



SequoiaSD

Part of the AssuranceSD family

CALIFORNIA SELF-DETERMINATION PROGRAM PARTICIPANT CHECKLIST BILL PAYER

DOCUMENT NAME
Memo of Understanding
Release of Confidential Information

Note:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.



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Thank you for choosing SequoiaSD as your Financial Management Service (FMS) provider. We are committed to ensuring the participant stays within their budget, monitoring fraud and abuse, and other services that ensure for best-in-class financial management services.

We are committed to providing the following services:

- **FMS as Bill Payer (also known as the Fiscal Agent model):** A participant may choose this model of FMS provider when goods or services are purchased from a business. The FMS providing services in this capacity writes checks and pays for goods and services listed in the IPP. No employer/employee relationship exists between the FMS, the service provider, or the participant. The business is responsible to provide the items or workers and the FMS provider writes the check for the goods or services provided. The business maintains the employer/employee relationship with any workers and therefore is responsible for all applicable employment laws and taxes and to obtain appropriate insurances.
- **Participant as Sole Employer: (also known as the Fiscal/Employer Agent)** A participant may choose this model if they want to be the direct employer of those providing services. The FMS providing services in this model assists the participant to abide by all applicable employment laws, verifies provider qualifications and processes payroll. The participant is required to obtain any necessary insurances related to employment.

SequoiaSD

34179 Golden Lantern Street, Suite 304
Dana Point, CA 92629

Monday through Friday: 8am- 4:30pm

Phone: 949-301-9950

Fax: 949-876-8753

Email: info@sequoiasd.com



SequoiaSD's FMS support includes, but is not limited to, the following services:

Managing Payroll and Taxes

- Creating payroll schedules for clients
- Process timesheets and/or claims
- Processing regular (bi-weekly) payroll for workers
- Processing ACH files, Direct Deposits
- Following State and Federal Wage and Hour Rules for regular and overtime pay
- Making adjustments to payroll when needed
- Filing new hire reports with appropriate State agencies
- Processing garnishments for Participant's workers
- Processing Cost Share payments for Participants (if applicable)
- Filing and depositing quarterly and annual reports (940, 941, 941x, Schedule R and B)
- Issuing W-2s to employees and 1099s to vendors at year end
- Filing and refunding FICA refunds per IRS rules
- Reporting unclaimed property per state guidelines
- Obtaining a FEIN as a Vendor Fiscal Employment Agent
- Employment verifications

Managing Budgets

- Verify services are HCBS Compliant with documentation from the Regional Center (RC) prior to issuing payment.
- Review budgets on a regular basis to ensure participant has enough funds.
- Provide monthly budget reports to participants and service coordinators.
- SequoiaSD will set up participants/representatives in SequoiaSD's dashboard so the participant/representative can review their budgets on a regular basis.

Managing Participant Onboarding

- Providing new participants with preformatted enrollment packets
- Processing IRS forms SS-4, and 2678
- Obtain EIN for participant
- Processing applicable State Tax and State Unemployment Tax Applications
- Processing State Power of Attorney forms when applicable
- Education and coaching on various aspects of Self-Determined Programs, including:
 - Employment laws, overtime rules, timesheet and insurance requirements
 - How to review monthly budget reports as provided by the FMS
 - The requirements related to eligible goods and services, such as background checks, service verification, etc.

Managing Worker and Vendor Onboarding

- Process and review all worker backgrounds against program excluded crime policies
- Run and Compare Office of Inspector General (OIG) exclusion list against all active workers at the time of hire and monthly thereafter
- Provided training to workers and participants on how to complete paperwork correctly, how to be an employer (i.e., hiring, coaching, firing etc.) and the roles of F/EA, worker and participant in a Self-Determined Program
- Verify vendor licensure/certifications prior to services being performed and prior to the licensure/certification expiring (if applicable)
- Review and properly classify an individual as worker or independent contractor

Managing Workers Compensation

- Processing Workers' Compensation Policy applications for each participant
- Making timely payments of premiums
- Providing training for the client regarding Workers' compensation questions
- Acting as an ongoing resource to Participants for Workers' Compensation
- Performing the annual audit
- Processing any refunds or adjustments to premiums following the annual audit

Employer's Responsibilities Federal and State Regulations

To ensure that SequoiaSD stays in compliance with local, state and federal rules and requirements, SequoiaSD reviews www.irs.gov, www.uscis.gov, and www.dol.gov websites on a monthly basis. SequoiaSD staff reviews applicable forms, instructions, notices and publications on the aforementioned websites in relation to domestic workers, F/EA tasks, and household employees to ensure SequoiaSD is kept up to date with all state and federal guidelines.

Worker (Employee) On-Boarding Processing

When a participant has selected a Worker, SequoiaSD will begin the New Hire process within 2 business days. Upon receipt of the completed New Hire Paperwork, SequoiaSD will reach out to the Worker for required documents, setup training on timekeeping and payroll, and coordinate I-9 verification with the Worksite Employer. If the representative is also an employee for the participant, SequoiaSD will complete the I-9 verification. All documents will be stored in the SequoiaSD's storage site. SequoiaSD will link the worker to the participant and will be notified of ability to begin support.

Policy Regarding Background Checks

SequoiaSD requires completion of all required state and federal background checks and exclusionary databases at the time the Worksite Employer wants to use a provider/vendor. This includes the Department of Human Service Office of Inspector General's Exclusionary list. Upon completion of the background check requirements, the worker, vendor (if applicable), and employer are notified that the worker, and vendor (if applicable) can begin on-boarding.

Service Provider/Vendor On-Boarding Process

When a participant has selected a specific vendor, the vendor is given SequoiaSD's Vendor paperwork. Upon receipt of completed paperwork, SequoiaSD enters all information into the system, recording completion of all required paperwork as part of the setup checklist. If any required documents are missing or incomplete, the provider remains in a "pending" status until all documents are received. While they are pending, no payments can be made to the vendor.

Timesheet Entry (via electronic)

Electronic

SequoiaSD's eTimesheets module (EVVIE) allows worksite employer and employees to submit timesheets electronically. eTimesheets has dual workflows that allows both Worker and Participant to create and edit a timesheet. The system tracks all actions on the timesheet and requires both parties to approve the timesheet before it migrates into our FMS system. Notification emails are generated during the approval process to notify parties when a timesheet is ready for approval.

Processing Payroll – Employees and Vendors

SequoiaSD processes payroll for workers are based on **semi-monthly** pay cycle. All payments are made via Direct Deposit/ACH only.

- **1st -15th**
- **16th - End of Month**

END OF THE MONTH INVOICES: For ongoing services billed at a monthly rate

SEMI MONTHLY INVOICES: For less frequent services

***All invoices must be approved and submitted by the Participant/Authorized Representative



SequoiaSD will facilitate all Participant Directed Goods and Services Purchases as follows:

1. All request must be included on the APPROVED SPENDING PLAN
2. All request must be submitted through the SequoiaSD Participant Directed Purchase Request Form SequoiaSD Participant Directed Purchase Request Form
3. All request will be processed within 2 weeks of receiving the request
4. If this is an urgent (health and safety) need, email the office for a quicker processing time.
5. SequoiaSD will not authorize ANY reimbursements
6. SequoiaSD will not pick up or deliver and goods
7. SequoiaSD will not house goods for pickup
8. SequoiaSD is not responsible for dissatisfaction with the goods or service if ordered correctly.

In an effort to continually improve your experience, we are listing the most common questions asked about the services we provide, along with the answers. We hope this will enhance your experience and help you in your efforts to order what you need.

Frequently Asked Questions

- Can the member order more than one item on the Purchase Request Form?
 - Yes, as long as the items are ordered from the same website/company the participant can order more than one item. If there are multiple items from multiple websites/companies, a separate request needed.
- Why is Sales Tax being charged on the participants order?
 - Sales tax is required by law to be collected unless the item being purchased is clearly a tax-exempt item. SequoiaSD collects sales tax on all taxable items whether or not the website/company charges sales tax. The participant and SequoiaSD are required by law to pay sales tax.
- Is there a minimum dollar amount required for an order?
 - No, we do not require a minimum dollar amount for the order.
- How are returns handled?
 - The participant /authorized representative is responsible for researching and selecting the item/s and as a result should make certain that the item will meet their needs. In addition, some items are nonreturnable, and it is the participant's responsibility to make sure they are selecting the correct item/size before placing the order. If an item is defective or damaged, SequoiaSD will assist with the facilitation of the return but it is ultimately the responsibility of the participant/authorized representative.
 - If the participant is wanting to return an item because it is the wrong size or not what they wanted, SequoiaSD will not assist in returning the item.



Memorandum of Understanding for Participant/Representative

Participant Name: _____

Participant DOB: _____ / _____ / _____

Representative Name (if applicable): _____

Relationship of Representative to Participant: _____

I am responsible for "Participants" personal well-being and serve as the responsible party/designated person for services issued under The Lanterman Act and authorizations provided by the Regional Center. I further acknowledge my duties as the Representative include but are not limited to:

Providing a workplace free from hazards and comply with standards, rules and regulations issued under the Federal Occupational Health and Safety Act as well as any relevant state laws. Part of this responsibility includes the requirement that I regularly examine workplace conditions to make sure they conform to applicable OSHA standards.

A copy of these standards can be found at www.osha.gov/laws-regs

Supporting the new hire and vendor on-boarding process, including acquiring documentation, ensuring completion of the Enrollment Packet, and submission of required documents;

Defining the job duties of the Care Provider including ensuring that the Care Provider is not engaging in services outside the scope of those authorized by the Regional Center;

If applicable, I will supervise their day-to-day activities and evaluate the performance of my employee(s), providing appropriate feedback to ensure that I am receiving quality support;

I agree to remain within the budget amount issued on the approved spending plan and understand that it is my responsibility to manage my budget to prevent overages to avoid an out-of-pocket expense;

This MOU constitutes the entire understanding between SequoiaSD and me, the Participant or Representative, and replaces all prior agreements and understandings, written or oral.

This MOU is executed and effective as of the date signed.

Participant/Representative Signature: _____ Date: _____ / _____ / _____



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RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION FORM BILL PAYER

This form authorizes SequoiaSD to disclose any information regarding the services you receive, wages and payment information for your vendors and/or anything else related to your service and support plan. You have the right to revoke this Authorization by providing SequoiaSD with written notice of revocation.

AUTHORIZATION

I, _____, on behalf of _____, I hereby authorize SequoiaSD or any of its staff to disclose, by any acceptable means, information regarding the services I receive, wages and payment information for my vendors, including fax or email, and/or anything else related to my service and support plan described as follows:

1. DDS
2. Regional Center: _____
3. Other: _____
4. Other: _____
5. Other: _____

***This authorization does not grant the individual authority to sign off on timesheets or any other program-related documents.**

Participant/Representative Name: _____

Participant/Representative Signature: _____ Date: ____ / ____ / ____



Invoice Submission Process

1. Send the numbered invoice to the family for review and approval. Please attach the attendance sheet if it is not included in the invoice. Include the following:
 - Participant’s Full Name
 - Invoice Number
 - Service Month and Service Details
 - Invoice Total

The items below are required for businesses that ONLY provide services to individuals with developmental disabilities:

 - Hourly or daily rate charged by SDP provider/vendor
 - Service code under which services are provided
 - Date each service/task was provided
 - Description of specific service/task provided
 - Amount of time spent on each service/task
 - Total cost of the service/task provided
 - A statement that all services specified in the invoice have been provided to the participant (see attached sample), with vendor signature to accompany statement.
2. Once the family approves the invoice, the family will send the invoice and CC you to: sequoiavendors@sequoiasd.com.
3. ACH payments will be made according to the VENDOR PAYMENT SCHEDULE below.

Pay Period	Pay Period Starts	Pay Period Ends	Timesheets Due	Payment/EFT Sent
1	01/01/24	01/15/24	01/18/24	01/23/24
2	01/16/24	01/31/24	02/03/24	02/09/24
3	02/01/24	02/15/24	02/18/24	02/23/24
4	02/16/24	02/29/24	03/03/24	03/08/24
5	03/01/24	03/15/24	03/18/24	03/25/24
6	03/16/24	03/31/24	04/03/24	04/10/24
7	04/01/24	04/15/24	04/18/24	04/25/24
8	04/16/24	04/30/24	05/03/24	05/10/24
9	05/01/24	05/15/24	05/18/24	05/24/24
10	05/16/24	05/31/24	06/03/24	06/10/24
11	06/01/24	06/15/24	06/18/24	06/25/24
12	06/16/24	06/30/24	07/03/24	07/10/24
13	07/01/24	07/15/24	07/18/24	07/25/24
14	07/16/24	07/31/24	08/03/24	08/09/24
15	08/01/24	08/15/24	08/18/24	08/23/24
16	08/16/24	08/31/24	09/03/24	09/10/24
17	09/01/24	09/15/24	09/18/24	09/25/24
18	09/16/24	09/30/24	10/03/24	10/10/24
19	10/01/24	10/15/24	10/18/24	10/25/24
20	10/16/24	10/31/24	11/03/24	11/08/24
21	11/01/24	11/15/24	11/18/24	11/25/24
22	11/16/24	11/30/24	12/03/24	12/10/24
23	12/01/24	12/15/24	12/18/24	12/23/24
24	12/16/24	12/31/24	01/03/25	01/10/25

Sample Invoice Template

Name:
 Address:
 Phone Number:
 Billing Rate:

Name of Participant:
 UCI Number:
 Regional Center:

Month/Year:

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/hr	Amount of time x hourly billing rate
3XX	X/X/XXXX	Description of service performed	Amount of time spent on service	\$X/day	Daily billing rate

Acceptable examples (based on an hourly rate of \$50)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
340	7/14/2023	Met with individual to draft spending plan.	1.75 hours	\$50/hr	\$87.50
340	7/25/2023	Contacted a potential provider to determine availability to provide services.	0.25 hours	\$50/hr	\$12.50

Acceptable examples (based on a daily rate of \$71.51)

Service Code	Date	Specific Service/Task	Time by Task	Rate	Cost
331	7/1/2023	Day program: Volunteering and work skills	6 Hours	\$71.51/day	\$71.51
331	7/2/2023	Day program: Cooking classes, library and travel training	6.5 Hours	\$71.51/day	\$71.51

Non-acceptable examples

Date	Specific Service/Task	Time by Task	Cost of Task
7/2023	Monthly independent facilitator services.	As needed	\$500 monthly fee
7/2023	Non-vendored Day program	21 days	\$1,501.71

Example of acceptable certification statement to appear on invoices:

I certify that this invoice accurately reflects the date, specific service/tasks performed and amount of time spent on each service/task and that the service/tasks are in accordance with state and federal requirements.

Date:

Signature:

Printed Name: