay, then is able to pay and comes back to the CDE, will the client be able to choose the same qualified IP they had before? What would that process look like?	Yes. If the client and CDE are able to resolve the previous financial issues, the client can return to receiving services from the CDE. After the financial issues have been resolved and the IP is still available and willing to provide care to the client, they can resume caregiving to the client. Resolving the financial situation will be on a case by case basis between the client and the CDE.
67.	Will the Consumer Directed Employer handle their own administrative hearings when a client's chosen Individual Provider is not hired?	There will not be administrative hearings for denial of choice of Individual Provider. This will be handled through the Consumer Directed Employer's complaint resolution process.
68.	How does a client challenge a decision by the Consumer Directed Employer not to hire a chosen Individual Provider?	The Consumer Directed Employer will have a complaint resolution process that can be utilized when a client disagrees with an action taken by the Consumer Directed Employer. Ensuring that clients understand how to utilize this process will be covered in readiness training prior to Consumer Directed Employer implementation.
69.	Will clients receive any verification record of IP's reported hours?	No, there is no change to current practice.

#	QUESTION	RESPONSE
70. 	Will clients be able to reduce hours that have already been authorized?	Clients will work with the CDE to assign authorized hours to IPs.
71. 	Will clients be able to verify their IP's hours?	Yes. Client will have access to the CDE portal in which they will be able to see the number of hours each of their IPs has claimed.
72. 	Can clients who have multiple IPs look at how many hours each IP worked?	The client or his/her representative will work with the CDE to identify hours that should be assigned to each IP. Using the CDWA web portal, clients and authorized representatives have visibility into the number of work hours submitted.
73.	What is the plan to resolve time disputes between client & IP?	It is the expectation that the CDE will be the entity to help resolve these types of issues. If there is a disagreement with the outcome, there are two options available to the parties. There may be situations when a case manager has to get involved because a client has both a Home Care Agency caregiver and an IP through the CDE. Clients will have a formal CDE complaint resolution process to submit verbal or written complaints. The CDE must provide a response and explanation of their decision within ten business days of receipt. There is also an appeal process. Providers will continue to have the opportunity to reach out to SEIU with concerns and complaints.
74. 	Will the CDE provide specialized training for those clients experiencing cognitive impairment or behavioral health diagnosis in order to help them understand new procedures and better adjust to the CDE changeover?	Clients who need additional support or training during the changeover to the CDE will be addressed on a case by case basis.
75.	What provisions will be made for clients and Individual Providers with limited proficiency in English?	The Consumer Directed Employer will have all the same legal obligations as DSHS for communicating with clients in languages other than English. There are not similar obligations for communication with Individual Providers however, DSHS knows this is valuable for supporting our Individual Provider population and has required the bidders to submit a plan based on the most commonly spoken languages for Individual Providers.
76.	Will notifications to the IPs be sent in their preferred language?	There is no contractual requirement for CDWA to produce written communications in languages other than English for providers. DSHS knows this may be valuable for supporting the IP population and has required CDWA to submit a plan for how they will provide overall support of the most commonly spoken languages for IPs.
77.	Is there language support for the complaint resolution process?	The CDE contract includes an expectation that the vendor to provide language support to clients for all activities including the complaint resolution process.

#	QUESTION	RESPONSE
78.	Will the CDE be notified when a client is authorized for nurse delegation?	Yes, it will be the responsibility of the CDE to work with clients to determine which tasks are assigned to each IP from the client's plan of care, including tasks that may require nurse delegation.
79.	Will the CDE be able to decline accepting a client?	If something about the situation between the client and the provider does not support a safe plan of care in the CDE's professional judgement, and the client is unwilling to choose a different IP, the CDE may choose to not provide services to the client under those conditions. Also, if a client does not pay their client responsibility to the CDE, the CDE may stop providing services to them after providing adequate notice.
80.	If the CDE is the only Medicaid provider available and the CDE terminates a client, how does the client have access to an alternative provider?	The CDE is not the only Medicaid provider available. Clients will still have access to home care agencies providing services in their area as well as other caregiving options they are eligible to receive.
81.	Will there be a survey assessment for clients, similar to the IP readiness survey?	Currently there are no plans to formally gauge client readiness through a survey. There will be training for clients from the CDE vendor related to the transition. The Department will send a notice to the clients regarding the change closer to the transition.
82.	What are you charging the client for this service?	Clients will not be charged for CDE services. The only payments that a client would pay are those based on their financial eligibility called "client responsibility". This is no different than today. Developmental Disabilities Administration (DDA) clients do not have client responsibility
INDIVIDUAL PROVIDERS QUESTIONS		
83.	Will we still call Individual Providers, Individual Providers? Or will they just be known as Consumer Directed Employer employees?	Individual Providers will be employees of the Consumer Directed Employer and will still be referred to as Individual Providers.
84.	How will IPs be made aware of the project and informed of ways to ask questions?	<p>The monthly CDE webinars are available to the public including current IPs. We will also be doing periodic awareness surveys.</p> <p>The CDE vendor will be conducting outreach to the IPs regarding the CDE and what they need to do as part of the transition. In addition the Project Team will work with the vendor and other stakeholders to participate in applicable conferences and meetings in which transition information can be shared.</p>

#	QUESTION	RESPONSE
85.	Who employs the Individual Providers?	<ul style="list-style-type: none"> ➤ The client will refer the selected Individual Provider to the Consumer Directed Employer for hiring ➤ The Consumer Directed Employer is the legal employer of the Individual Provider and takes care of payroll, background checks, collecting the I-9, credentialing, and tax reporting and training requirements. Individual Providers will be hired as employees of the Consumer Directed Employer and will no longer have contracts with the Department or Area Agencies on Aging. ➤ The client is the managing employer for purposes of selecting, scheduling, managing, supervising and dismissing the Individual Provider.
86.	What type of CDE to IP communications are required?	<p>The CDE is required to provide timely and upon-request communications to IPs in areas such as hiring status, background check processing, training completion, and on other requirements for IPs to remain compliant with state and federal workforce regulations. Additionally, the CDE is expected to provide customer service support to IPs in areas of payroll, work week limits, overtime, systems training, and on business policies and procedures.</p>
87.	How will the CDE work with elderly IP's who are not comfortable with computers and computerized systems?	<p>The CDE will have options available for IPs that do not have access to technology. These will most likely include paper forms and phone interactions.</p>
88.	If a provider is already working with the client prior to the implementation of Consumer Directed Employer, will the provider become an employee of the Consumer Directed Employer?	<p>Yes, all qualified Individual Providers currently authorized to provide services to DSHS clients will become employees of the Consumer Directed Employer at the time of transition. They will have to complete some CDE specific paperwork.</p>
89.	Will the CDE have the ability to fire an IP, or will only the client have that ability?	<p>The client continues to have the ability to dismiss their IP; the CDE will determine whether the IP can continue to be employed to work as an IP with a different client. If the CDE determines that an IP does not or cannot fulfill the mandatory requirements to be an IP, the CDE can terminate their employment.</p>
90.	Will Individual Provider requirements change under the Consumer Directed Employer?	<p>No. Individual Providers will have the same requirements that they have today. Some of these requirements include; completion of required background checks to ensure there are no disqualifying crimes or negative actions; completion of all required training; being at least 18 years of age; being able to legally work in the United States; and not be named on any of the Medicaid exclusion lists.</p> <p>The Consumer Directed Employer will be responsible to ensure that Individual Providers stay up to date on all requirements such as training and background checks.</p>

#	QUESTION	RESPONSE
91.	How would a person pursue becoming an IP if they do not have a client?	Currently, the Home Care Referral Registry (HCRR) is available for individuals who are interested in becoming IPs. The HCRR staff can assist with the qualification process. After implementation, a person can go to Consumer Direct Care Washington (CDWA) as the IP employer to inquire about employment.
92.	What happens to the Referral Registry?	The referral registry functions will be absorbed by the Consumer Directed Employer. Focus will be on recruiting. Carina will continue to be the database for providers looking for additional work or and clients looking for available providers.
93.	What is the role of Carina with the Consumer Directed Employer?	Carina will continue to be the database for providers and clients looking for additional work or available providers. The Consumer Directed Employer will contribute names to Carina as part of its recruiting and capacity expansion duties as required by the legislation.
94.	Will Individual Providers be paid an hourly rate or is that changing?	When the Consumer Directed Employer is operational, it must follow the Collective Bargaining Agreement (CBA) that is in place on that date. The CBA sets the hourly rate that Individual Providers are paid based on their cumulative career hours, and these rates will be in effect at that time. Payment is made in 15 minute increments according to the authorization.
95.	In the future who will determine the Individual Providers wages and benefits?	<p>The labor rate paid to the CDE will be set by the rate setting board. There are four voting members of the board and a fifth member who will vote in the event of a tie. In addition, there are nine advisory members of the board. Advisory members include representatives of the Individual Provider workforce, the state council on aging, an organization representing people with intellectual or developmental disabilities, an Individual Provider, and an organization representing people with physical disabilities.</p> <p>After the rate setting board determines the labor rate, it will be submitted for certification to the Office of Financial Management and then to the Governor for inclusion in the Governor's budget. The legislature shall then approve or reject the request for funds as a whole. After funding is approved bargaining will take place between the Consumer Directed Employer and exclusive representative for the Individual Provider workforce. Bargaining will determine how the labor rate covers the IP base rate, cumulative career hour wage increases, paid time off and other benefits.</p>
96.	Will the CDE be assuming the provision of healthcare benefits and retirement benefits that SEIU currently provides?	No. The provision of IP healthcare and retirement benefits will continue as it is today through the Health Benefits Trust and the Secure Retirement Trust.
97.	Will the IP's paid time off transfer to the CDE?	IPs will receive the full value of their accumulated PTO when transferring to the CDE. How this will be accomplished has yet to be determined.



#	QUESTION	RESPONSE
98.	Will SEIU 775 be the Consumer Directed Employer?	No. The department contracted with Consumer Direct Care Washington (CDWA). DSHS will manage the contract and monitor contract compliance. Under the National Labor Relations Act, it would be illegal for a union to act as the legal employer of the employees they also represent.
99.	Will providers of the CDE still be able to provide self-directed care?	Yes. Self-directed care will continue to be available under the requirements outlined in RCW 74.39.050.
100. 	How will mileage for medical appointments or essential shopping be paid for when the IP lives with the client they provide care to?	Eligible mileage for IPs will be paid through the CDE.
101. 	Under the CDE, will there be changes to the way travel/shopping/client needs/windshield time is handled?	There will be no change under the CDE. The process will remain the same as it is today.
102.	Will the CDE translate the Service Summary of the Care plan for the IP or have the content explained to IP using interpreters?	This will be up to the CDE as the employer of the IPs.
103.	If the employer has Alzheimer's or Dementia will the CDE step in to ensure the care plan is being followed and the IP understands their duties?	The CDE will explain the duties of an IP to their employees at hire and intermittently if they change at the client's direction. If there is a question of the client's ability to direct care due to Alzheimer's or dementia, the case manager should be involved to identify an authorized representative for the client or to assess if an IP is an appropriate provider for the client.
104.	Will the CDE register IPs for required classes?	No, the CDE will not register IPs for training classes. The CDE will be responsible for determining what category of training is required for a provider based on all applicable factors and will offer support to IPs in completing the homecare aid certification and required continuing education. The CDE will also track training compliance. The Training Partnership will continue to provide training opportunities.
105.	Will the Department of Health continue to do certification of Individual Providers?	Yes. The Department of Health will continue to do certification of Individual Providers. Training and certification requirements for Individual Providers are not changing under the Consumer Directed Employer.
106.	Will the Training Partnership or CDE provide Orientation and Safety training?	The Training Partnership will continue to develop and update the Orientation and Safety training curriculum. The CDE will ensure that IPs receive Orientation and Safety training.
107.	How will CDWA coordinate with the Training Partnership to track IP training?	CDWA will exchange data with the TP similar to IPOne. This will include initial training deadlines, continuing education, and certification.
108. 	Is there going to be an area in the CDE where the IPs can see how many hours they have claimed for training?	Yes, there will be a way for IPs to see claimed training hours in the CDE portal.

#	QUESTION	RESPONSE
109.	When an IP is also employed by a Home Care Agency, will training certificates that the IP gets from the Home Care Agency employer be sufficient for the CDE?	Implementation of the CDE will not change the training requirements or who provides the training. Training certificates need to be from a DSHS authorized trainer. Some home care agencies are DSHS authorized trainers.
110.	 Will the CDE be authorizing payments for the IP trainings?	Yes, the CDE will be authorizing payments to IPs for training.
111.	Will there still be a need for the Training Partnership?	Yes. The Training Partnership will continue to develop training and offer continuing education training opportunities for IPs.
112.	What will be the process for the background checks?	The Consumer Directed Employer will use the Background Check Central Unit just as today. There will be no change to the Secretary's list of disqualifying crimes. The Consumer Directed Employer will complete Character, Competence and Suitability (CC&S) reviews.
113.	Will the disqualifying crimes on a background check be the same with the new Consumer Directed Employer?	Yes. Disqualifying crimes are defined in state statute. They were not changed when the bill authorizing the Consumer Directed Employer was enacted. The Consumer Directed Employer will be required to follow the state statute.
114.	How will background checks be handled when Individual Providers become employees of the Consumer Directed Employer?	A new background check will not be required when: <ul style="list-style-type: none"> ○ The individual has an individual provider contract with the department; ○ The last background check on the contracted individual provider is still valid under department rules and did not disqualify the individual from providing personal care services; ○ Employment by the consumer directed employer is the only reason a new background check would be required; and ○ The department's background check results have been shared with the consumer directed employer.
115.	What will happen to background checks done by the HCRR?	They will be retained according to the department's data retention rules.
116.	Can the Consumer Directed Employer determine whether a specific Individual Provider cannot work for a specific client?	Clients will retain the same right they have today to select their Individual Provider. The Consumer Directed Employer may determine that an Individual Provider cannot work for a client if the Individual Provider does not meet one or more of the Individual Provider qualifications or fails a Character, Competence, Suitability review. The Consumer Directed Employer may also determine, through a Character, Competence and Suitability review that an Individual Provider may not work for a client if the Individual Provider is not able to meet the client's care or health and safety needs, or the well-being of a client is in imminent jeopardy due to the performance of the Individual Provider. Clients will have a complaint process if the Consumer Directed Employer denies their choice of provider.

#	QUESTION	RESPONSE
117.	Will the Consumer Directed Employer conduct a Character, Competence, and Suitability (CC&S) review with a client when the Individual Provider's background comes back with issues other than disqualifying crimes?	Yes. The Consumer Directed Employer will conduct a Character, Competence, and Suitability review when indicated such as the prospective Individual Provider is already supporting one or more clients and may not be able to safely take on more work; a DSHS or AAA employee, or any other source informs the Consumer Directed Employer of a concern associated with an Individual Provider's ability to provide needed care to a client or a health and safety concern; the Individual Provider has employment or personal responsibilities that may interfere with providing reliable service; the Individual Provider has travel considerations that may impact scheduled arrival; or the Individual Provider has a reported history of violence, criminal behavior that is not disqualifying, or a substance abuse disorder.
118.	Will case managers still be able to deny a client's choice of provider with a Character, Competence and Suitability (CC&S) review?	The CDE will complete the CC&S review and will assume responsibility for denying a client's choice of provider based on that review. The client's case manager will have the opportunity to provide input into the CC&S review. Based on the CC&S, the CDE may find the IP should not be hired or may no longer work as a client's chosen IP. The CDE may determine the IP is suitable to work with a different client or may decide to terminate the IP from employment with the CDE.
119.	Will there be a way of informing the CDE about former IPs who have had Contract Terminations for Default for CC&S unsuitable determinations in the past? How do we insure that former IPs who are not appropriate to work with clients are not hired by the CDE?	If a DSHS or AAA staff member sees or hears of a client/IP pairing they believe is unsafe, they should report it to the CDE along with information on why they believe it is unsafe. The CDE will then make the determination if the IP will work or not for that particular client.
120.	Washington Administrative Code specifically prohibits rehiring IPs whose contract was terminated in past. How will you ensure that IPs who were terminated will not be re-hired by CDWA?	This limitation is just on IPs who were terminated for cause. These IPs would be identified in the centralized background check process through DSHS that the CDE will use when performing initial screenings.
121.	Will IPOne be going away?	Yes. The CDE vendor is responsible to provide a payment system as part of the service they will provide. This payment system will be fully managed by the CDE vendor and DSHS will only have oversight responsibilities for managing the CDE vendor to the contract.
122.	How long will IPOne remain available to access historical data for things like hearings, etc.?	This has not yet been determined, but will be included on the IPOne transition plan.
123.	Will IPs need to print off all their past timesheets for possible WA state audits or overpayments since IPOne is going away?	CDWA will not have access to past timesheets. If an IP wants to access previous timesheets they will need to print them out. DSHS will have access to past timesheet data, however it may take time to retrieve it.



#	QUESTION	RESPONSE
124.	How will IPs complete timesheets?	IPs will begin using Electronic Visit Verification at the time the CDE is implemented. Providers will be required to clock in and out as well as provide the additional information required by the 21st Century Cures Act. The vendor will provide multiple options for this data entry. In the event a provider forgets to clock in/out or needs to make a revision, the vendor will have mechanisms to support these changes as well.
125. 	Will there be training or a webinar that will show IPs how to submit their time?	Yes, CDWA will provide training resources and supports to IPs to understand the processes to submit their time. Training will happen via webinars and written materials. Training will include using Electronic Visit Verification. For providers that live with the person they care for, training will include how to submit work logs. Information about work week limits, and other policies that impact provision of care will also be covered. IPs will be assigned a service coordinator who can assist them with questions regarding these topics. Staff in the CDE customer service center will also be available to assist with questions.
126.	If an IP accidentally enters more time than they are allocated will the CDE alert them to the mistake?	This will be part of the CDE vendor's system and will be determined after the CDE vendor is selected and begins working with the department on system requirements.
127. 	What will happen if an IP forgets to clock out from their shift?	If the IP clocks in and out using the EVV mobile app, they will be able to adjust the shift in the app. If the IP is a live-in and submits time through the web portal, they can correct a shift until it is submitted. Following submission it must be changed by calling the CDE.
128.	With the CDE, will IPs still be able set our own schedules as needed or will we be required to do time off requests through the CDE?	The client will continue to set the schedule of their IP within their assigned hours and the IP's work week limit. The CDE will monitor work week limits.
129.	Will the IPs manage their schedule/timing or will they have to clock in?	The client will continue to schedule caregiving by the IP within their assigned hours and the IP's work week limit. IPs will begin using Electronic Visit Verification (EVV) at the time the CDE is implemented. Providers who live with the person they provide services will only have to report hours weekly through the CDE portal with no reference to start or end times, or location.
130.	Has a decision been made in regard to which electronic device an IP will use to log in and out of their work day?	No, this has not been finalized.
131.	Is there an app available now for an IP to get familiar with?	Not at this time, it is still being developed to support WA specific requirements.
132.	Will live-in providers be able to fill in their weekly work log online?	Yes, that is the preferred method.
133. 	If a client takes a trip and the IP travels with the client, how should the IP submit their hours?	You would clock in and clock out as you do your shift regardless if you are at home or in the community.

#	QUESTION	RESPONSE
134. 	Will live in IP's have access to the CDE portal when traveling on vacation?	The CDE web portal can be accessed from any location with internet access.
135. 	As an IP, I prefer to get paid monthly. Can I still do this under the CDE?	No, the CDE will pay on a two week cycle. There will be two months in which you will be paid three times.
136.	Who will manage the hours Individual Providers are allowed to work?	The client will continue to manage the hours the Individual Provider works and the Individual Provider's work schedule. The CDE will monitor work week limits.
137.	Will Individual Providers be able to keep their permanent work week limits?	Individual Providers will keep grandfathered work week limits. These are permanent work week limits that were assigned based on the number of hours the Individual Provider worked in January of 2016.
138.	How will client specific work week limit requests work?	The Consumer Directed Employer will review and may approve client specific work week limit requests for the IP(s) within the client's authorized number of hours.
139.	What if an Individual Provider has issues or disagrees with the Consumer Directed Employer?	The Consumer Directed Employer will have a complaint resolution process available to all IPs and clients who disagree with a decision or action the Consumer Directed Employer has taken.
140.	Will the CDE have strict OT guidelines, like other agencies?	The CDE will establish OT rules/guidelines that are consistent with the limits in place today, defined in RCW 74.39A.525.
141.	How will overpayments be handled once the CDE is implemented?	Overpayments will be issued to the CDE rather than to IPs, in the same manner as overpayments are issued to a home care agency rather than the individual worker.
142.	What happens to the Collective Bargaining Agreement between the State and SEIU 775?	The Collective Bargaining Agreement in place at the time the Consumer Directed Employer becomes operational will be followed by the Consumer Directed Employer, including the payment of union dues and the provisions for all benefits. The Consumer Directed Employer will then bargain with the exclusive representative for the Individual Provider workforce.
143.	Can Individual Providers opt out of union membership when they become employees of the Consumer Directed Employer?	The Consumer Directed Employer will comply with the Collective Bargaining Agreement (CBA) that is in place when it becomes operational. The current CBA requires dues to be withheld only if the withholding has been authorized by the IP. Future decisions about union dues will be negotiated by the Consumer Directed Employer and the union. The State will not be involved in those negotiations.
144.	Will the current tax status for Individual Providers change?	No, reporting status remains the same under the Consumer Directed Employer. Individual Providers who qualify under the Difficulty of Care income exclusion may continue to exclude income from federal income tax reporting. Individual Providers who are currently exempt from FICA and FUTA will continue to be exempt.

#	QUESTION	RESPONSE
145.	As a live in care provider, my income is excluded from tax reporting per IRS notice 2014-7. However, if my pay will be coming from the CDE, and not from DSHS may my income still be excluded from tax reporting?	Yes, all income meeting the requirements in IRS notice 2014-7 will continue to be excludable from tax reporting.
146.	What will happen to the active IP contracts at the time of the CDE implementation?	All active contracts will be terminated by DSHS for convenience after the transition.
147. 	When DSHS IP contracts terminate and the IP becomes an employee of the CDE, will IPs still be required to pay the annual Long Term Care worker recertification fee of \$85 to the Department of Health (DOH)?	The initial testing and certification fees are covered through SEIU. Recertification fees will continue to be the responsibility of IPs.
148.	Do existing Individual Providers get grandfathered into the CDE as employees of the CDE?	No, IPs who are in good standing with their credentials and have an active authorization or are in the HCRR database will be contacted to complete new hire paperwork. The move to become an IP is not automatic.
149.	Will IPs have to reapply at the time of CDE implementation?	IPs will have to fill out new hire paperwork at the time of implementation, however, it will not be considered “re-applying”.
150.	Why can't DSHS share existing information with CDWA, eliminating the need for IPs to go through the hiring process with CDWA?	The CDE is a separate employer and needs to collect its own information from the people they hire. There are several laws that require this for banking information and personal information. DSHS will give them all of the information we are able to within these limits.
151.	What does the timeline for hiring IPs look like? Will it take longer to hire them at the CDE?	The contract specifies that once an IP has submitted all paperwork correctly, the CDE has five business days to complete their hiring process.
152. 	When will the CDE begin the hiring process of IPs who have not had a prior IP contract with DSHS?	The hiring process will be open to new IPs as the CDE goes live. The phase for IP hiring is determined by the county in which the client lives.
153. 	When you say that an IP will be hired within 5 days, do you mean they will be hired within five days of submitting all required documents and completing all hiring steps?	IPs who have completed the required hiring activities will be available to work within 5 business days of completing the required hiring steps.
154.	Will there only be 15 days for employer training of IPs?	No. Training will start between 30-45 days prior to beginning work as a CDE employee.
155.	When are they going to open the process for home care aids to begin the hiring process with CDE?	The schedule for implementation, including hiring, is still being determined. Updates will be provided.

#	QUESTION	RESPONSE
156.	What does hiring mean for current IPs, what will the process look like?	The hiring process is still being defined. It will involve: <ul style="list-style-type: none"> • the CDE confirming demographic information with the IP, • training IPs on the CDE employment policies and procedures, • completing applicable materials, • helping the IPs be ready to use the CDE system, and • providing information about how IPs can get assistance with any related questions
157.	What is the hiring process for parent providers who live with their clients?	The CDE hiring process for parent providers will be the same as for all IPs.
158.	How will IPs be notified that it is time to begin the hiring process with CDWA?	CDWA will send information to all IPs well in advance of the transition phase that the IPs will need to complete during the hiring process. It is very important that IPs keep their address and other contract information up to date in IPOne as this is the contact information that will be used by CDWA to contact all IPs.
159.	What is the definition of "well in advance" as it pertains to notifying the IPs of the beginning of hiring?	We are planning outreach to start about 120 days prior to the beginning of hiring.
160.	When must IPs change from reporting on the IPOne website to reporting on the CDE website?	The changeover from IPOne to the CDE will be in effect once the IP has been hired and has been authorized hours by the CDE. IPs will receive communications from CDWA explaining the hiring process, timeline, and when to begin to use the CDE system.
161.	Will there be a time limit established in waiting for an IP to be fully hired and ready to go? Will the client be notified?	An IP will be able to serve as quickly as they can fully complete the hiring process and training, and the employer can connect them in the system to the client. The client will be notified once the IP has been assigned hours by the employer at the client's direction.
162.	If as an IP, I'm away from my client for two months, do I have to be re-employed after returning? Or can I just resume my job?	IPs will remain as active employees for up to a year after their last date of service with CDWA, unless they request to be removed from the list of active employees.
163.	When an IP quits or is termed will CDE contact the client/power of attorney directly to review options for providers, notify the case manager or both?	Transition plans and procedure expectations that will outline the communication process between clients, IPs, the CDE, and the case manager are currently being worked on. It will most likely look similar to the communication process with Home Care Agencies.
164.	Will there be any different expectations or requirements for Parent Providers when they are employed by the CDE?	Parent Providers will continue to have the same requirements they have now.
165.	Did IPs discuss any specific concerns with CDE project staff during the SEIU conference?	For most of the IPs who stopped to talk to CDE project staff during the SEIU conference, this was the first time they had heard about the project. Most IPs were curious about the change and expressed support of the change.

#	QUESTION	RESPONSE
166.	How many IPs responded to the question "How do you want to receive information" on the IP baseline awareness survey?	A total of 4,052 IPs responded to the question, "How do you prefer learning about the CDE? Check all that apply." There were 7,999 selections made.
167.	Will the IP survey be available in any other language?	The first IP survey was not offered in other languages, but the project team is looking into options for the next survey.
168.	What was the pilot that 993 IPs expressed interest in participating in during the IP survey assessment?	The IPs expressed interest in the CDE vendor pilot in which a small group of IPs will transition prior to the larger roll outs to see how the transition works. The vendor may then make updates to the system, training or processes as needed.
169.	Will the pilot include IPs with limited English proficiency?	The details for the pilot have not been settled on at this time. DSHS and CDWA will take this in to consideration.
170.	Many HCA's who work for nursing homes have a proof of employment/ID card. Will CDWA provide these to IPs?	At this point in time we do not know if CDWA will be providing proof of employment ID cards to their employees.
CASE MANAGEMENT QUESTIONS		
171.	Will any AL TSA or DDA staff jobs be lost due to the implementation of the Consumer Directed Employer?	<p>AL TSA and DDA leadership are committed to retaining staff whose work duties or responsibilities will be affected by the CDE.</p> <p>Overall, DSHS is growing in order to meet the increasing demand for our services and we will continue to need staff to meet this expanding need. While work duties of a small number of staff will change due to CDE implementation, we do not anticipate job loss. There will be efforts to determine how to reassign, repurpose or utilize staff who have been doing IP management work. Transition planning will begin with DSHS staff whose jobs might be affected by this change when we get closer to implementation. The implementation of the Consumer Directed Employer will take place no later than July 1, 2021.</p> <p>The status of AAA IP management positions will remain up to the discretion of the AAA.</p>
172.	Are case managers expected to have higher caseload ratios after the CDE is implemented?	DSHS caseloads are not expected to increase as a result of the CDE. The AAAs will independently determine how the additional CM time will be used.
173.	What will happen to the HCRR coordinators after the CDE is implemented?	This will be up to the discretion of the entity that employs the HCRR coordinators.
174.	When will the HCRR contract end?	The HCRR contract for an area will end once the CDE transition phase that covers that geographic area is complete.
175.	Can you explain the vision for the role of case managers after the CDE is up and running?	Case management will use time gained from the transfer of IP responsibilities to the CDE for service planning with the client and supporting activities that maintain the client's health and well-being.

#	QUESTION	RESPONSE
176.	What does the phrase 'leveraging case management' mean?	DSHS' vision for the CDE project is that case managers will be able to focus more on client health and safety. Leveraging case management is the term being used by the readiness team as the administrations explore the process of moving case manager focus away from IP administrative needs.
177.	Can you share the suggestions to optimize CRM's time once CDE is in place from the HCS Leveraging Case Management workgroup?	The leveraging case management ideas are still being developed and vetted. Examples of some of the ideas include improved referral processing and follow-up, as well as support with preparing and distributing PANs and obtaining service summary signatures. More information will follow in the coming months.
178.	Is the Consumer Directed Employer only for Individual Provider contracts? Will professional contracts still be handled internally?	Individual Providers will no longer have contracts. They will become employees of the Consumer Directed Employer. Individual Provider contracts will end at the time that the Individual Provider is hired by the Consumer Directed Employer. Other contract types, such contracts with DDA behavior consultants or AAA home delivered meal vendors, will continue to be handled in the local offices.
179.	Will DSHS employees be able to be employed by the Consumer Directed Employer as Individual Providers?	DSHS employees will be required to complete a "Notification of Outside Employment Form" (DSHS 03-023) which must be individually reviewed and approved by the employee's appointing authority in order to be an employee of the Consumer Directed Employer.
180.	Will case managers be able to talk to the Consumer Directed Employer if needed?	Yes. Communication between case managers and the Consumer Directed Employer is an important component of ensuring care for clients. Clear communication protocols will be in place prior to the implementation of the Consumer Directed Employer.
181.	Will there be a contact at the CDE for case managers to share assessment details, changes to hours, and if a client loses eligibility due to not submitting paperwork to long term care?	Yes, the CDE will have a call center and Service Coordinators. The policies that will outline the communication process between the CDE and the case manager are currently being worked on.
182.	 In the rare event a CMs voice mail is not accessible, will the CDE make additional attempts to contact the CM via email or will a notification be sent through CARE?	The CDE has identified progressively escalating methods of communication with CMs based on the urgency of individual messages. Methods will include CARE notifications, secure email messages, phone calls, and voicemail.
183.	 Will CARE notifications be based on ten calendar days or ten business days?	CARE notifications are based on calendar days.
184.	 Will there be an assigned CDE worker to the case manager/unit/office for communications or will it be random?	Communications will not be "random". If there are communications related to a specific Client they will be done through the Service Coordinator. If they are elevated communications, they will be directed to the regional support/leadership for the DDA/HCS/AAA region supported by those offices.

#	QUESTION	RESPONSE
185. 	Will CDE notifications to CMs be personalized and client specific - written by the CDE service coordinator or will responses be selected from a pre-determined list of standard notifications?	They will come from a prepopulated list to the CM in the CARE system.
186.	Will this system make it easier to report baseline client condition changes?	No client information outside of the authorization will be communicated through CDE systems. If a case manager or IP needs to communicate a change in client condition, they will follow established processes outside the payroll system.
187.	Will the case manager be able to track an Individual Provider's contracting status?	IPs will no longer have contracts. They will become employees of the Consumer Directed Employer. Case managers will receive information when an IP is hired for a client with an open authorization, or if no IP has been hired.
188.	Will the CDE notify the case manager if a caregiver is not hired as an IP? Will the notification include the reason why?	Yes. The CDE will notify the case manager if there is any reason a client is at risk of going without services along with the reason why. Notification method is still to be determined.
189.	Will case managers be able to view the hours an Individual Provider actually worked?	This will be determined after the CDE vendor is selected and begins working with the department on system requirements.
190. 	If the client wants to check the hours of the IP but do not have access to the CDE portal due to lack of technology, will the Case Manager be able to access the CDE portal to help the client?	No. Case Managers will not have access to the CDE portal. In this scenario the client would need to call CDWA for assistance.
191.	What is the timeframe for notifying case managers if a client is not paying their Client Responsibility?	Timeframes for notifying a case manager when a client has not paid their client responsibility are to be determined. Clients will be notified they have 30 days to pay past due client responsibility or be terminated from the CDE. CMs will be notified when the notice is sent to clients.
192.	Who will conduct the client assessment and determine the number of personal care hours available to in-home clients when the Consumer Directed Employer is operational?	DSHS and AAA staff will continue to conduct the client assessment, determine the number of personal care hours available to the client, and develop the service plan.
193.	Will authorizations in CARE be assigned to the Consumer Directed Employer?	After the assessment is complete, the case manager will authorize the hours to the Consumer Directed Employer rather than to the individual provider(s). The Consumer Directed Employer will then work with the client to allocate hours between multiple providers if there is more than one and to manage work week limits and overtime utilization.

#	QUESTION	RESPONSE
194.	Will the authorizations be automatically transitioned to the CDE or will all authorizations have to be re-entered?	The DSHS team is working on an automated process to convert IP hour service authorizations from IPs to the CDE. We will share more information as the plan is finalized.
195. 	Upon transition to the CDE, will there be any change to a clients approved hours per month?	No. Clients monthly hours are set based on their functional eligibility as determined by the CARE tool. The CDE transition will not impact how these hours are determined.
196. 	Will authorizations for IPs show up immediately just like they do with home care agencies, or will there still be a lag in time for them to show on the provider side?	There will still be some lag, but should not be more than a day or two. The authorization will be valid as of the date it was made.
197. 	Will Case Managers/Case Resource Managers be required to change plans of care (Person Centered Support Plans/Service Summary) for all their clients as they change from IP to CDE?	No. The CARE team is working on an automated process to convert plans of care (PCSP and SS) from the IP(s) to CDWA. Most authorizations will also be converted in an automated process from the IP(s) to CDWA. There may be some exceptions that have to be changed manually.
198. 	Will the IP rate of pay be accurate when we do payment authorizations? Currently we have to look up each IP individually in IPOne to find out their rate so that we can calculate it for the IFS Waiver.	There will be one rate for IP services provided through the CDE. More information on how this will work with the IFS program will be available closer to go-live.
199.	How will information be shared with CDE for Medicaid Transformation Demonstration (MTD) staff who use GetCare, not CARE?	The CDE will develop interfaces with GetCARE to allow for authorization of IP services.
200. 	Will there be a specific training for the financial staff?	Yes, there is a plan being developed for training financial staff related to the CDE.
201.	Will the CDE be signing the Person Centered Support Plan (PCSP) as the personal care entity?	Yes, the CDE will be signing the PCSP (DDA) or Service Summary (HCS/AAA) as the authorized provider of personal care.
202.	Will Case Managers be required to send CDE the Assessment Details, Service Summary for the provider or will CMs provide it to the IP?	The case manager will send the assessment details and service summary to the CDE via CARE electronic interface. The details of this electronic solution are still being worked out. The CDE will provide the information to the IP. The CDE will sign the Service Summary as the Medicaid provider.
203.	Will the CDE review the care plan with the hired IP? Can the case manager review the care plan verbally to ensure the IP understands their "job description"?	The case manager will send the assessment details and service summary to the CDE via CARE electronic interface. When the client approves the Care plan, it will be shared with the IP. The CDE will sign the Service Summary as the Medicaid provider.
204.	Will ETR hours also be authorized to Consumer Directed Employer?	All hours to be provided by Individual Providers will be authorized to the Consumer Directed Employer.

#	QUESTION	RESPONSE
205.	How will authorizations for clients being served by both an Individual Provider and Home Care Agency be managed?	The client will decide how many hours they would like the Home Care Agency to provide and how many the Individual Provider will provide. The case manager will authorize those amounts, separately, to the Home Care Agency and to the Consumer Directed Employer.
206.	Will the CDE notify the agency provider directly or Case Managers or both when a client has an agency and IP and the hours change between the providers?	When a client has both an agency and an IP through the CDE, the CM will notify both the HCA and the CDE regarding changes in the authorizations via the CARE interface to the CDE. The case manager will still be creating and changing authorizations for both the Home Care Agency and the CDE.
207.	Will Case Managers still send Planned Action Notices (PANs) regarding IPs?	<p>The department is required to send a Planned Action Notice (PAN) when the client’s choice of Medicaid provider is denied. Currently, the Individual Provider (IP) is the Medicaid provider. When the CDE is operational, the CDE will become the Medicaid provider. The IP will be an employee of the CDE and not the Medicaid provider.</p> <p>Because the IP will not be the Medicaid provider when the CDE is operational, DSHS will no longer send PANS to clients if their chosen IP is not hired by the CDE and will no longer send PANS to IPs who do not meet training requirements. Clients and IPs who disagree with a decision made by the CDE may access a formal complaint process, rather than administrative hearings, to resolve their disagreement.</p>
208.	Will the CDE be completing the “Acknowledgement of My Responsibilities as the Employer of My Individual Provider” (DSHS 11-055) form with the client or will case managers still do this?	The CDE will have a similar form they complete with clients for a similar purpose. DSHS will no longer have a role in completion of this form.
209.	Will case managers have to get the client to sign a consent to release information to the CDE?	No. As the Medicaid provider, the CDE will be eligible to receive client information if they choose the IP caregiver option.
210.	When a client goes to the hospital or leaves the state or country, will they be required to inform the case manager, the CDE or both?	They will inform both the Case Manager and the CDE.
211.	How will CDE be notified that a client is in the hospital or facility & the authorization needs to be termed?	We are currently working on transition plans and identifying policies that will outline the communication process between clients, IPs, the CDE and the case manager.
212.	Will implementation of the CDE result in more delegated providers?	We do not anticipate that there will be an increase to the number of delegated providers as a result of the CDE.
213.	How would a client access a nurse for nurse delegation, through the CDE or through the case manager?	The case manager will continue to do the authorizations to the nurse delegator.

#	QUESTION	RESPONSE
214.	With other program roll outs or changes, the program implementations are sometimes staggered county by county, with King County usually last. Do you anticipate a similar staggered roll out model or will the flip be switched state wide at the same time?	The implementation will have a pilot and then a 2 phase rollout. King County will be part of Phase 2.
215.	If IPs ask case managers questions about the transition to the CDE, can case managers talk about the change?	Yes. Case managers can tell IPs and clients about the transition to the CDE. They can also refer them to the CDE website (https://www.dshs.wa.gov/altsa/cde) for current information about the change including past webinar materials, Talking Points and to sign up for GovDelivery.
216.	Our field staff will likely get a lot of questions from clients after the November Wellness Education newsletter goes out; can staff get a FAQ for them to use when questions are asked?	A one page informational document was shared via email with the field prior to the mailing of the Wellness Education newsletter. The one page document will also be posted to the CDE intranet site.
217.	Will there be information available for contracts staff to share with IPs?	An informational brochure that all staff can give to IPs and clients is now available and was shared with field offices in September 2020. A PDF version can also be found on the CDE project website (https://www.dshs.wa.gov/altsa/cde), along with Talking Points and other resources.
218.	 How will contracting be managed during the time CDE is hiring for the phases?	Contracting will follow the same process until the CDE has taken over employment of IPs for that geographic area. The specifics of how contracting and hiring will occur close to the transition for new IPs are yet to be determined.
219.	 At what point in the phased approach will case managers stop distributing the Individual Provider Contractor Intake packets?	This has not yet been determined. Once a process has been identified, there will be training and a Management Bulletin issued to the field.
220.	 What is the CDE protocol for CMs to follow if an IP employed by the CDE is part of an APS investigation and payment needs to be suspended while the investigation is in process?	CM will continue with the same process with the CDE that they currently use with IP and Agency caregivers involved in an APS investigation. CMs will need to evaluate the situation and take appropriate action depending on their analysis of the health and safety of the client. There is no current requirement to automatically terminate payment of an IP when an APS report has been made. If the CDE completes a CC&S and determines the IP should no longer work for the client, the CM will be notified.
ELECTRONIC VISIT VERIFICATION QUESTIONS		
221.	When will Electronic Visit Verification begin for Individual Providers?	The CDE EVV use will be required with the phase roll out.

#	QUESTION	RESPONSE
222. 	Will the CDE EVV app be different from the IPOne EVV that IPs will begin using December 2020?	Yes. The EVV app for IPOne and the CDE will be different, but are similar in how they work, and the steps required when using the app.
223. 	As IPs will be learning two different Electronic Visit Verification (EVV) systems within a few months, will the two systems have any similarities?	The two systems are similar in that they both have the IP sign in, select the client to whom they are providing services, record work start time, identify tasks provided, and record work end time.
224.	Is the EVV system telephone/audio only or App based?	The CDE will manage Electronic Visit Verification system. The system will include options for IPs to enter time via mobile device, or via another method if they do not have access to a computer or mobile device.
225. 	Will the CDE offer IPs an alternative option to record their time if the client does not have a landline and the IP does not have reliable cellular connection/access to a cell phone?	Yes, the CDE will offer an alternative option to record time, with prior approval, if the IPs are not subject to EVV requirements, and do not have access to analog or digital technology.
226. 	Will a landline that has been converted to Voice Over Internet Protocol (VOIP) be an issue when recording hours?	VOIP lines are not fixed to a specific location so it cannot be electronically verified. Phone lines that cannot be tied to a location do not comply with CMS guidelines for a compliant EVV transaction.
227. 	What if an IP was unable to pay their cell phone bill and their phone was shut off as result, how can they clock in and out using EVV?	IP can use a landline option for time capture which will be EVV compliant.
228. 	Where can I find specific information regarding the CDE EVV landline option for IPs to call in their hours?	CDWA will develop training materials and an IP Handbook that will include information about the EVV landline option.
229.	How do clients/families that do not have access to the internet or a computer complete electronic timesheets?	The CDE will provide multiple options for this data entry including one that will meet EVV needs in the event there is no access to internet or cellular data.
230. 	If I have a smartphone but no Wi-Fi, how will EVV work?	IPs can capture their shifts on the phone and then upload them when they reach a Wi-Fi location. Or, IPs may request an exception process for using methods other than smartphones to capture their shifts.
231.	Has EVV been implemented in other states already and what have been the issues specifically related to live-in caregivers?	Yes, EVV has been implemented in other states. We have not heard specific reports of problems from live-in caregivers, however we have heard frustration expressed with potentially clocking in and out multiple times in a day.
232.	What will the process be for task reporting once the IP enters the home to provide service? Will each specific task require logging in, and start and end times?	The IP will log in at the beginning of the visit and log out at the end of the visit. At the end of the shift, providers will report the tasks performed during the shift as part of logging out.

#	QUESTION	RESPONSE
233.	How will an IP sign out if care is being provided in the community at the end of the shift?	Personal care can be provided in the community as well as at home per DSHS program rules. Clocking out while out in the community is allowable. The vendor solutions will have an option that accommodates this.
234. 	I have 2 IPs that share the same smart phone, how would they clock in and out?	CDWA's mobile EVV app allows multiple IPs to use the same phone with unique IP accounts.
235.	How will signing in and out of shifts be tracked when there are multiple clients in one home?	The IP will only be allowed to be "on the clock" for one client at a time. If they switch to performing care for another client, they will need to clock out for client A and then clock in for client B.
236.	Will Live-in providers be required to use Electronic Visit Verification?	IPs who live with the client to whom they provide services will not be required to clock in or out, or record the location of the services. Instead, they will record the hours and tasks worked by day and submit timesheets to the CDE no less than weekly.
237. 	Will live-in IPs be required to provide more information when submitting hours to the CDE than what is currently required?	No. Live-in providers will need to log their hours on a weekly basis and include tasks performed during each shift.
238. 	What day of the week will live-in providers have to submit their hours?	The date for pay period submission cutoff has not yet been determined.
239.	How will EVV track IPs at the client's home or in the community?	Service locations in the community are not required to be submitted to the State as part of EVV reporting. Only home locations will be reported by the CDE.
240. 	Can IPs using CDWA's Electronic Visit Verification system view and manage their clock in and out entries for incomplete or unsuccessful logs?	Yes, IPs will be able to view previous clock in and clock out entries to verify accuracy.
241. 	In IPOne, all IPs enter their time as number of hours (and quarter hours) worked or for training. Are they being made aware that EVV changes this to a clock-in/out basis, or will CDE incorporate units-based entry for non-Live in Exempt as well?	There will be communications from the CDE several months prior to the go-live date which will include information regarding EVV and how to use the system to clock in and clock out. The payments to the IPs will be based on the EVV time capture. Live-in exemptions will be confirmed by the CDE and those IPs will receive information about how to report time worked.
242. 	With EVV, will IPs be able to claim more hours than they are authorized?	Federal and state labor laws require that employees are paid for all hours worked. However, if the IP does over claim without appropriate justification, they may be subject to disciplinary actions by the employer.
243. 	Will EVV data collection by the provider and CDWA also be included in the Pilot?	Yes. Once an IP begins time capture with the CDE, they will be required to use EVV if they do not live with the individual they care for.

#	QUESTION	RESPONSE
244. 	If the provider is still doing remote care due to COVID how will EVV work?	The IP will still use the EVV app to clock in and clock out of work, as well as continue collaboration with the client's case manager to ensure the care plan is being carried out as authorized.
245. 	When working a 12 hour shift that spans two different day (ex. 6PM – 6AM the following day) are IPs to clock out using EVV at 11:59PM and clock back in at 12:01AM?	IPs who use EVV and work a shift that spans midnight can clock in and out as usual. For EVV users, there will be no need to clock in and out to accommodate the day change. Live-in IPs using the web portal will enter their total hours for the shift per day.