

Resource Center for Independent Living (RCIL) as the Fiscal Intermediary (FI) for the Self Direction (SD) Program

Program/Medicaid Billing Guidelines

SD Program Worker agrees to the following:

- I am at least 18 years old and am not the parent, legal guardian, Designee, legal spouse, or adult child (including sons and daughters-in-law) of the Participant I work for.
- I have disclosed my familial relationship with the Participant to RCIL.
- I have disclosed my residence and will inform RCIL of any changes immediately.
- I will log in at the beginning of each shift and log out at the end of each shift using the timekeeping and Electronic Visit Verification (EVV) system provided by RCIL. GPS will be turned on at the beginning and end of each shift.
- I will complete an accurate daily service note for each shift that I work using the timekeeping system provided by RCIL.
- If I am unable to login or out for any reason or am unable to accurately report all the times I worked, I will immediately inform RCIL's Self Direction Time and Attendance Staff. I will immediately contact RCIL via email at sdta@rcil.com or phone at (315) 738-2761. I will also inform the Participant or their Designee immediately.
- I am aware of the goals/safeguards on the Participant's Staff Action Plan, and that I must complete only tasks related to the Participant receiving services during the hours I work.
- I will not provide or engage in any other activity for which I receive compensation or other recognition (such as volunteer work) while I am providing paid services to the Participant.
- I acknowledge that under Medicaid Billing Guidelines, it is illegal to receive payment for services performed when a Participant is hospitalized or in rehabilitation or a nursing home placement, when a Participant is participating in another Medicaid program or service, when a Participant attends school, or if the Participant passes away. If the Participant I work for is hospitalized or passes away while on shift, I will log out and notify RCIL immediately. I will contact RCIL via email at sdta@rcil.com or phone at (315) 738-2761.
- I acknowledge that sleeping is not allowed during my shift while providing direct care to the Participant.
- I acknowledge that my username and password for RCIL's timekeeping system must not be shared with anyone including the Participant I work for or their Designee.

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- I will respect the privacy of Participants and follow the Health Insurance Portability and Accountability Act (HIPAA) Federal and State Confidentiality Laws by keeping all health-related information confidential.
- I will inform RCIL's Human Resources Department of any changes in my information or status, including any changes to my name, address, or phone number. To report a disability leave, please call 315-272-2943. To report any changes with name, address, or phone number, please call 315-272-2958 or 315-738-2793 and or email: hselfdirected@rcil.com.
- I am aware that signing and submitting false information may lead to a charge of Medicaid Fraud.

I have read and understand this agreement and accept these terms and responsibilities. I agree that I will return all payments received from RCIL for any hours worked in violation of these terms and responsibilities, and the Medicaid Billing Guidelines.

Signature of Worker:

Please Print Name

Signature

Date