



CALIFORNIA

SELF DETERMINATION PROGRAM

FMS CO-EMPLOYER

PARTICIPANT & FAMILY HANDBOOK

&

ENROLLMENT FORMS

CO EMPLOYER OPTION



Welcome and thank you for choosing Mains'l as your financial management services company (FMS). We look forward to working with you.

The purpose of this handbook is to:

- Provide information to guide you through the enrollment process with Mains'l.
- Provide information to assist you in managing employees in your role as a co-employer with Mains'l.
- Provide you with policies and procedures for using and managing your services.

Enclosed is the paperwork to enroll with Mains'l as your FMS provider. Please read the documents, complete, sign and date, and return to us.

1. Enrollment in California FMS Form
2. Financial Management Services Agreement
3. Consent Form
4. Notice of Privacy Practices Acknowledgement of Receipt
5. Job Description Template (This can be sent with your forms or with the employee's forms. You should also keep copies for yourselves so everyone has a copy of the agreed on job description)

Please note: Services cannot begin and employees may not work until you receive notification from Mains'l Services that:

- 1) Participant enrollment is complete**
- 2) Employee has been cleared to begin work (all paperwork received and background check is complete)**
- 3) Authorization has been received from the regional center.**

Any services provided before this and any employee hours worked would be unauthorized and will not be able to be paid.

Please read through the rest of the handbook and let us know if you have any questions. The rest of the packet contains information for you to keep and use as a resource in managing your services.

- Notice of Privacy Practices for Those Receiving Services
- FMS Program Description- Co Employer Option
- Hiring and Managing Employees – Human Resources 101
- Payroll Calendar & Payroll Policy and Procedure.
- Instructions for online timesheet entry and approval

Thank you for choosing Mains'l as your partner in managing your participant directed services. We appreciate you!

Sincerely,

Your Participant Directed Services Manager Team
(866) 767-4296



FINANCIAL MANAGEMENT SERVICES (FMS) PROGRAM DESCRIPTION

SELF DETERMINATION PROGRAM – CO-EMPLOYERS (316)

Thank you for choosing Mains'I Services as your FMS provider for the Self- Determination Program.

The Mains'I FMS Program allows participants the flexibility to choose their own employees. The FMS service program is used by families to pay their workers who are providing care as approved by the Regional Center. Families using FMS services may have previously been directly reimbursed as vendors by the Regional Center.

Highlights of the FMS service under Self-Determination (Co-employer):

- Families choose, hire, train, and supervise their own workers.
- Workers are co-employed by the family and Mains'I. Mains'I handles all aspects of payroll including directly paying the employees, tax withholding, and filing all related employment taxes. The family is responsible for choosing, supervising, scheduling, and training workers.
- The regional center authorizes services based on the budget plan that you've created. You will determine what supports and services you will need, how often you need them, who will provide the services, and what rates to pay. Mains'I will pay the workers and vendors based on the approved amounts in the spending plan.
- Your workers submit timesheets twice monthly either electronically or by paper. You will approve their timesheets before Mains'I makes any payments.
- Mains'I reviews the timesheets and pays workers directly based on the rates and hours authorized by the regional center.
- Vendors of services can submit invoices for services directly to Mains'I. Mains'I will make sure the invoice matches approved services
- Mains'I bills the regional center for the services that have been provided once items have been paid.

To enroll with Mains'I and begin using the services, please complete the following steps:

1. Complete the enclosed forms. These forms will register you with Mains'I Services and allow Mains'I to act as co-employer with you.
2. Give the employee hiring packet to your workers. They should complete the packet as directed in the paperwork. You will also need to complete a portion of these forms to verify your worker's identify and eligibility to work in the United States. Your worker will also need to complete a background check. Information about completing the background check are included in the hiring packet.
3. If you haven't already, notify your Service Coordinator that you have chosen Mains'I Services as your FMS provider. Your Service Coordinator will need to complete a referral form and an authorization for purchasing the services.
4. Your worker should not start working until we've given you the go-ahead that all of the paperwork and authorizations have been received. Mains'I cannot pay workers for hours worked before the authorization was in place or for more hours than the regional center has authorized. A worker also can't start work before the background check is complete.
5. Your workers should submit timesheets twice monthly either electronically or by paper. You will be responsible for reviewing their timesheets and approving then. All timesheets must be submitted based on the Mains'I payroll schedule in order to be paid on time each pay period.

Please remember, that under this program, the employees are co-employed by the family and Mains'I. The payment will be sent directly to the employee via payroll.

For more information, contact Stephanie Swift at (866) 767-4296 or smswift@mainsl.com
Staff in our Mains'I FMS office are available Monday Through Friday from 7am – 4pm. Pacific Time.

All enrollment forms should be sent to:

Mains'I Services, Inc.

ATTN: Stephanie Swift

7000 78th Ave N

Brooklyn Park, MN 55445

FAX: 763-416-9194

Email: smswift@mainsl.com



Today's Date: _____

ENROLLMENT IN CALIFORNIA FMS FORM

Name of Person Receiving Services: _____

Date of Birth: _____ UCI Number (Regional Center ID #): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Fax: _____ Email: _____

Gender: Female _____ Male _____

Regional Center providing this service _____

How did you hear about Mains'l? _____

Representative/Conservator/Managing Party Name: _____

Relationship to person receiving services: _____

Is the Representative the guardian of the individual receiving services? Yes _____ No _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Fax: _____ Email: _____

Regional Center Service Coordinator: _____

Regional Center Name: _____

Work Phone: _____ Email: _____

Mains'l will complete this section:

Program: _____ Respite _____ Day Care
_____ FMS Nursing _____ Transportation
_____ Self Determination: FMS Model: _____

Mains'l Manager Name: _____

Department: _____ 503-FMS _____

Date Services will start: _____

FINANCIAL MANAGEMENT SERVICES AGREEMENT

For Self-Determination Co- Employer option

This Agreement is between _____ (“Responsible Party”) and Mains’I California (Mains’I Financial Management Services), to as (“Mains’I”) to provide services on behalf of _____ in the Self-Determination Program.

RECITALS

- A. Mains’I is a vendored provider of Financial Management Services (FMS) with the regional center and
- B. The Responsible Party wishes to utilize Mains’I as a Financial Management services provider for the Responsible Party who will act as co-employer

TERMS AND CONDITIONS

In consideration of the recitals above Mains’I and the Responsible Party agree to the following:

1. **Co-Employer:** The Responsible Party will serve as the Co-employer and chooses to appoint Mains’I to assist with some employer responsibilities as the co-employer along with the Responsible Party. The employer of record will be Mains’I.

The Responsible Party agrees to the following:

- Review all information provided by Mains’I and ask clarifying questions to ensure understanding of your rights and responsibilities as the employer and Responsible Party.
- Follow state and federal rules, regulations, and regional center and Mains’I policies and procedures related to the management of employees and vendors and the use of self-directed services.
- Serve as the co-employer of support workers hired.
- Instruct employees on the proper methods used to follow the Individual Program Plan for the individual receiving services.
- Manage all hours worked and goods and services within the amounts approved in the Individual Program Plan.
- Review monthly spending statements for accuracy and make needed adjustments in usage to remain within budget amounts for each category or item.
- Abide by the policies, practices, and responsibilities defined in the included documents:
 - .Consent to Exchange Information
 - Responsible Party Responsibilities Acknowledgement
 - Budget and Pay practices Guidelines

Mains’I agrees to the following:

- Serve as the Financial Management Service and co-employer by processing payroll and acting as the employer of record for workers in the program.
- Provide information to use and manage the Self-Determination program including forms, policies and procedures.
- Process payments in a timely fashion as outlined in policy and procedure.
- Manage all applicable employee and employer payroll related taxes and insurances on behalf of the employer

- Provide monthly spending reports.
 - Provide excellent customer service, responding to requests promptly and courteously.
 - Bill regional center for the delivery of services based on the approved amounts and limits in the Individual Program Plan.
2. **Cooperation:** The Responsible Party and Mains'I agree to cooperate with each other in connection with the delivery and management of the services.
 3. **Payment for Services:** Timely payment will be made based on the following terms and conditions:
 - a. Mains'I provides the Responsible Party with a handbook at the time of enrollment and online access containing policies and procedures for the submission and approval of goods and services including employee timesheets, vendor payments, and reimbursements as outlines in:
 - Payroll Policy and Procedure
 - Expense Reimbursement and Payment Policy and Procedure
 - Mileage Reimbursement Policy and Procedure
 - b. The Responsible Party will review the entire handbook and ask clarifying questions if unsure of any expectations.
 - c. If documentation for the goods and services are submitted within the guidelines of policy and procedure, Mains'I will process timely payments on behalf of the Responsible Party.
 - d. Failure to submit required documentation for goods and services will result in the delay or non-payment of the good or service.
 - e. If payment of spend down, waiver obligation, or private pay arrangement is not made by the invoice due date, Mains'I reserves the right to immediately suspend providing the financial management services Mains'I provides until payment is received.
 - f. If any funding source for the services is not available due to ineligibility, overspending, or other reason, Mains'I reserves the right to immediately suspend the financial management services Mains'I provides until payment is received.
 4. **Defense, Indemnification and Agreement to Hold Harmless:** The Responsible Party agrees to defend, indemnify and hold Mains'I, it officers, owners, employees and agents, harmless in connection with any claim or cause of action which arises directly or indirectly from the negligence or intentional misconduct of the Responsible Party, his or her employees, agents or other related parties in the performance of this contract.
 5. **Governing Law:** This Agreement has been created and should be interpreted in accordance with the laws of the State of California governing participant directed home and community based services.
 6. **Entire Agreement:** This is the entire agreement between Mains'I and the Responsible Party. It supersedes all prior agreements and understandings between Mains'I and the Responsible Party relating to the subject matter. This Agreement may not be changed or terminated orally. No modification, termination or attempted waiver of any of the provisions of this Agreement shall be valid unless in writing signed by the party against whom enforcement is sought.
 7. **Voluntary and Knowing Action:** Responsible Party acknowledges that he or she has read and understands the terms of this Agreement, that he or she has consulted with legal counsel as necessary, and that he or she is voluntarily entering into this Agreement.

8. **Customer Service and Grievance Procedure:** The main phone number to Mains'l is 763-494-4553 or toll free 1-866-767-4296. A Manager is assigned as your first point of contact. Manager contact information is provided with the enrollment packet. Every effort will be made to return all calls within 24 hours on business days. If you feel an issue cannot be resolved by the Manager, you may contact the Director of Participant Directed Services at 763-416-9113 directly. If a problem is still not resolved, individuals should follow the Complaint and Appeal Policy by escalating their concern to the Vice President of Services or the President
9. **Purchase of Services:** Mains'l agrees to provide the services as described for the costs as listed and to be billed to the annual service budget, unless noted

Financial Management Service Fee	1-2 Services	\$125 per month
(within the maximum fees allowed)	3-4 Services	\$140 per month
	5+ Services	\$165 per month

Additional taxes and costs directly related to payroll:

FICA	7.65% of wages for applicable employees and subject to change based on federal law
FUTA	0.6% of wages for applicable employees and subject to change based on federal law
SUTA	3.6% of wages of applicable employees and subject to change based on state law
Workers' Compensation	5.06% of wages for all employees and adjusted annually each January 1
Health Benefits	Must be offered to each employee who regularly works 30+ hours per week; If employee elects coverage cost must be built into program budget; rate will be based on each individual employee
Background Check	This cost is the responsibility of each individual provider
Sick Time	Based on the cost to pay for sick time as required by California law

Mains'l and the Responsible Party have executed this Agreement by signing and dating below.

Date: _____

By: _____
Mains'l Representative Signature

Date: _____

By: _____
Responsible Party Signature

(rev. 6/19)



FINANCIAL MANAGEMENT SERVICES (FMS) and CO-EMPLOYER CONSENT FORM

Please initial on each line below to indicate you have read and understand each section.

As a Participant or Representative in the FMS Program, I agree to and understand the following:

EMPLOYER RESPONSIBILITY:

I understand that Mains'I and I will jointly employ the workers whom I select and will share some responsibilities of an employer. I will choose, hire, schedule, train, and terminate employees. Mains'I will process payroll, withhold and file required payroll taxes, and maintain workers compensation coverage for injuries sustained by my employees. Mains'I will offer medical benefits when required. Workers may be subject to additional training requirements as employees of Mains'I. Mains'I will provide the systems necessary to help me hire employees and report time worked.

_____ (initial here)

USE OF BUDGETED STAFF HOURS:

I will receive authorization to hire employees to provide services related to my care needs. I will choose who provides my services. I understand that I may not approve employees to work more hours than are authorized by the Regional Center nor are any hours authorized that would constitute overtime under state or federal laws unless approved as part of my spending plan. I understand that I am responsible for reviewing and approving timesheets each pay period to ensure their accuracy. Mains'I will only process payroll for hours that are within the amount authorized by the regional center. I am responsible for working with the Regional Center to ensure my services have been authorized for each time period.

_____ (initial here)

USE OF OTHER BUDGETED SERVICES:

I will receive authorization to hire other vendors to provide services or to purchases goods related to my care needs. I will choose who provides my services and which goods to buy within my approved service plan budget. I understand that I may not ask vendors to provide more services than are authorized by the Regional Center nor may I purchase more goods than are authorized in my spending plan. Mains'I will only process payments to vendors or for goods that are within the amount authorized by the regional center. I am responsible for working with the Regional Center to ensure my services have been authorized for each time period.

_____ (initial here)

SERVICE RATES AND FEES:

Employee pay rates will be set in my service plan budget. Additionally, the cost of hiring and paying employees also includes the cost of worker's compensation, employment tax rates as determined by the State and Federal governments, and the cost of implementing requirements under State and Federal labor laws. Mains'I will calculate these additional costs and they will be included in my service plan budget. The Mains'I fee for provider FMS services will be listed on the participation agreement and will be within the maximum amounts approved by the state. These costs must also be included in my service plan budget.

_____ (initial here)



**FINANCIAL MANAGEMENT SERVICES (FMS)
and CO-EMPLOYER CONSENT FORM**

CONFIDENTIALITY AND CONSENT TO EXCHANGE INFORMATION:

I understand all information about me is confidential. I give my permission to Mains'l to release information about my participation in the FMS program and how I use my budget to my Regional Center. I understand that all agencies mentioned in this text will hold my name in confidence to the full extent provided by state and federal law.

_____ (Initial here)

I authorize the entities below to exchange and share information for the purposes of determining service eligibility and establishing and carrying out the activities approved in my service plan budget:

Regional Center	_____
Mains'l	_____
Family/Representative	_____
Independent Facilitator	_____
Vendors	_____
Other	_____

PARTICIPANT/REPRESENTATIVE SIGNATURE I have read and understood this entire Consent Form; I choose to participate in the FMS program. I understand that my participation is voluntary.

Participant Signature (if able to sign)

Date

Participant Name (Printed)

Family Member/Representative

Date

Family Name/Representative (Printed)



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

Name of person receiving services: _____

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Mains'l. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, we will send you a copy of the revised notice and post it on our website at www.mainsl.com.

If you have any question about our *Notice of Privacy Practices*, please contact human resources at 763-416-9134 or Mains'l, 7000 78th Ave N, Brooklyn Park MN 55445.

I acknowledge receipt of the *Notice of Privacy Practices* of Mains'l.

MANAGING PARTY SIGNATURE

DATE



NOTICE OF PRIVACY PRACTICES FOR THOSE RECEIVING SERVICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.
The privacy of your protected health information is important to us.

WHAT'S INCLUDED IN THIS NOTICE

- ✓ Your Protected Health Information (PHI)
- ✓ Questions and Answers
- ✓ How We Safeguard Your Protected Health Information
- ✓ Permitted Uses and Disclosures of Protected Health Information
- ✓ Your Rights Concerning Your Protected Health Information

Your Protected Health Information

This **Notice of Privacy Practices** is directed to all consumers. It describes how we may collect, use and disclose your protected PHI, and your rights concerning your PHI. PHI includes:

- ☐ Medical information
- ☐ Individually identifiable information, such as:
 - ✓ Your name
 - ✓ Your address
 - ✓ Your telephone number
 - ✓ Your consumer number

We understand the sensitivity of privacy issues. We recognize that protecting the privacy and security of the PHI we obtain about you is an important responsibility.

We are required to maintain the privacy of your PHI and to provide you with this notice about our legal duties and privacy practices. We will abide by the privacy practices described in this notice.

- ☐ We reserve the right to change our privacy practices and the terms of this notice.
- ☐ We will send a new notice to you prior to making a significant change in our privacy practices.
- ☐ Any changes will apply to all information we have, including PHI created or received before we change this notice.

Minnesota Patient Consent for Disclosure

For most disclosures of your health information we are required by State of Minnesota Laws to obtain a written consent from you, unless the disclosure is authorized by Law. This consent may be obtained at the beginning of your treatment, during the first delivery of health care service, or at a later point in your care, when the need arises to disclose your health information to others outside of our organization.

How We Safeguard Your Protected Health Information

We are committed to maintaining the security and confidentiality of the information we receive on your behalf. We maintain physical, electronic, and procedural safeguards that comply with Federal and State laws to protect information against unauthorized access and use.

The Privacy Officer, i.e., the Vice President of Human Resources, has the overall responsibility of implementing and enforcing policies and procedures to safeguard your protected health information against inappropriate access, use, and disclosure.

Permitted Uses and Disclosures of Protected Health Information

We use and disclose protected health information in a number of different ways. The following are a few examples of the uses and disclosures of your PHI that are permitted we are permitted by law to make without your authorization.

- ☐ **Treatment** – We may use and disclose your PHI about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others. **Payment** – We will use and disclose your medical information to others to bill for services provided to you. For example: a bill may be sent to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis. Sharing information allows us to ask for payment before we provide the services.
- ☐ **Health Care Operations** – We may use and disclose your PHI in performing business activities. For example: members of our maintenance task force or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

We may also disclose your protected health information with third party “business associates” that perform payment or health care operations activities for us on your behalf. So that your health information is protected, we require the business associate to sign a contract ensuring their commitment to protect your PHI consistent with this notice and to appropriately safeguard your information. In addition, the law permits us to use or disclose your PHI in the following situations without authorization:

- ☐ **Required By Law** – We may use and disclose your protected health information to the extent that we are required to do so by State and Federal law.
- ☐ **Public Health** – We may use and disclose your protected health information to an authorized public health authority for purposes of public health activities. i.e., when exposed to a communicable disease.
- ☐ **Abuse or Neglect** – We may make disclosures to government authorities concerning abuse, neglect or domestic violence.
- ☐ **Health Oversight** – We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs, including audits, investigations, inspections, and licensure activities.
- ☐ **Legal Proceeding** – We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative judge and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- ☐ **Law Enforcement** – We may disclose your protected health information under limited circumstances to law enforcement officials, i.e., in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons or to provide information concerning victims of crimes.
- ☐ **Coroners and Medical Examiners** – We may disclose your protected health information in certain circumstances.
- ☐ **Research** – We may disclose your protected health information to researchers, provided that certain established measures are taken to protect your privacy.
- ☐ **Threat to Health or Safety** – We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others.

Any uses and disclosures not described in this notice will require your written authorization. If you give us an authorization, you may cancel it in writing at any time.

Your Rights Concerning Your Protected Health Information

We would like you to know that you have additional rights with respect to your protected health information

- ☐ **Right to Request Restrictions** – You have the right to ask us to place restrictions on the way we use or disclose your PHI. Contact Human Resources for correct procedures on this process.
- ☐ **Confidential Communications** – We will accommodate reasonable requests to communicate with you about your PHI through alternative means or to alternative locations, if requested in writing.
- ☐ **Access to PHI** – You have the right to receive a copy of protected health information about you. You must make your request in writing to access copies of your records and provide us with the specific information we need to fulfill your request.
- ☐ **Amendment of PHI** – You have the right to ask us to amend any PHI about you. All requests for amendments must be in writing. Contact Human Resources for the correct procedures on this process.
- ☐ **Accounting of Certain Disclosures** – You have the right to have us provide you an accounting of times when we have disclosed your PHI for any purpose other than the following: ✓ Treatment, payment, or health care operations as described in this notice; ✓ Disclosures that you or your personal representative have authorized; or ✓ Certain other disclosures, such as disclosures for national security purposes. All requests for an accounting must be in writing. We will require you to provide us with the specific information we need to fulfill your request.

“This accounting requirement applies for six years from the date of the disclosure, beginning with disclosures occurring after April 14, 2003.”

Questions and Answers**Q: Will you give my protected health information to my family or others?**

A: We may share protected health information about you with a family member or another in two ways:

1. You are present, either in person or on the telephone, and give us permission to talk to the other person, or
2. You sign an authorization form.

Q: Who should I contact to get more information or to get an additional copy of this notice?

A: For additional information, questions about this *Notice of Privacy Practices*, or if you want another copy, please call 763-494-4553 or write: Mains’l, ATTN: Vice President of Human Resources at 7000 78th Ave N., Brooklyn Park MN 55445

Q: What should I do if I believe my privacy rights have been violated?

A: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may either:

1. Call the Human Resources Department at 763-494-4553.
2. File a written complaint with Mains’l, ATTN: Vice President of Human Resources at 7000 78th Ave N, Brooklyn Park MN 55445. (Call to obtain a complaint form), or
3. Notify the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy
Complaint Division Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC, 20201

We emphasize that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.

FMS Job Description Template

JOB TITLE: _____

Complete a description of the employee's duties:

REPORTING RELATIONSHIP

Employees will report directly to the managing party/supervisor/person receiving services. Employees are responsible for reporting any suspected verbal, emotional, physical, or financial abuse, as well as any suspected neglect, within 24 hours of initial knowledge of the abuse or neglect situation. Employees will contact the FMS Manager as soon as possible if there is a serious injury or hospitalization of the person they work with.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES:

SCHEDULE (what are your expectations around shift timelines, notification of tardiness or inability to work, consequences for consistent missed work)

TIMESHEETS

Timesheets must be completed by the employee and approved by the managing party by the due dates given at orientation. Timesheets must be filled out correctly and completely to be paid on time. Timesheets are legal documents. Putting false information on a timesheet can result in termination of employment and fraud charges. Questions about payroll or timesheets should be directed to the FMS Manager.

KNOWLEDGE/EDUCATION/EXPERIENCE (what requirements or expectations do you have in regards to employee's knowledge and education)

Managing Party Signature _____ Date: _____

I have reviewed and agree to the responsibilities of the job on _____ date.

Employee Signature: _____ Print Name: _____



Payroll Policy & Procedures Mains'l is committed to accurately pay employees in compliance with all applicable state and federal laws. Mains'l will never knowingly fail or refuse to pay an employee the full amount she or he is entitled by law for work performed.

Employment Category

The work week is from Sunday at 12:00 a.m. to Saturday at 11:59 p.m. Each employee working in the FMS program is designated as "non-exempt" (hourly), in accordance with federal and state law. Hourly employees are paid for their time actually worked, and are subject to overtime pay. Employees in the FMS program are NOT authorized to work over 40 hours in any work week. From Sunday-Saturday and may work only up to 8 hours per day in accordance with California overtime regulations.

Protection of Employee Rights: Mains'l will protect the rights of each employee to receive compensation according to the law. Violations of this policy may result in disciplinary action, up to and including termination of employment.

Record All Time Worked And Review Pay Stubs: The employee must correctly record all time worked on the timesheet and review the pay stubs promptly to identify and report any suspected errors. Mains'l makes every effort to ensure employees are paid correctly. Occasionally inadvertent mistakes happen. When mistakes are made by Mains'l, we will promptly make any corrections necessary to provide employees with the pay they were entitled. Errors on the part of the employee will be corrected on the following pay period once any necessary changes are made to timesheets and are approved.

How to Raise a Question or Concern about Pay or a Payroll Deduction: If an employee has questions about pay (over or under payment) or any deduction from pay, they should immediately contact their Supervisor. State, Federal, Social Security, Medicare taxes, garnishments and levies (if applicable), are deducted automatically per regulations. No other deductions are made unless required or allowed by law or prior authorization.

The Supervisor will contact Mains'l to look into reports. If an employee has been paid incorrectly, or if Mains'l determines that a deduction was improperly made, Mains'l will reimburse the employee as promptly as possible. If an employee has been overpaid, the employee is required to return overpayment immediately.

Payroll Errors: In the event an error is discovered during payroll processing, the following steps will be done to correct: Mains'l will contact the Supervisor notifying them of the error. A deadline will be set for the revision to be submitted to payroll. If the deadline passes without the revision submitted to payroll the entry or entries affected by the error will be voided and the employee will need to submit the correction with the next payroll.

Errors, which can be corrected by a member of Mains'l management, include: Incorrect pay code, incorrect employee number, incorrect department, or consumer number.

Errors, which must be corrected by the employee, include: error in day and or date worked, incorrect or missing AM/PM, missing or incorrect start or end time. When overlapping or duplicate hours are

entered on the timesheet, the employee is responsible for submitting a corrected timesheet. The revised time may be processed with the next payroll if not submitted in time.

Regular Attendance is an Essential Job Function and Attendance is a Performance Issue: Regular work attendance is essential. The failure of any employee to meet attendance expectations may result in disciplinary action up to and including termination of employment. For these and other reasons, it is important for employees to accurately record the time they work.

Paydays: Refer to the Payroll Calendar for exact pay periods, when timesheets are due and pay dates. All employees are paid via electronic direct deposit. Employees may choose to have their Pay Stubs mailed or e-mailed. Paycheck stubs will include earnings for all work performed through the end of the previous payroll period. The regular work week is defined as the week running from Sunday at 12:00 a.m. to the following Saturday at 12:00 a.m. Advances of payroll are not made for any reason.

Employees are responsible for notifying the Supervisor of any changes in their bank account numbers and address. If an employee requests a change in the direct deposit, a manual check may be issued the pay period following the request.

Mains'I is not responsible for any delays in mail service or electronic deposits in the employee's designated bank account. A manual replacement check will not be processed until verification is completed by payroll.

Sick Time: All employees receive 24 hours of sick time each calendar year. This time does not carry over and reset to 24 hours each January 1. Employees should indicate sick time on their time on their timesheet using the pau code "Sick."

Holidays: The Supervisor determines if employees work on holidays. Employees will be paid their regular hourly wage if they work on a holiday. Time and on half is not paid for hours worked.

Record of Time Worked: It is the employee's responsibility to submit an accurate and complete timesheet by the due date and time. The Supervisor is responsible for verifying that the hours worked by the employee and the pay codes used are accurate. It is the consumer or Supervisor's responsibility to ensure employees are working as stated on their timesheet. This protects the employee, the consumer, and Mains'I from incorrect or false time recording.

Employees should not work any hours that are not scheduled or requested unless pre-authorized by the Supervisor in consultation with the Service Coordinator. Employees should not start work early, finish work late, or perform extra work unless pre-authorized. Any employee who fails to report or inaccurately reports hours worked will be subject to disciplinary action, up to and including termination.

It is a violation of policy for any employee to falsify a timesheet, or to alter another employee's timesheet. If any manager, consumer, or employee instructs an employee to either (1) incorrectly or falsely under-report or over-report hours worked, or (2) alter another employee's time records to inaccurately or falsely report that employee's hours worked, the situation should be immediately reported to the vice president of human resources, or Mains'I FMS Manager.

Questions or Concerns about This Fair Pay Policy: If there are questions or concerns about this Fair Pay Policy and Procedure, please contact Mains'I.



Mains'l California FMS 2020 Payroll Calendar

Pay Periods				Approved Timesheets Due to Mains'l by 5pm	Pay Dates
1	12/16/19	to	12/31/19	01/02/20	01/10/20
2	01/01/20	to	01/15/20	01/17/20	01/24/20
3	01/16/20	to	01/31/20	02/02/20	02/10/20
4	02/01/20	to	02/15/20	02/17/20	02/26/20
5	02/16/20	to	02/28/20	03/02/20	03/10/20
6	03/01/20	to	03/15/20	03/17/20	03/26/20
7	03/16/20	to	03/31/20	04/02/20	04/10/20
8	04/01/20	to	04/15/20	04/17/20	04/24/20
9	04/16/20	to	04/30/20	05/02/20	05/08/20
10	05/01/20	to	05/15/20	05/17/20	05/26/20
11	05/16/20	to	05/31/20	06/02/20	06/10/20
12	06/01/20	to	06/15/20	06/17/20	06/26/20
13	06/16/20	to	06/30/20	07/02/20	07/10/20
14	07/01/20	to	07/15/20	07/17/20	07/24/20
15	07/16/20	to	07/31/20	08/02/20	08/10/20
16	08/01/20	to	08/15/20	08/17/20	08/26/20
17	08/16/20	to	08/31/20	09/02/20	09/10/20
18	09/01/20	to	09/15/20	09/17/20	09/25/20
19	09/16/20	to	09/30/20	10/02/20	10/09/20
20	10/01/20	to	10/15/20	10/17/20	10/26/20
21	10/16/20	to	10/31/20	11/02/20	11/10/20
22	11/01/20	to	11/15/20	11/17/20	11/25/20
23	11/16/20	to	11/30/20	12/02/20	12/10/20
24	12/01/20	to	12/15/20	12/17/20	12/24/20

2021 Payroll Calendar

1	12/16/20	to	12/31/20	01/02/21	01/08/21
2	01/01/21	to	01/15/21	01/17/21	01/26/21
3	01/16/21	to	01/31/21	02/02/21	02/10/21

To ensure timesheets are paid on the dates listed, timesheets must be approved by the employer and submitted to Mains'l by 5pm on the due date. Late timesheets may not be paid until the following pay date. As a best practice, you are strongly encouraged to enter your time in the Mains'l portal after each shift you work.



Mains'l California FMS 2020 Payroll Calendar

	Pay Periods			Approved Timesheets Due to Mains'l by 5pm	Pay Dates
1	12/16/19	to	12/31/19	01/02/20	01/10/20
2	01/01/20	to	01/15/20	01/17/20	01/24/20
3	01/16/20	to	01/31/20	02/02/20	02/10/20
4	02/01/20	to	02/15/20	02/17/20	02/26/20
5	02/16/20	to	02/28/20	03/02/20	03/10/20
6	03/01/20	to	03/15/20	03/17/20	03/26/20
7	03/16/20	to	03/31/20	04/02/20	04/10/20
8	04/01/20	to	04/15/20	04/17/20	04/24/20
9	04/16/20	to	04/30/20	05/02/20	05/08/20
10	05/01/20	to	05/15/20	05/17/20	05/26/20
11	05/16/20	to	05/31/20	06/02/20	06/10/20
12	06/01/20	to	06/15/20	06/17/20	06/26/20
13	06/16/20	to	06/30/20	07/02/20	07/10/20
14	07/01/20	to	07/15/20	07/17/20	07/24/20
15	07/16/20	to	07/31/20	08/02/20	08/10/20
16	08/01/20	to	08/15/20	08/17/20	08/26/20
17	08/16/20	to	08/31/20	09/02/20	09/10/20
18	09/01/20	to	09/15/20	09/17/20	09/25/20
19	09/16/20	to	09/30/20	10/02/20	10/09/20
20	10/01/20	to	10/15/20	10/17/20	10/26/20
21	10/16/20	to	10/31/20	11/02/20	11/10/20
22	11/01/20	to	11/15/20	11/17/20	11/25/20
23	11/16/20	to	11/30/20	12/02/20	12/10/20
24	12/01/20	to	12/15/20	12/17/20	12/24/20

2021 Payroll Calendar

1	12/16/20	to	12/31/20	01/02/21	01/08/21
2	01/01/21	to	01/15/21	01/17/21	01/26/21
3	01/16/21	to	01/31/21	02/02/21	02/10/21

To ensure timesheets are paid on the dates listed, timesheets must be approved by the employer and submitted to Mains'l by 5pm on the due date. Late timesheets may not be paid until the following pay date. As a best practice, you are strongly encouraged to enter your time in the Mains'l portal after each shift you work.



MAINS'L EMPLOYEE TIME TRACKING CA FMS Program

Employees are expected to submit time each day as it is worked. When that is not possible, time should be submitted as soon as possible after it is worked. Timesheets are due on the 2nd and 17th of each month by 5pm.

LOGGING IN

1. Go to the time tracking website at <https://dataplus.solanapro.com>

You can access the website from a computer, smartphone, or tablet.

2. Login to the time tracking system.

Your **username** is your email address on file with Mains'l or the username provided to you by your Mains'l manager. Your **password** is a five digit code assigned to you.

You will be able to change your password to something of your choosing. Directions for changing your password are later in this guide.

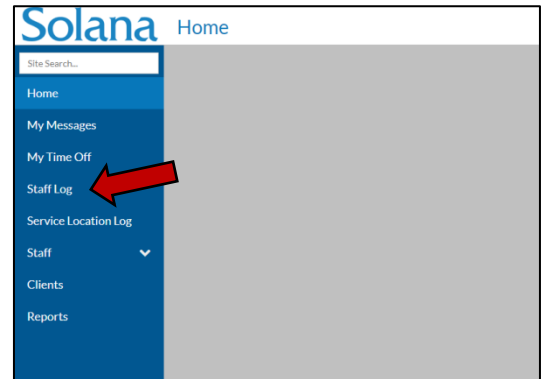
By entering your username and password, you:

- Are required to be the person who is assigned this username and password.
 - Agree to be truthful in all actions you perform while logged in.
- Are providing your electronic signature for all actions you perform while logged in

If you've forgotten your password, click on Help, I forgot my password! You will be asked for your email address and you will receive a link in your email to reset your password. If your email address is not live or active you will not be able to change your password. You will need to contact Mains'l to reset your password.

VIEWING AND FILTERING TIMESHEETS

To review time that has been submitted, choose the **Staff Log** from the left side of your screen.



This will take you to the main Staff Log summary screen. Here you will see a Staff Log Card for each of your employees. What you see will depend on what filter setting you have chosen.

The screenshot shows the Solana Staff Log screen. On the left is a blue navigation menu with options: Home, My Messages, My Time Off, My Log, Staff Log (highlighted with a red arrow), Service Location Log, and Reports. The main content area is grey and titled 'Non Managed Staff'. It displays three staff log cards for Smith, Susie; Williams, Wally; and Jones, Jenny. Each card shows a table of hours for a specific week. A red arrow points to a filter icon at the top right, labeled 'Filter icon – click to change view options'. Another red arrow points to the 'To Do' view, labeled 'Currently in To Do view'. A third red arrow points to a staff card, labeled 'A Staff Card is visible for each week that needs to be reviewed'.

Employee	Week	Paid Hours	Worked Hours	Non-Worked Hours	Unpaid Breaks	Paid Miles	Company Miles	Expenses
Smith, Susie	11/19/2017-11/25/2017	31.50	23.50	8.00	0.00	0	0	0.00
Williams, Wally	11/26/2017-12/02/2017	20.00	20.00	0.00	0.00	0	0	0.00
Williams, Wally	12/03/2017-12/09/2017	2.00	0.00	2.00	0.00	0	0	0.00
Jones, Jenny	12/03/2017-12/09/2017	8.00	0.00	8.00	0.00	0	0	0.00

Change your filters by choosing the **Filter** icon at the top right.

You will see several filter options:

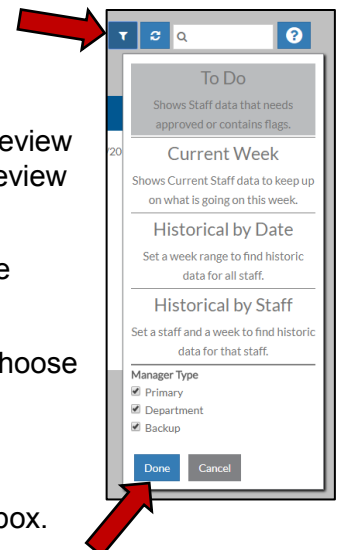
To Do: Show Staff Cards only for weeks and employees that you still need to review or take action on. Some staff may have more than one card if there is time to review for multiple weeks.

Current Week: Shows a Staff Card for each staff and all hours recorded for the current week.

Historical by Date: Allows you to see all time logged for a specific week you choose

Historical by Staff: Allows you to choose a date range of time for one specific employee

Click on your chosen filter (and select any options) and click on the blue **Done** box.



APPROVING TIMESHEETS

To approve a timesheet, click on a staff person's Staff Card. You will also do this to approve your own time if you are also an employee.

You will see a summary of time for each day during the week and a display of the hours below.

To see more detailed information about a specific shift, click on the yellow box for that shift. (An entry in white is an entry that has already been voided and will not be paid).

The screenshot shows a 'Summary' table at the top and an 'Hours' grid below. The 'Summary' table has columns for each day of the week and a 'Totals' column. The 'Hours' grid shows a 24-hour timeline for each day with shift entries represented by colored boxes (yellow for active, white for voided). Annotations with red arrows point to specific elements:

- Already approved, click to unapprove:** Points to the 'Unapprove' button for Sunday.
- To approve whole week:** Points to the 'Approve Week' button in the top right.
- To approve one day:** Points to the 'Approve' button for Saturday.
- Shift has a flag that must be acknowledged:** Points to an orange diamond icon on Thursday's shift.
- Shift in white is voided:** Points to a white shift box on Saturday.

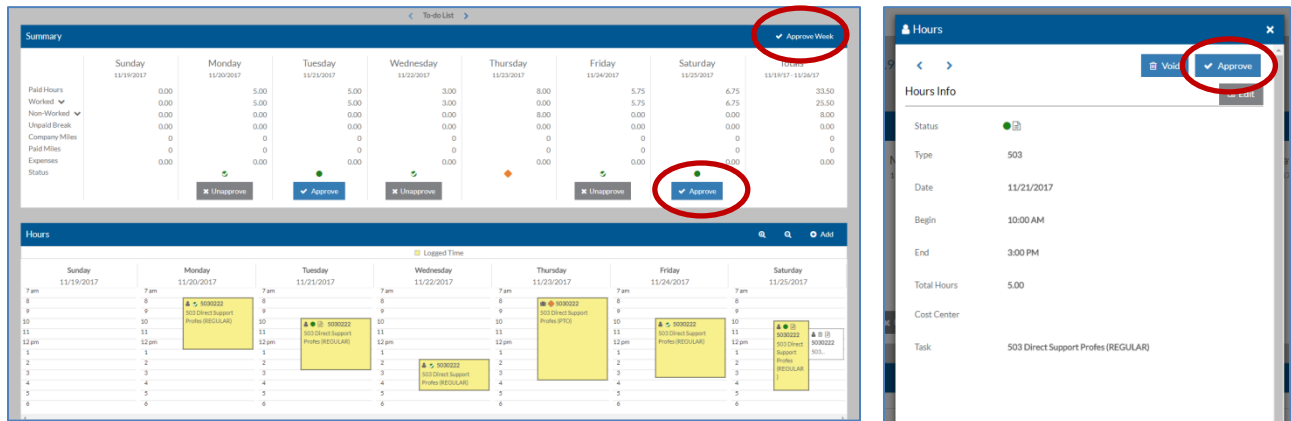
	Sunday 11/19/2017	Monday 11/20/2017	Tuesday 11/21/2017	Wednesday 11/22/2017	Thursday 11/23/2017	Friday 11/24/2017	Saturday 11/25/2017	Totals 11/19/17 - 11/24/17
Paid Hours	0.00	5.00	5.00	3.00	8.00	5.75	6.75	33.50
Worked	0.00	5.00	5.00	3.00	8.00	5.75	6.75	25.50
Non-Worked	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00
Unpaid Break	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Company Miles	0	0	0	0	0	0	0	0
Paid Miles	0	0	0	0	0	0	0	0
Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Status		Unapprove	Approve	Unapprove	Unapprove	Approve		

You may see several different symbols associated with each day/timesheet.

- A green circle means there are no problems and you can approve this shift if it is correct.
- A green circle with a check mark means this shift has already been approved.
- A red warning sign tells you that something needs to be corrected. You are not able to approve this entry until the issue has been resolved. Click on the yellow box for this shift in the **Hours** chart to view details about this warning.
- An orange diamond shows that this shift might have a problem. You need to acknowledge this warning flag before you are able to approve the timesheet. Click on the yellow box for this shift in the **Hours** chart to view details about this flag and to acknowledge the warning.

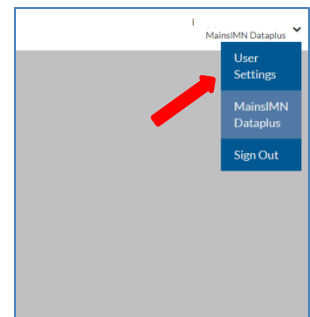
To approve time either:

- Click **Approve Week** on the upper right side of the summary if all entries for the week are correct.
- Click the blue **Approve** box below each day in the summary if all entries for the day are correct.
- Click on the yellow box for the shift in the hours chart then click on the blue **Approve** box in the top right corner if just that one shift should be approved.

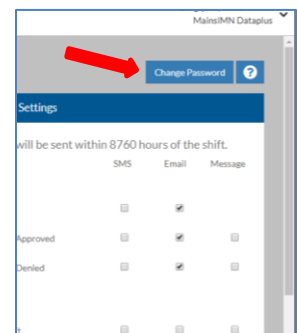


CHANGING YOUR PASSWORD

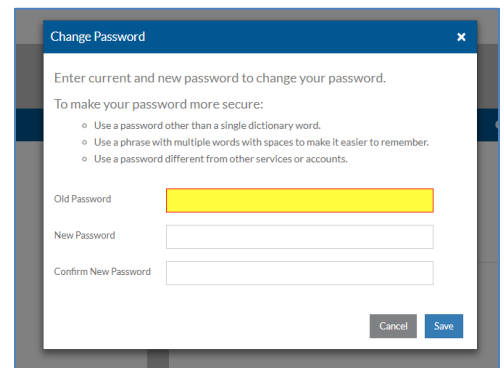
To change your password, click on the small arrow in the upper left hand corner next to your name. Choose “**User Settings**” from the menu that appears.



The settings screen will appear. Click on **Change Password** toward the top right of the settings screen.



Follow the directions on the screen to create a new password. It should be a password you can remember. Mains'l will not have access to your password.





HIRING AND MANAGING EMPLOYEES (Human Resources 101)

Within this Human Services (HR) 101 guide, you will find information about being a co-employer with Mains'l in the FMS Program. This is meant to be a guide or resource only, and does not apply to every situation you may encounter. If you have specific human resource questions, please contact your participant directed services manager.

Recruiting Employees

Finding employees is a responsibility you assume in all models of participant directed services. Below are some avenues to consider when recruiting employees:

- Talk to friends, family members, and neighbors who already know you or the person receiving the supports. Building on established relationships can make it easier on everybody.
- Visit your local schools, community centers, or other community organizations. Talk to counselors and staff or see if you can put up an ad.
- Run an ad in the local paper or place an ad online.

Tips on Interviewing and Hiring

- Tell the potential employee what you expect of them; explain the hours you want them to work, what sort of tasks you expect them to perform, etc.
- Ask applicants about their experiences with working with people who need assistance; did they work with children and/or adults? Have they worked with people with special needs?
- Try to gain an understanding of the person's attitudes, personality, values; do they fit with the job requirements?
- Do they have flexible schedules, or do they need to have a set routine? Does that work for you?
- Do they have reliable transportation?
- Give them various examples of experiences they may have working in your home; ask them how they would deal with certain scenarios.
- Ask open ended questions; avoid questions employees can answer "yes" or "no."

Suggested Interview Questions

- *Training...*
 - ◆ Have you been certified in First Aid and/or CPR?
 - ◆ What kind of training have you had to meet the needs of this job?
- *Work history and experiences...*
 - ◆ How long were you in your most recent position? Why did you leave?
 - ◆ What do you know about (name of a specific disability)? (if applicable)
 - ◆ Where have you worked before? What were your duties?
- *Work style/methods...*
 - ◆ Describe a meaningful experience you've had with a person for whom you have provided care.
 - ◆ How do you handle someone who is angry, stubborn, or fearful?
 - ◆ What types of activities have you done with people in the past?
- *Specific tasks...*
 - ◆ Have you had experience cooking for other people?
 - ◆ Would you be able to transfer someone from a wheelchair into a car or onto a bed or chair?
- *Comfort Zones...*
 - ◆ Is there anything in the job description that you are uncomfortable doing?
 - ◆ How do you feel about assisting a person with personal hygiene?
 - ◆ Do you mind being around someone who smokes? Being around animals?
 - ◆ How do you feel about caring for someone with a disability and/or memory loss?
- *Other possible questions...*
 - ◆ What kind of time commitment are you willing to make?
 - ◆ What do you enjoy/find challenging about this field?
 - ◆ Can you give me two (2) work related and one (1) personal reference?
 - ◆ Do you keep in touch with any families you once worked for?

Work Week/Overtime

The work week is from Sunday at 12:00 a.m. to Saturday at 11:59 p.m. Each employee working in the FMS program is designated as “non-exempt” (hourly), in accordance with federal and state law. Hourly employees are paid for their time actually worked, and are subject to overtime pay. Employees in the FMS program are NOT authorized to work over 40 hours in any work week.

Child Labor Law

Employees are required to be at least 18 years old or older.

Tips on Training

When providing training to your employees, make sure you, and/or the person actually receiving the supports, are involved in training as much as possible. On-the-job training is always most effective.

Tips on Disciplining/Removing Employee

- If you have issues or concerns with your employee, discuss it with them immediately, and communicate your expectations to them. Document what you discuss and the outcome/expectations in which you agree.
- You decide if/when you want an employee to be removed from your home. However, they remain an employee of Mains’l. You must contact your Mains’l participant directed services manager if you are planning to dismiss an employee.

Illegal and Inappropriate Interview Questions

Under Title VII of the Civil Rights Act, it is illegal to ask questions regarding a candidate’s race, color, age, sex, sexual orientation, religion and national origin. Any direct or indirect attempt to solicit information regarding these categories is illegal.

The American with Disabilities Act prohibits discrimination against individuals with disabilities. This means it is illegal to refer directly to an individual’s disability with regards to potential job tasks.

Under the Employment Act, it is illegal to discriminate on the basis of a person’s age. This means that it is illegal to solicit information regarding a candidate’s age during an interview.

It is also inappropriate and illegal to ask questions regarding marital status, organizational affiliation, status of personal health, economic status, number of children, means of child care, citizenship status, and workers’ compensation history.

The following are examples of inappropriate or illegal questions in each category:

- *Race or color...*

- ◆ What nationality are you?
- ◆ Where did you get your accent?
- ◆ Where does your last name come from?

- *Sex and sexual orientation...*

- ◆ Are you heterosexual?
- ◆ Do you consider yourself homosexual?

- *Religious Affiliation...*

- ◆ Are you involved with any religious groups?
- ◆ Where do you go to church?
- ◆ Would your religion prevent you from working weekends?

- *Disability...*

- ◆ Would you consider yourself disabled?
- ◆ Could you perform this job from your wheelchair?

- *Age...*

- ◆ What is your date of birth?
- ◆ What year did you graduate from high school?

- *Marital/Family Status...*

- ◆ Are you pregnant?
- ◆ Do you have children?
- ◆ Are you married?
- ◆ What arrangements have you made for children?
- ◆ Would your family mind if you traveled or worked weekends?

- *Economic Status...*

- ◆ Are there problems with your credit rating?
- ◆ Have you ever had trouble with collection agencies?
- ◆ Do you have a mortgage?

- *Personal Health Status...*

- ◆ Are you healthy?
- ◆ How many days were you absent from work last year?
- ◆ Have you ever been hospitalized?
- ◆ Do you have HIV?

- *Other...*

- ◆ Are you a U.S. citizen?
- ◆ Have you ever filed Worker's Compensation?
- ◆ Were you admitted under an Affirmative Action Program?