The Arc Central Chesapeake Region

FMS Functions & Processes

New Participant Orientation

The Arc
Central Chesapeake Region

ORIENTATION OBJECTIVES

- Share information about the role of the FMS
- Provide direction regarding FMS functions and processes
- Address common questions
- Identify common challenges and provide “tips for success”

The Arc
Central Chesapeake Region

WHAT IS FMS AND WHAT DO THEY DO?

Fiscal Management Services (FMS) is a required service funded by the Maryland Developmental Disabilities Administration (DDA) if/when Self-Directed Services (SDS) is chosen by the participant and their planning team.

Any participant choosing to self-direct will require the support and services of an FMS provider who assists them in exercising their ***employer and budget authority***.

The Arc
Central Chesapeake Region

WHAT IS FMS AND WHAT DO THEY DO?

- FMS tasks in support of ***Employer Authority***
  - ✓ Assist participants in verifying employee qualifications and eligibility;
  - ✓ Collect and processes timesheets of employees; and
  - ✓ Process payroll, withholding, filing and payment of applicable Federal, state and local employment-related taxes and insurance.

- FMS tasks in support of ***Budget Authority***
  - ✓ Maintain a separate account for each participant's budget;
  - ✓ Track and report disbursements and balances of participant funds;
  - ✓ Process and pay invoices for goods and services approved in the service plan; and
  - ✓ Provide participant with periodic reports of expenditures and the status of the self-directed budget.

Intake & Engagement

Intake & Engagement Team - Roles

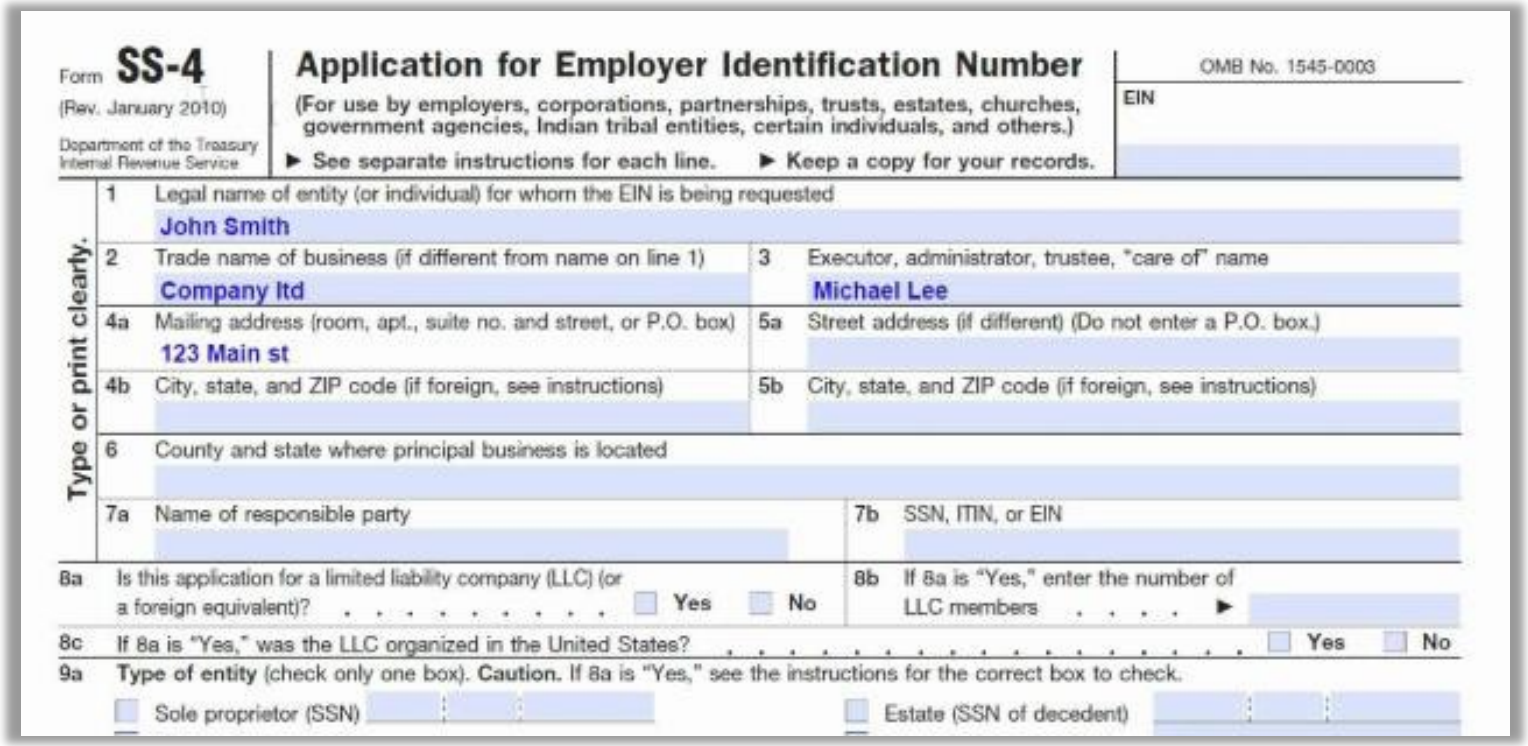
- Participant Enrollment and Agent Termination Functions
- Engagement and Advocacy
- Stakeholder Communications
- General Programmatic Dialogue

The Arc
Central Chesapeake Region

Enrollment Process

- Facilitate enrollment meetings either face-to-face or via conference call.
- Enrollment meetings can be set up by anyone in the team, typically after the self-directed plan and budget has been submitted to DDA for approval.
- Enrollments usually take 1-2 hours to complete documentation and review FMS procedures.
- Process paperwork necessary for IRS and request employer identification number (EIN) on behalf of participant.
- Offer support throughout enrollment/onboarding process.

IRS Documents



Form **SS-4**
(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
John Smith

2 Trade name of business (if different from name on line 1)
Company ltd

3 Executor, administrator, trustee, "care of" name
Michael Lee

4a Mailing address (room, apt., suite no. and street, or P.O. box)
123 Main st

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members ►

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN)

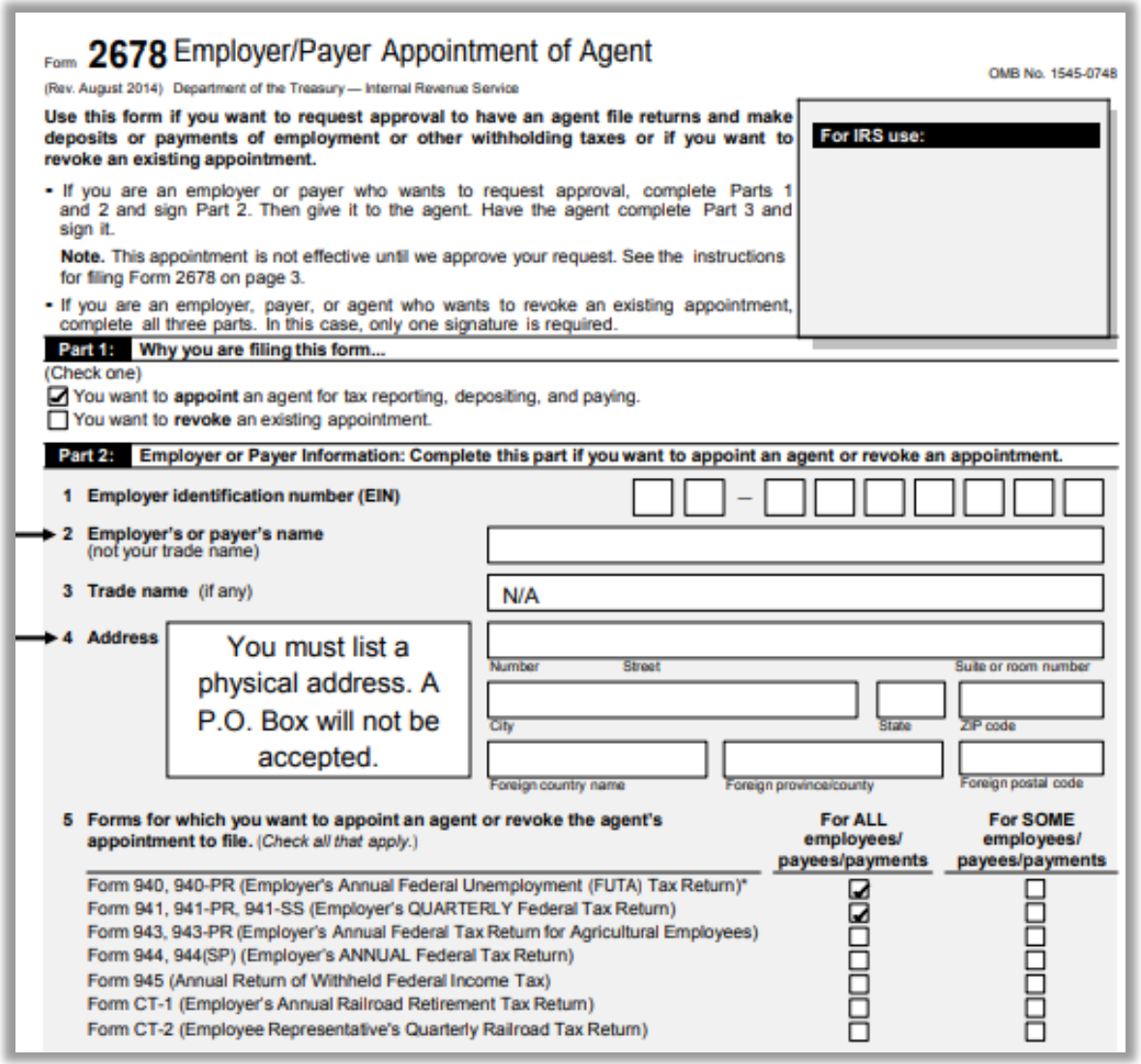
☐ Estate (SSN of decedent)

SS-4 Form

- Application for Employer Identification Number (EIN)
- EIN is applied for post-enrollment by FMS
- Confirmation of employer's EIN is provided to team

The Arc
Central Chesapeake Region

IRS Documents



Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

  Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: **Why you are filing this form...**

(Check one)

☑ You want to **appoint** an agent for tax reporting, depositing, and paying.

☐ You want to **revoke** an existing appointment.

Part 2: **Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.**

1 **Employer identification number (EIN)** ☐☐ – ☐☐☐☐☐☐☐

2 **Employer's or payer's name** (not your trade name)

3 **Trade name** (if any) N/A

4 **Address**

You must list a physical address. A P.O. Box will not be accepted.

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 **Forms for which you want to appoint an agent or revoke the agent's appointment to file.** (*Check all that apply.*)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	☑	☐
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☑	☐
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
Form 945 (Annual Return of Withheld Federal Income Tax)	☐	☐
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	☐	☐
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	☐	☐

2678 Form

- Sent into the IRS to grant FMS appointment of agent for EIN reporting/DDA Funding
- Allows FMS to file taxes on participant's behalf
- If participant leaves The Arc CCR, we submit a revocation of the appointment

Engagement and Advocacy

- Present FMS information at support broker trainings and provide support to support brokers, both new and experienced.
- Attend Self-Directed Advocacy Network (SDAN) meetings.
- Regularly sit in on DDA events and information sessions.
- Provide FMS information to whole planning teams (participant/family, support broker, CCS, providers).

Stakeholder Communications

- Collect and maintain participant and planning team contact info.
- Send regular FMS notices to all program stakeholders
- Send direct mailings to program stakeholders as necessary
  - Current events, upcoming deadlines, employer/team reminders, etc.
  - Policy and system updates
  - Statements mailings

General Program Questions

- Address typical questions related to participant enrollment and employee onboarding
- Troubleshoot service implementation
- Assist with inter-FMS transitions
- Redirect questions to the appropriate department within FMS for specific expertise

Intake & Engagement – Contact Info

FMSParticipants@thearcccr.org

All Participant-related documentation including plans, budgets, award letters, SB agreements and enrollment forms/inquiries

ALL REQUESTS TO INITIATE SERVICES

The Arc
Central Chesapeake Region

New Hire Processing

New Hire Processing

- Reviewing new hire documentation for completion and accuracy
- Ensuring new hire compliance with state and federal regs
- Addressing employee onboarding inquiries

Processing New Hire Documentation

- All required new hire documentation is available on our webpage.
- Process is initiated with running background checks and ends with the clearance being issued with the date for the employee to start working
- Please allow 4-5 business days to process new hire documentation and to receive the employee clearance form

Background checks

- Background checks are entered within 1-2 days of the new hire packet to be received
- Typically, background checks come back within 2-3 days but may take longer
- If the background comes back with charges that are either felonies, assault, or crime of moral turpitude, I will have to send the background off to DDA for approval.
- Normally, any crimes against persons tend to be disqualifying offenses due to the nature of service provided by the employees.

Employee Qualifications & Training Requirements

- Employees must be 18 years old
- High school diploma or GED required
- CPR & First Aid certifications must have be turned in with the new hire documentation
- If the certificates are expired, the employee cannot be paid until they have renewed the certificates

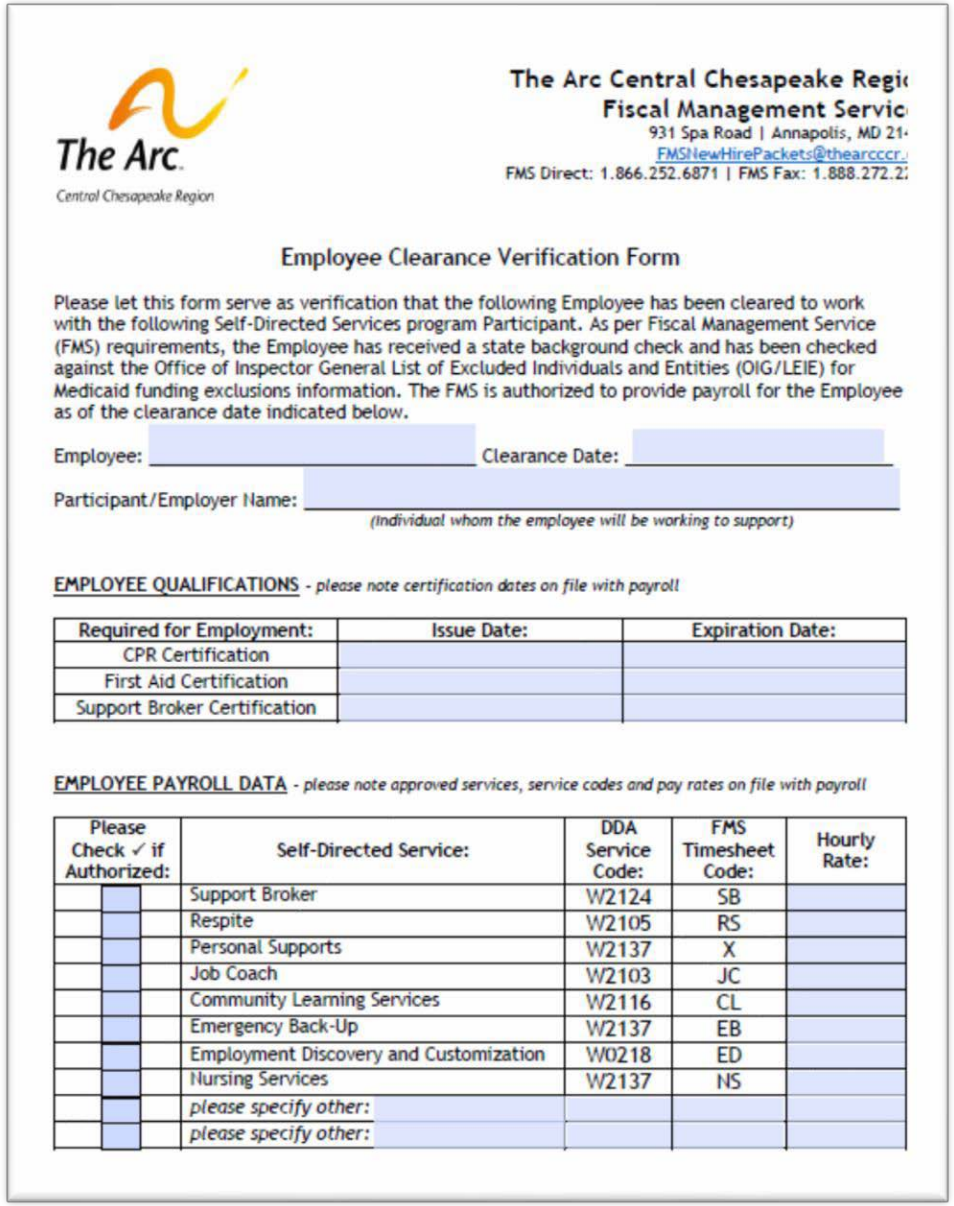
Special Tax Exemptions

- Employees may qualify for special tax exemptions. Please review handouts available on our website (links below) for more information.
- If employees qualify, a special tax exemption form (located on the website) must be submitted in order for payroll to process the exemption.

  - http://thearcccr.org/wp-content/uploads/2018/07/Understanding-Fringe-and-Employment-Tax-Exemptions.pdf
  - http://thearcccr.org/wp-content/uploads/2018/07/Understanding-Income-Tax-Exemptions-AKA-Difficutly-of-Care-_Payment-Exclusions.pdf
  - http://thearcccr.org/wp-content/uploads/2018/07/TAX-TALK-Employment-and-Income-Tax-Brief.pdf

Clearance Form

- Once all new hire requirements are met, an Employee Clearance Verification Form will be issued.
- No payments can be made to the employee from the participant's budget prior to their clearance.



The Arc
Central Chesapeake Region

The Arc Central Chesapeake Regi
Fiscal Management Servic
931 Spa Road | Annapolis, MD 21
FMSNewHirePackets@thearcccr.
FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2

Employee Clearance Verification Form

Please let this form serve as verification that the following Employee has been cleared to work with the following Self-Directed Services program Participant. As per Fiscal Management Service (FMS) requirements, the Employee has received a state background check and has been checked against the Office of Inspector General List of Excluded Individuals and Entities (OIG/LEIE) for Medicaid funding exclusions information. The FMS is authorized to provide payroll for the Employee as of the clearance date indicated below.

Employee: _____ Clearance Date: _____

Participant/Employer Name: _____
(Individual whom the employee will be working to support)

EMPLOYEE QUALIFICATIONS - *please note certification dates on file with payroll*

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Support Broker Certification		

EMPLOYEE PAYROLL DATA - *please note approved services, service codes and pay rates on file with payroll*

Please Check ✓ if Authorized:	Self-Directed Service:	DDA Service Code:	FMS Timesheet Code:	Hourly Rate:
	Support Broker	W2124	SB	
	Respite	W2105	RS	
	Personal Supports	W2137	X	
	Job Coach	W2103	JC	
	Community Learning Services	W2116	CL	
	Emergency Back-Up	W2137	EB	
	Employment Discovery and Customization	W0218	ED	
	Nursing Services	W2137	NS	
	please specify other:			
	please specify other:			

The Arc
Central Chesapeake Region

New Hires – Contact Info

- FMSNewHirePackets@thearcccr.org
  or by FAX: 410-269-0034

The Arc
Central Chesapeake Region

Payroll Processing

Payroll Team Duties

- Process timesheets for all active employees working each individual participant.
- Special Tax Exemptions
- All Tax Forms and W2 Related Matters
- The New Hire Process
- Personnel Actions
- Paycom Assistance
- Verifications of Employment
- Employee Injury Reporting (Worker's Compensation Claims)
- Unemployment Claims
- Garnishments

The Arc
Central Chesapeake Region

The Arc Central Chesapeake Region
2019 Payroll Calendar
931 Spa Road, Annapolis, MD 21401

	Local	Toll-Free
FMS Phone:	410.269.1883	866.252.6871
FMS Fax:	410.269.0034	888.272.2236
Timesheet Email:	FMSTimesheets@thearcccr.org	

Pay Period #	Pay Period begins Sunday 12:01 AM	Pay Period ends Saturday 11:59 PM	Timesheets due to The Arc CCR on Monday by 12PM	CHECK DATE	Holiday impacts timesheet due date!
1	12/16/2018	12/29/2018	THU 12/27/2018**	1/4/2019	New Year's Day
2	12/30/2018	1/12/2019	1/14/2019	1/18/2019	
3	1/13/2019	1/26/2019	1/28/2019	2/1/2019	
4	1/27/2019	2/9/2019	2/11/2019	2/15/2019	
5	2/10/2019	2/23/2019	2/25/2019	3/1/2019	
6	2/24/2019	3/9/2019	3/11/2019	3/15/2019	
7	3/10/2019	3/23/2019	3/25/2019	3/29/2019	
8	3/24/2019	4/6/2019	4/8/2019	4/12/2019	
9	4/7/2019	4/20/2019	4/22/2019	4/26/2019	
10	4/21/2019	5/4/2019	5/6/2019	5/10/2019	
11	5/5/2019	5/18/2019	5/20/2019	5/24/2019	
12	5/19/2019	6/1/2019	6/3/2019	6/7/2019	
13	6/2/2019	6/15/2019	6/17/2019	6/21/2019	
14	6/16/2019	6/29/2019	THU 6/27/2019**	7/5/2019	Independence Day
15	6/30/2019	7/13/2019	7/15/2019	7/19/2019	
16	7/14/2019	7/27/2019	7/29/2019	8/2/2019	
17	7/28/2019	8/10/2019	8/12/2019	8/16/2019	
18	8/11/2019	8/24/2019	8/26/2019	8/30/2019	
19	8/25/2019	9/7/2019	9/9/2019	9/13/2019	
20	9/8/2019	9/21/2019	9/23/2019	9/27/2019	
21	9/22/2019	10/5/2019	10/7/2019	10/11/2019	
22	10/6/2019	10/19/2019	10/21/2019	10/25/2019	
23	10/20/2019	11/2/2019	11/4/2019	11/8/2019	
24	11/3/2019	11/16/2019	11/18/2019	11/22/2019	
25	11/17/2019	11/30/2019	12/2/2019	12/6/2019	
26	12/1/2019	12/14/2019	12/16/2019	12/20/2019	
1	12/15/2019	12/28/2019	THU 12/26/2019**	1/3/2020	New Year's Day

** HOLIDAY IMPACTS TIMESHEET DUE DATE! Please submit timesheets by 12:00PM (noon) on the date indicated (THURSDAY) with anticipated time entries. If corrections are necessary, please submit corrected timesheets by Monday 12PM with *"corrected"* noted at the top. THANK YOU!

IMPORTANT: Timesheets are processed in accordance with the payroll calendar. Please note that the FMS cannot guarantee processing of timesheets submitted after the due dates/times indicated. As a result, processing may be delayed until the following payroll. Further, any timesheet not submitted within 30 days of the date of service is payable at the discretion of the FMS. THANK YOU!

Rev. 12.19.2018

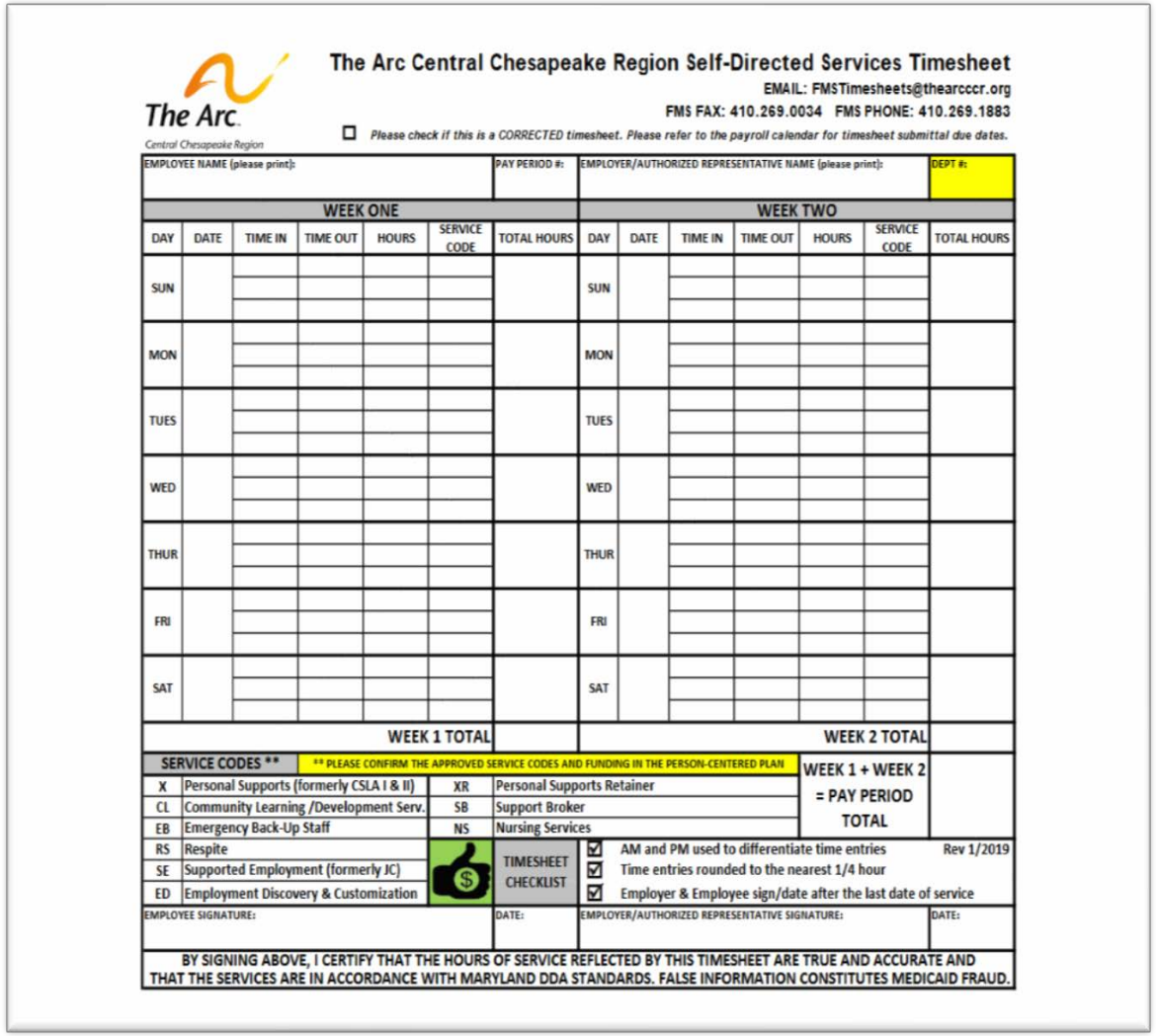
Submitting Time Worked

Our new fillable timesheet is conveniently located on our website under Self-Directed Services. http://thearcccr.org/wp-content/uploads/2018/12/The-Arc-CCR-FMS-Payroll-Calendar-2019-Rev-12.20.2018.pdf

Once filled out, you can submit a pdf of that timesheet to FMSTimesheets@thearcccr.org for timely processing.

Timesheets should include the following:

- Department Number (located on monthly statements)
- In and Out Times Worked
- Service Codes Worked
- Signatures of Employee and Employer (not Support Broker)
- Pay Period or Dates Worked



The Arc Central Chesapeake Region Self-Directed Services Timesheet

EMAIL: FMSTimesheets@thearcccr.org
FMS FAX: 410.269.0034 FMS PHONE: 410.269.1883

☐ *Please check if this is a CORRECTED timesheet. Please refer to the payroll calendar for timesheet submittal due dates.*

EMPLOYEE NAME (please print):							PAY PERIOD #:	EMPLOYER/AUTHORIZED REPRESENTATIVE NAME (please print):							DEPT #:
WEEK ONE								WEEK TWO							
DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS		DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS	
SUN								SUN							
MON								MON							
TUES								TUES							
WED								WED							
THUR								THUR							
FRI								FRI							
SAT								SAT							
					WEEK 1 TOTAL								WEEK 2 TOTAL		

SERVICE CODES **	** PLEASE CONFIRM THE APPROVED SERVICE CODES AND FUNDING IN THE PERSON-CENTERED PLAN			WEEK 1 + WEEK 2 = PAY PERIOD TOTAL
X	Personal Supports (formerly CSLA I & II)	XR	Personal Supports Retainer	
CL	Community Learning /Development Serv.	SB	Support Broker	
EB	Emergency Back-Up Staff	NS	Nursing Services	
RS	Respite			
SE	Supported Employment (formerly JC)			
ED	Employment Discovery & Customization			

TIMESHEET CHECKLIST

☑ AM and PM used to differentiate time entries
☑ Time entries rounded to the nearest 1/4 hour
☑ Employer & Employee sign/date after the last date of service

Rev 1/2019

EMPLOYEE SIGNATURE:	DATE:	EMPLOYER/AUTHORIZED REPRESENTATIVE SIGNATURE:	DATE:

BY SIGNING ABOVE, I CERTIFY THAT THE HOURS OF SERVICE REFLECTED BY THIS TIMESHEET ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.

The Arc
Central Chesapeake Region

Electronic Timekeeping – Opt In!

BENEFITS OF ELECTRONIC TIMEKEEPING:

•No emailing or faxing timesheets.
•No wondering if your timesheets were received and processed. Just submit and approve times electronically and see it post for payroll!
•Instant access to W2s and leave balances!
•Access to historical payroll information with a simple login.

ELECTRONIC TIMEKEEPING RESOURCES:

Timekeeping Selection Form *(fillable)* – Please use this form to opt-in or opt-out. Please complete this form and return to us for our records. If you select electronic timekeeping, you will be sent login credentials and the instructions below, which are also available on our webpage. You can opt-in at anytime.

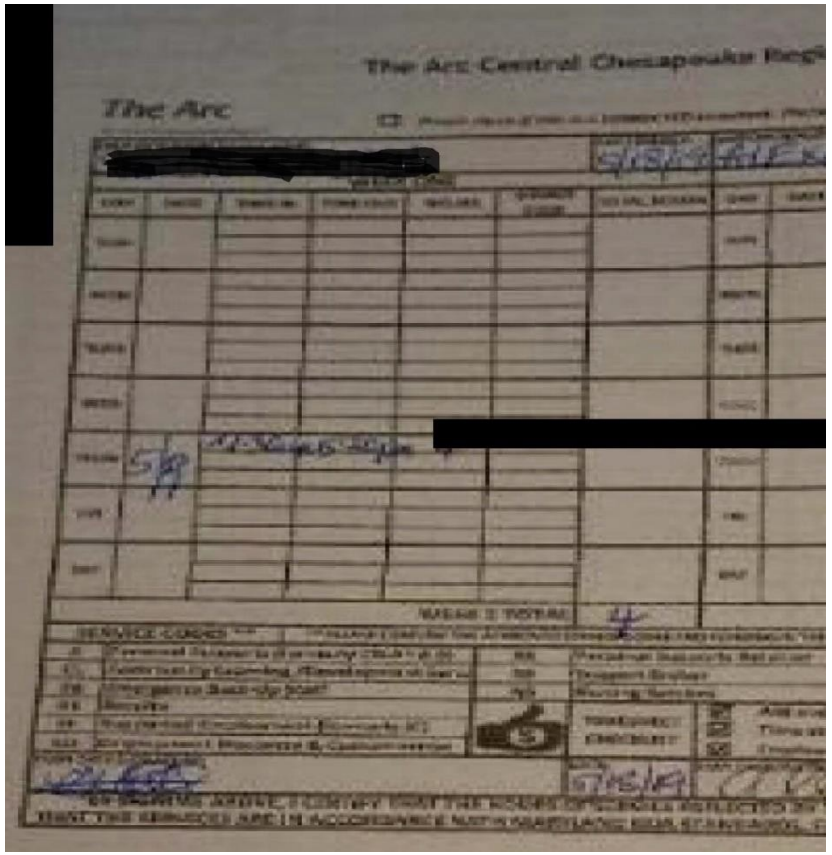
- **Paycom Instructions: Employee Time Entry**
- **Paycom Instructions: Employer Time Entry & Approval**
- **Paycom Instructions: Mobile Self-Service**

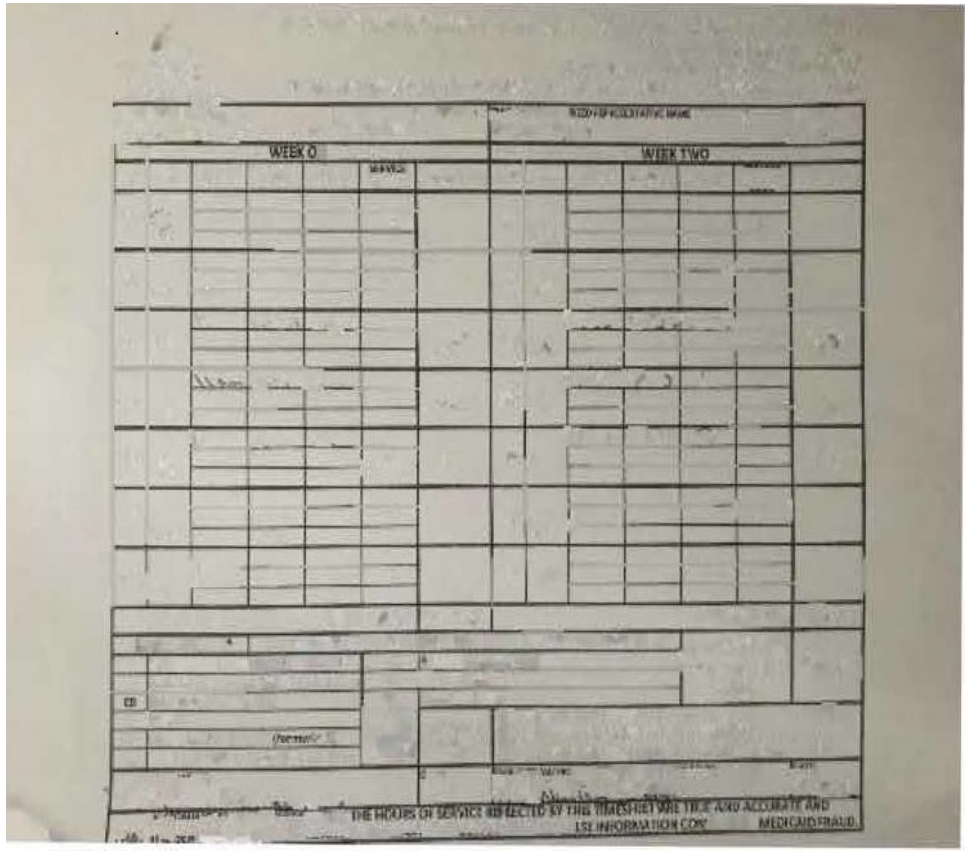
paycom®

The Arc
Central Chesapeake Region

Top Reasons Timesheets may not be Processed

- The timesheet is not clear/illegible. Because of this, we cannot key the time written.



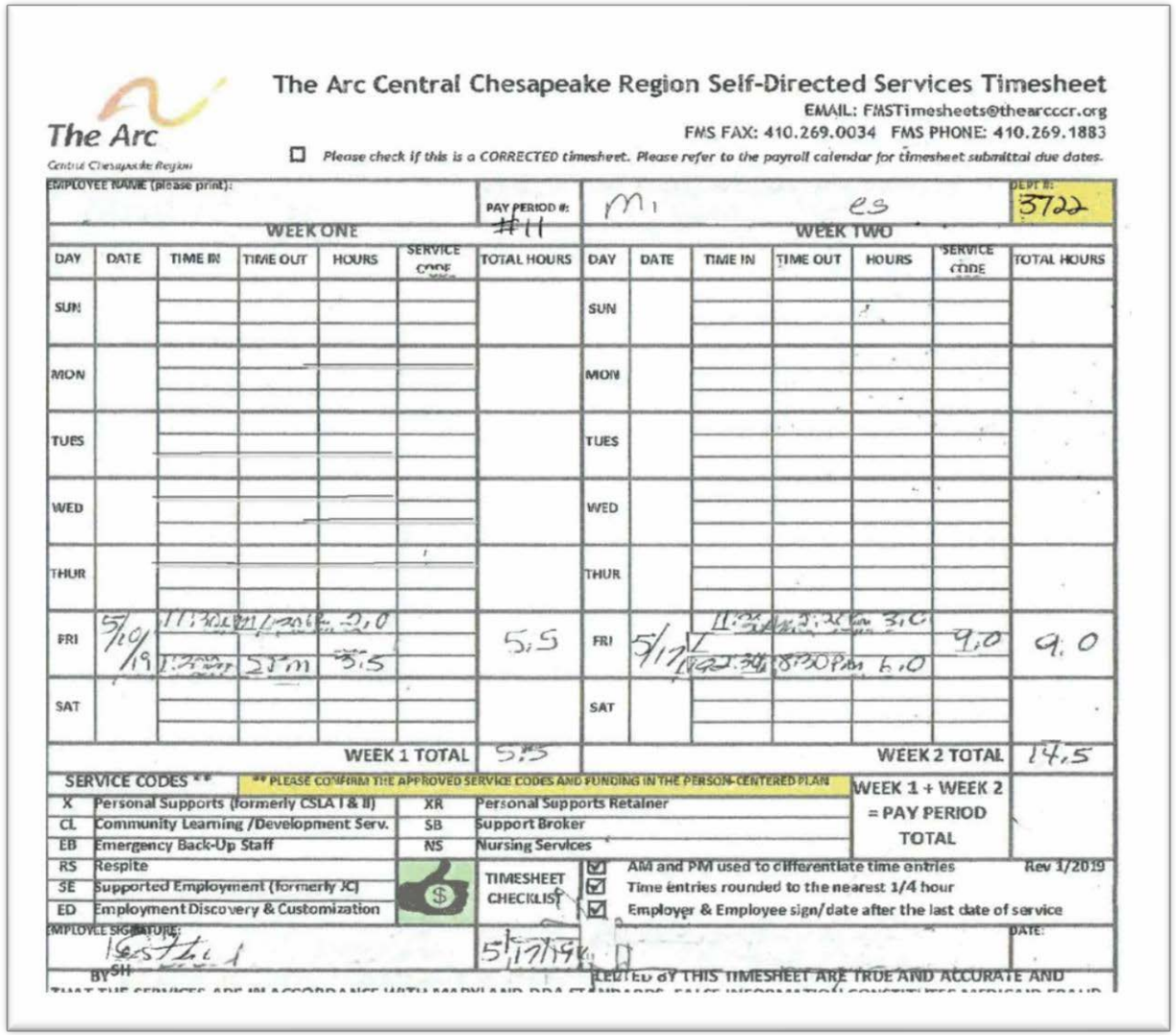


The Arc
Central Chesapeake Region

Top Reasons Timesheets may not be Processed Cont.

<u>The timesheet is missing service codes</u>

- When we do not have the service codes, we cannot assume that they are working what they normally work.
- If and when you have employee working a new service allowed within the budget, we need an ***Employee Change Form*** to add that service to their profile.
- Please note that the more frequently used service codes are located on the new timesheet.



The Arc Central Chesapeake Region Self-Directed Services Timesheet

EMAIL: FMSTimesheets@thearcccr.org

FMS FAX: 410.269.0034 FMS PHONE: 410.269.1883

☐ Please check if this is a CORRECTED timesheet. Please refer to the payroll calendar for timesheet submittal due dates.

EMPLOYEE NAME (please print): | PAY PERIOD #: #11 | Mi es | DEPT #: 3722

WEEK ONE							WEEK TWO						
DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS	DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS
SUN							SUN						
MON							MON						
TUES							TUES						
WED							WED						
THUR							THUR						
FRI	5/10/19	11:30 AM / 1:30 PM	1:30 PM / 2 PM	2.0 / 3.5		5.5	FRI	5/17/19	11:30 AM / 2:30 PM	2:30 PM / 8:30 PM	3.0 / 6.0	9.0	9.0
SAT							SAT						
					WEEK 1 TOTAL	5.5						WEEK 2 TOTAL	14.5

SERVICE CODES ** — ** PLEASE CONFIRM THE APPROVED SERVICE CODES AND FUNDING IN THE PERSON-CENTERED PLAN

X	Personal Supports (formerly CSLA I & II)	XR	Personal Supports Retainer
CL	Community Learning /Development Serv.	SB	Support Broker
EB	Emergency Back-Up Staff	NS	Nursing Services
RS	Respite		
SE	Supported Employment (formerly JC)		
ED	Employment Discovery & Customization		

WEEK 1 + WEEK 2 = PAY PERIOD TOTAL

TIMESHEET CHECKLIST

☑ AM and PM used to differentiate time entries

☑ Time entries rounded to the nearest 1/4 hour

☑ Employer & Employee sign/date after the last date of service

Rev 1/2019

EMPLOYEE SIGNATURE: [signature] 5/17/19 DATE:

BY SH

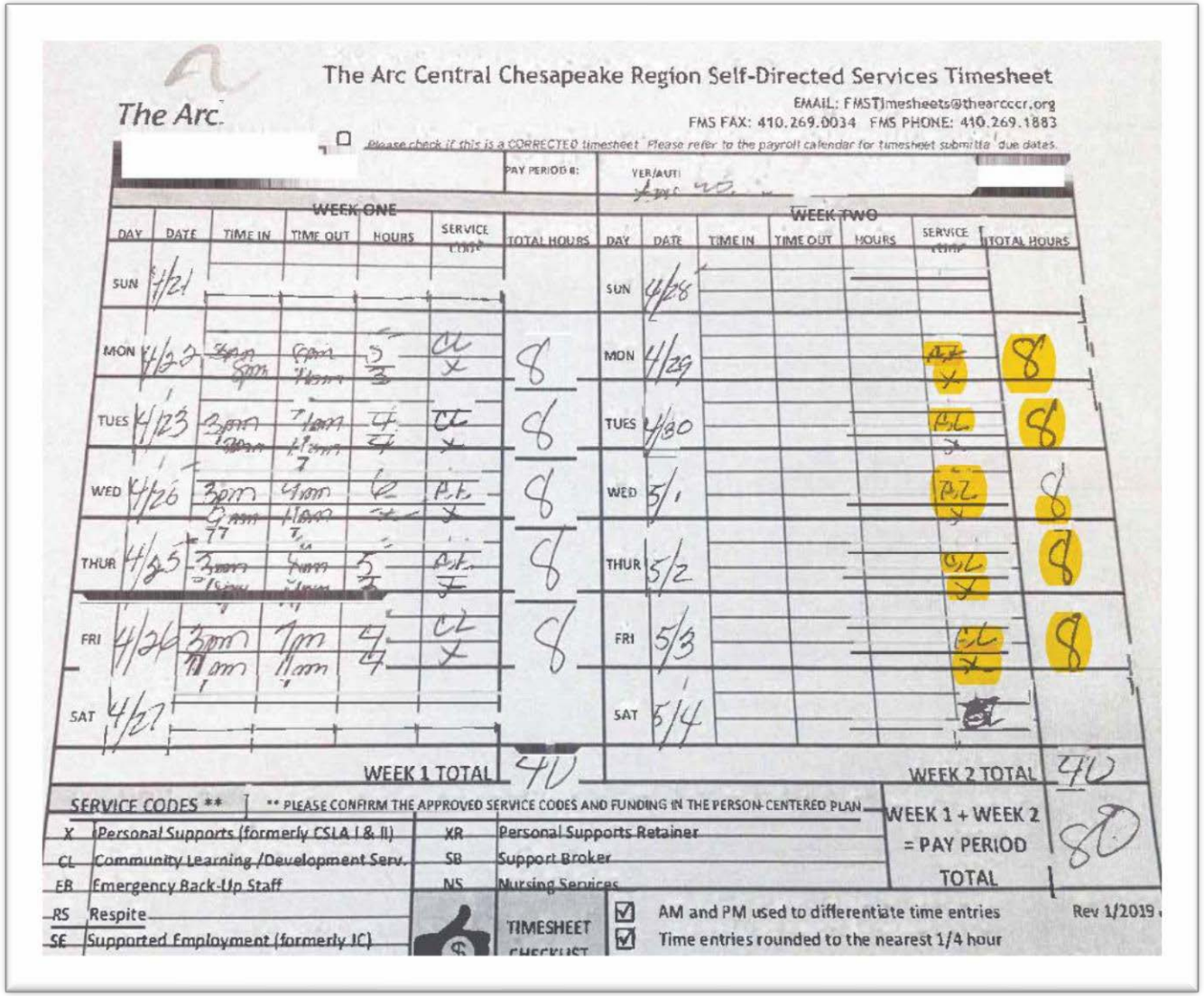
LECTED BY THIS TIMESHEET ARE TRUE AND ACCURATE AND

THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD

Top Reasons Timesheets may not be Processed Cont.

<u>The timesheet is missing the in and out times</u>.

- When we do not have the in & out times worked we cannot properly key the time worked into the payroll timekeeping system.
- This is standard for time entry.
- *We tend to see missing service codes mostly when recording ***Sick and Safe Leave (S&S or 04)*** as well as ***Paid Time Off (PTO)***
- Please note that in & out times need to be specified for each service code worked due to Medicaid billing requirements.


The Arc Central Chesapeake Region Self-Directed Services Timesheet

The Arc.

EMAIL: FMSTimesheets@thearcccr.org
FMS FAX: 410.269.0034 FMS PHONE: 410.269.1883

Please check if this is a CORRECTED timesheet. Please refer to the payroll calendar for timesheet submittal due dates.

PAY PERIOD #:

VER/AUTI

WEEK ONE

DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS
SUN	4/21					
MON	4/22	3pm 9am	9pm 1pm	5 3	CL X	8
TUES	4/23	3pm 10am	7pm 4pm	4 6	CL X	8
WED	4/26	3pm 9am	4pm 1pm	6 4	PA X	8
THUR	4/25	3pm 9am	8pm 1pm	5 3	PA X	8
FRI	4/26	3pm 11am	7pm 11pm	4 4	CL X	8
SAT	4/27					
				WEEK 1 TOTAL		40

WEEK TWO

DAY	DATE	TIME IN	TIME OUT	HOURS	SERVICE CODE	TOTAL HOURS
SUN	4/28					
MON	4/29				PA X	8
TUES	4/30				PA X	8
WED	5/1				PA X	8
THUR	5/2				CL X	8
FRI	5/3				CL X	8
SAT	5/4					
				WEEK 2 TOTAL		40

SERVICE CODES ** ** PLEASE CONFIRM THE APPROVED SERVICE CODES AND FUNDING IN THE PERSON-CENTERED PLAN

X	Personal Supports (formerly CSLA I & II)	XR	Personal Supports Retainer
CL	Community Learning /Development Serv.	SB	Support Broker
EB	Emergency Back-Up Staff	NS	Nursing Services
RS	Respite		
SE	Supported Employment (formerly IC)		

WEEK 1 + WEEK 2 = PAY PERIOD TOTAL 80

TIMESHEET CHECKLIST

☑ AM and PM used to differentiate time entries
☑ Time entries rounded to the nearest 1/4 hour

Rev 1/2019

The Arc
Central Chesapeake Region

Top Reasons Timesheets may not be Processed Cont.

The timesheet has been received late

- If we are receiving the timesheet after the stated deadline; this can hold up the processing time for all 1400+ timesheets.
- It is imperative to send your timesheet on time!

The line item requested is over budget

- We are rapidly approaching the close of the 2019 Fiscal year. As a result, budgets are depleting. Please be mindful of your remaining funds. We want to pay employees, but need to ensure that the funds are available.

The Arc
Central Chesapeake Region

Types of Paid Leave

We process two types of paid leave based on the approved plan/budget.

- Sick and Safe Leave
- Paid Time Off

Sick and Safe Leave (S&S or 04) is a benefit factored into a plan when the Participant/Employer resides in Montgomery County.

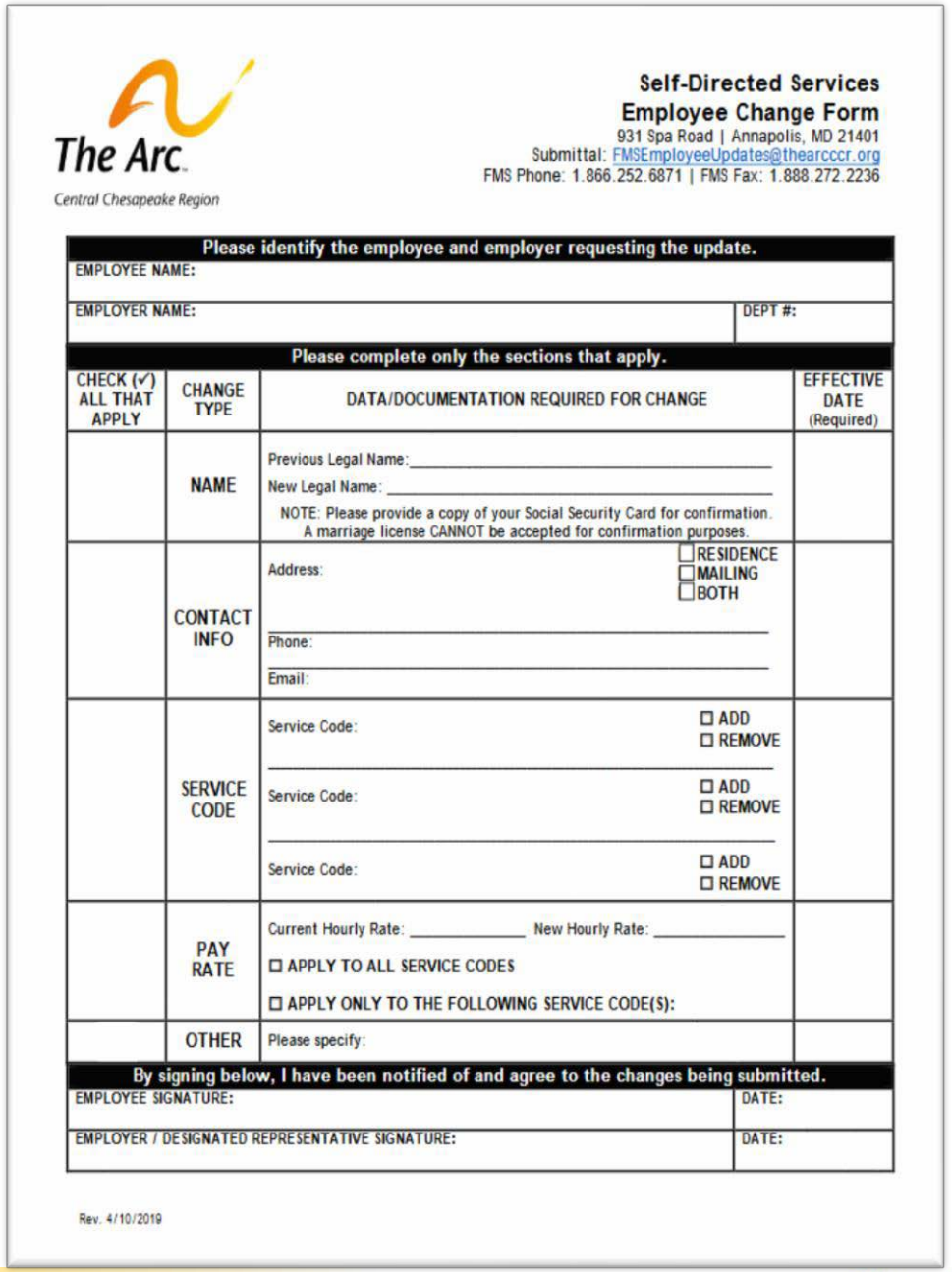
Paid Time Off (PTO) can be allowed in the budget when creating the plan. Employers can budget a certain amount of hours to be paid out to the employee each fiscal year.

Personnel Actions

The Payroll Team also processes Personnel Actions to include the following:

- Pay Rate Increases (must be below the max pay rate on plan)
- Name Changes (now require updated Social Security Card)
- Address Updates
- Service Code Updates

These are completed using an ***Employee Change Form***. Please submit employee change forms to FMSEmployeeUpdates@thearcccr.org



The Arc
Central Chesapeake Region

Self-Directed Services
Employee Change Form
931 Spa Road | Annapolis, MD 21401
Submittal: FMSEmployeeUpdates@thearcccr.org
FMS Phone: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Please identify the employee and employer requesting the update.

EMPLOYEE NAME:

EMPLOYER NAME: | DEPT #:

Please complete only the sections that apply.

CHECK (✓) ALL THAT APPLY	CHANGE TYPE	DATA/DOCUMENTATION REQUIRED FOR CHANGE	EFFECTIVE DATE (Required)
	NAME	Previous Legal Name: _____ New Legal Name: _____ NOTE: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
	CONTACT INFO	Address: ☐ RESIDENCE ☐ MAILING ☐ BOTH _____ Phone: _____ Email:	
	SERVICE CODE	Service Code: ☐ ADD ☐ REMOVE Service Code: ☐ ADD ☐ REMOVE Service Code: ☐ ADD ☐ REMOVE	
	PAY RATE	Current Hourly Rate: _____ New Hourly Rate: _____ ☐ APPLY TO ALL SERVICE CODES ☐ APPLY ONLY TO THE FOLLOWING SERVICE CODE(S):	
	OTHER	Please specify:	

By signing below, I have been notified of and agree to the changes being submitted.

EMPLOYEE SIGNATURE: | DATE:

EMPLOYER / DESIGNATED REPRESENTATIVE SIGNATURE: | DATE:

Rev. 4/10/2019

The Arc
Central Chesapeake Region

Pay Impacting Changes

We often receive updates for employees that impact pay received. These are what we call **Pay Impacting Changes**.

- Direct Deposit
- Address Change
- Pay Rate Increases

Because this will directly change how funds are received, we need these change forms /updates the ***Friday before timesheets are due.***

The Arc
Central Chesapeake Region

Payroll Contact Information

Submitting documents or for inquiries:

- Payroll: FMSPayroll@thearcccr.org
- New Hire Packet Processing : FMSNewHirePackets@thearcccr.org
- Employee Updates Processing: FMSEmployeeUpdates@thearcccr.org
- Timesheets: FMSTimesheets@thearcccr.org
- Paycom Help: PaycomHelp@thearcccr.org

The Arc
Central Chesapeake Region

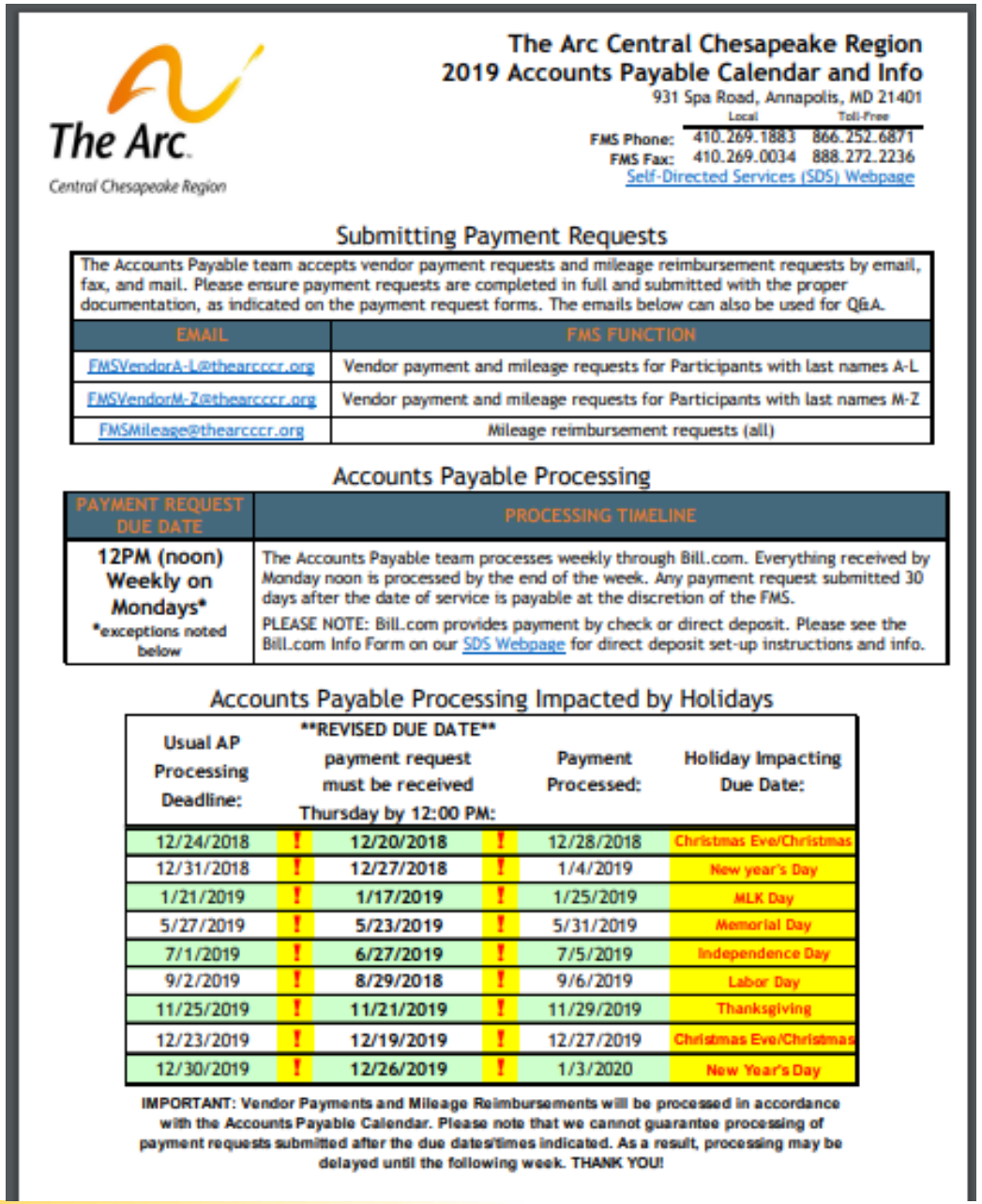
ACCOUNTS PAYABLE: Vendor and Mileage Payments

WHAT DOES (AP) ACCOUNTS PAYABLE DO?

- Review vendor (any non-employee) accounts and payment request documentation
- Review mileage reimbursement accounts and payment request documentation
- Process vendor and mileage payments supported by the plan and budget

AP RESOURCE

- Accounts Payable Calendar and Info Form
  - Submitting Payment Requests
  - Processing Timeline
  - Calendar Showing Early Submitting Dates Due to Holidays



The Arc
Central Chesapeake Region

The Arc Central Chesapeake Region
2019 Accounts Payable Calendar and Info

931 Spa Road, Annapolis, MD 21401

	Local	Toll-Free
FMS Phone:	410.269.1883	866.252.6871
FMS Fax:	410.269.0034	888.272.2236

Self-Directed Services (SDS) Webpage

Submitting Payment Requests

The Accounts Payable team accepts vendor payment requests and mileage reimbursement requests by email, fax, and mail. Please ensure payment requests are completed in full and submitted with the proper documentation, as indicated on the payment request forms. The emails below can also be used for Q&A.

EMAIL	FMS FUNCTION
FMSVendorA-L@thearcccr.org	Vendor payment and mileage requests for Participants with last names A-L
FMSVendorM-Z@thearcccr.org	Vendor payment and mileage requests for Participants with last names M-Z
FMSMileage@thearcccr.org	Mileage reimbursement requests (all)

Accounts Payable Processing

PAYMENT REQUEST DUE DATE	PROCESSING TIMELINE
12PM (noon) Weekly on Mondays* *exceptions noted below	The Accounts Payable team processes weekly through Bill.com. Everything received by Monday noon is processed by the end of the week. Any payment request submitted 30 days after the date of service is payable at the discretion of the FMS. PLEASE NOTE: Bill.com provides payment by check or direct deposit. Please see the Bill.com Info Form on our SDS Webpage for direct deposit set-up instructions and info.

Accounts Payable Processing Impacted by Holidays

Usual AP Processing Deadline:	**REVISED DUE DATE** payment request must be received Thursday by 12:00 PM:	Payment Processed:	Holiday Impacting Due Date:
12/24/2018	12/20/2018	12/28/2018	Christmas Eve/Christmas
12/31/2018	12/27/2018	1/4/2019	New year's Day
1/21/2019	1/17/2019	1/25/2019	MLK Day
5/27/2019	5/23/2019	5/31/2019	Memorial Day
7/1/2019	6/27/2019	7/5/2019	Independence Day
9/2/2019	8/29/2018	9/6/2019	Labor Day
11/25/2019	11/21/2019	11/29/2019	Thanksgiving
12/23/2019	12/19/2019	12/27/2019	Christmas Eve/Christmas
12/30/2019	12/26/2019	1/3/2020	New Year's Day

IMPORTANT: Vendor Payments and Mileage Reimbursements will be processed in accordance with the Accounts Payable Calendar. Please note that we cannot guarantee processing of payment requests submitted after the due dates/times indicated. As a result, processing may be delayed until the following week. THANK YOU!

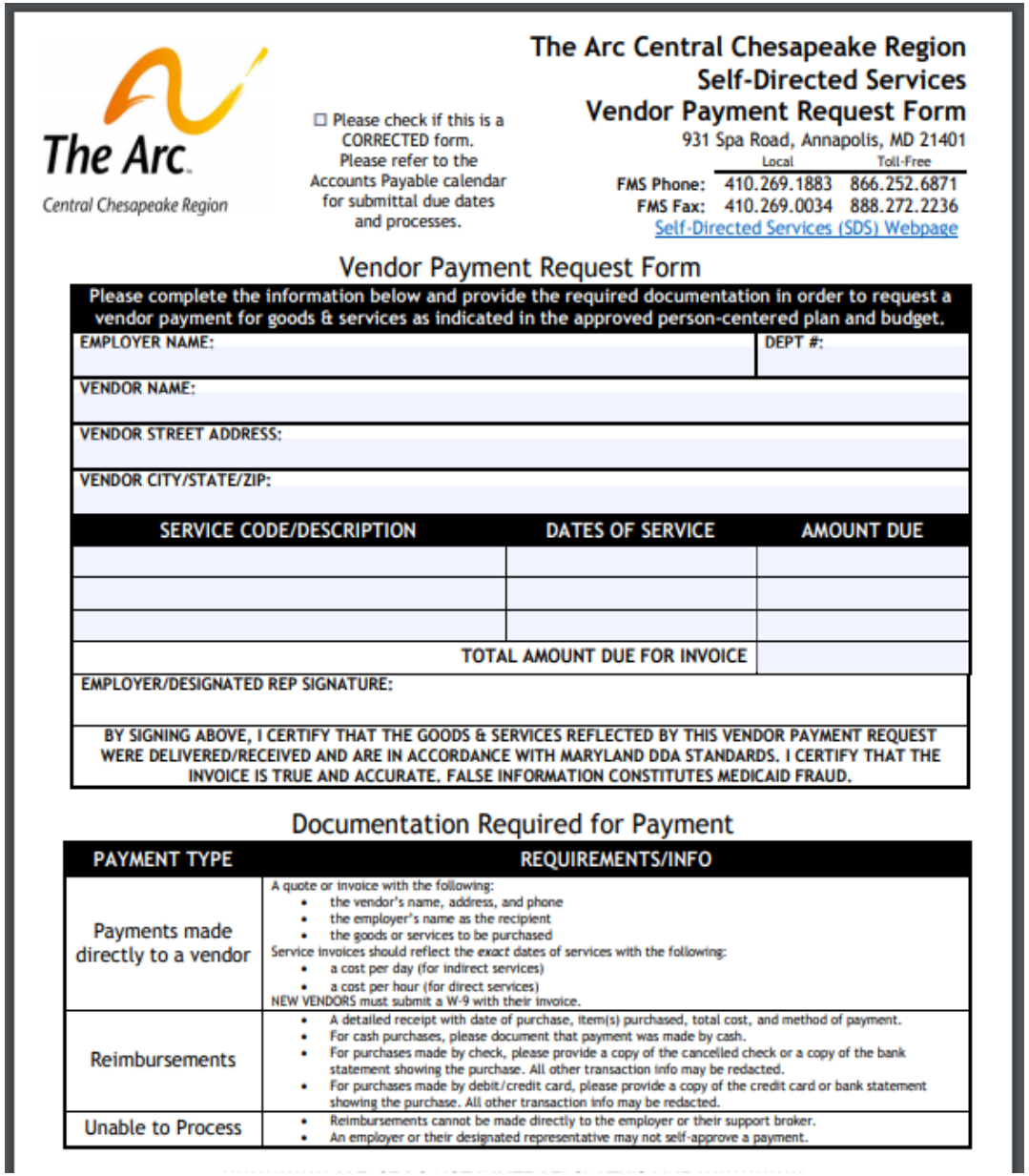
DEADLINES

- Per the AP Calendar, all vendor payments, including mileage reimbursements, are due on ***Monday by noon*** if they are to be paid that week.

- If vendor request are received after noon on Monday, they will be processed the following week.
- Mileage is paid on a monthly basis. Please send mileage sheets once a month.

REQUIRED DOCUMENTATION

- Vendor Payment Request Form – Required for ALL Payments (mileage excluded)
  - **Employer Info (Name/Dept)**
  - **Vendor Info (Name/Address)**
  - **Service Provided**
  - **Dates of Service**
  - **Amount Due**
  - **Employer/DR Signature**



The Arc
Central Chesapeake Region

☐ Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates and processes.

The Arc Central Chesapeake Region
Self-Directed Services
Vendor Payment Request Form
931 Spa Road, Annapolis, MD 21401

	Local	Toll-Free
FMS Phone:	410.269.1883	866.252.6871
FMS Fax:	410.269.0034	888.272.2236

Self-Directed Services (SDS) Webpage

Vendor Payment Request Form

Please complete the information below and provide the required documentation in order to request a vendor payment for goods & services as indicated in the approved person-centered plan and budget.

EMPLOYER NAME:	DEPT #:
VENDOR NAME:	
VENDOR STREET ADDRESS:	
VENDOR CITY/STATE/ZIP:	

SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
	TOTAL AMOUNT DUE FOR INVOICE	

EMPLOYER/DESIGNATED REP SIGNATURE:

BY SIGNING ABOVE, I CERTIFY THAT THE GOODS & SERVICES REFLECTED BY THIS VENDOR PAYMENT REQUEST WERE DELIVERED/RECEIVED AND ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. I CERTIFY THAT THE INVOICE IS TRUE AND ACCURATE. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.

Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
Payments made directly to a vendor	A quote or invoice with the following: • the vendor's name, address, and phone • the employer's name as the recipient • the goods or services to be purchased Service invoices should reflect the *exact* dates of services with the following: • a cost per day (for indirect services) • a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice.
Reimbursements	• A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. • For cash purchases, please document that payment was made by cash. • For purchases made by check, please provide a copy of the cancelled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. • For purchases made by debit/credit card, please provide a copy of the credit card or bank statement showing the purchase. All other transaction info may be redacted.
Unable to Process	• Reimbursements cannot be made directly to the employer or their support broker. • An employer or their designated representative may not self-approve a payment.

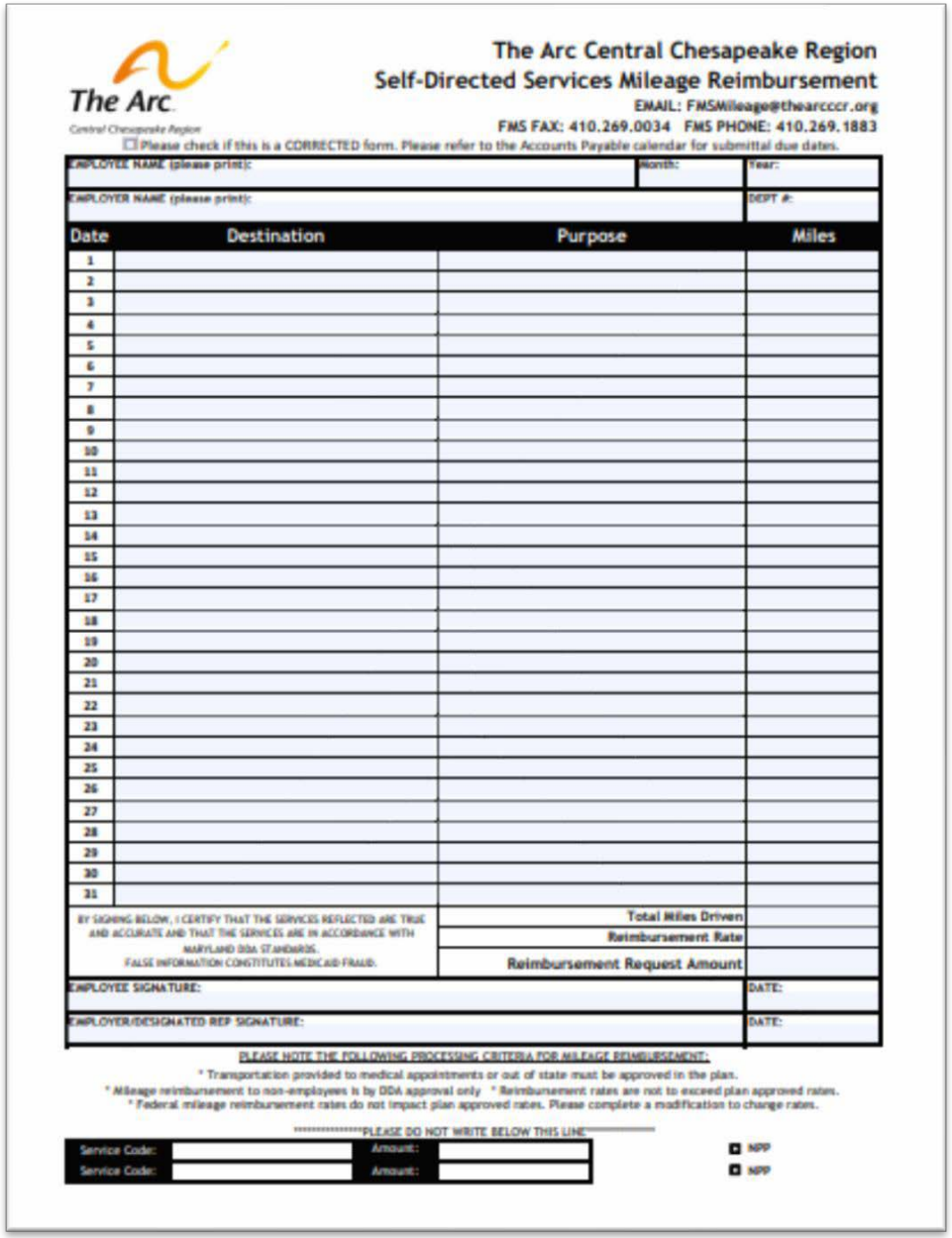
REQUIRED DOCUMENTATION

- Supplemental documentation is often required; please refer to Vendor Payment Request form for more information regarding supplemental documentation based on payment type.

PAYMENT TYPE	REQUIREMENTS/INFO
Payments made directly to a vendor	A quote or invoice with the following: • the vendor's name, address, and phone • the employer's name as the recipient • the goods or services to be purchased Service invoices should reflect the *exact* dates of services with the following: • a cost per day (for indirect services) • a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice.
Reimbursements	• A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. • For cash purchases, please document that payment was made by cash. • For purchases made by check, please provide a copy of the cancelled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. • For purchases made by debit/credit card, please provide a copy of the credit card or bank statement showing the purchase. All other transaction info may be redacted.
Unable to Process	• Reimbursements cannot be made directly to the employer or their support broker. • An employer or their designated representative may not self-approve a payment.

REQUIRED DOCUMENTATION

- Mileage Reimbursement Form
  - Employee Name
  - Employer Name/Dept
  - Month/Year
  - Service Dates, Destination, and Purpose
  - Total Miles
  - Employee and Employer/DR Signatures



The Arc
Central Chesapeake Region

The Arc Central Chesapeake Region
Self-Directed Services Mileage Reimbursement
EMAIL: FMSMileage@thearcccr.org
FMS FAX: 410.269.0034 FMS PHONE: 410.269.1883

☐ Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates.

EMPLOYEE NAME (please print): | Month: | Year:

EMPLOYER NAME (please print): | DEPT #:

Date	Destination	Purpose	Miles
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

BY SIGNING BELOW, I CERTIFY THAT THE SERVICES REFLECTED ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS.
FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.

Total Miles Driven
Reimbursement Rate
Reimbursement Request Amount

EMPLOYEE SIGNATURE: | DATE:

EMPLOYER/DESIGNATED REP SIGNATURE: | DATE:

PLEASE NOTE THE FOLLOWING PROCESSING CRITERIA FOR MILEAGE REIMBURSEMENT:

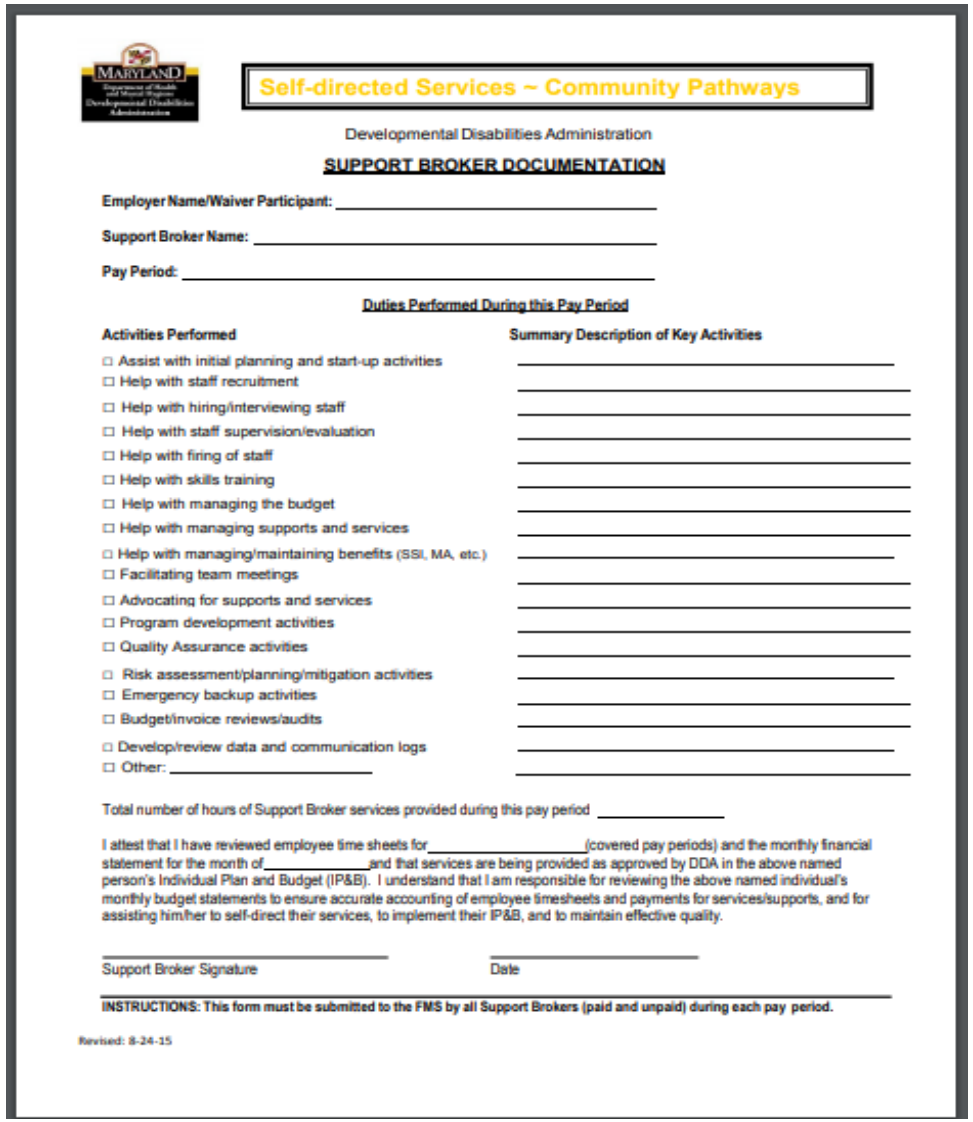
* Transportation provided to medical appointments or out of state must be approved in the plan.
* Mileage reimbursement to non-employees is by DDA approval only * Reimbursement rates are not to exceed plan approved rates.
* Federal mileage reimbursement rates do not impact plan approved rates. Please complete a modification to change rates.

**********PLEASE DO NOT WRITE BELOW THIS LINE**********

Service Code: Amount: ☐ NPP
Service Code: Amount: ☐ NPP

REQUIRED DOCUMENTATION

This is DDA's Support Broker Documentation form, which is required to pay Support Broker wage and nonwage. The Support Broker Documentation Form is available on our website.



Self-directed Services ~ Community Pathways

Developmental Disabilities Administration

SUPPORT BROKER DOCUMENTATION

Employer Name/Waiver Participant: _____

Support Broker Name: _____

Pay Period: _____

Duties Performed During this Pay Period

Activities Performed	Summary Description of Key Activities
☐ Assist with initial planning and start-up activities	_____
☐ Help with staff recruitment	_____
☐ Help with hiring/interviewing staff	_____
☐ Help with staff supervision/evaluation	_____
☐ Help with firing of staff	_____
☐ Help with skills training	_____
☐ Help with managing the budget	_____
☐ Help with managing supports and services	_____
☐ Help with managing/maintaining benefits (SSI, MA, etc.)	_____
☐ Facilitating team meetings	_____
☐ Advocating for supports and services	_____
☐ Program development activities	_____
☐ Quality Assurance activities	_____
☐ Risk assessment/planning/mitigation activities	_____
☐ Emergency backup activities	_____
☐ Budget/invoice reviews/audits	_____
☐ Develop/review data and communication logs	_____
☐ Other: _____	_____

Total number of hours of Support Broker services provided during this pay period _____

I attest that I have reviewed employee time sheets for _____(covered pay periods) and the monthly financial statement for the month of _____and that services are being provided as approved by DDA in the above named person's Individual Plan and Budget (IP&B). I understand that I am responsible for reviewing the above named individual's monthly budget statements to ensure accurate accounting of employee timesheets and payments for services/supports, and for assisting him/her to self-direct their services, to implement their IP&B, and to maintain effective quality.

_____ _____

Support Broker Signature Date

INSTRUCTIONS: This form must be submitted to the FMS by all Support Brokers (paid and unpaid) during each pay period.

Revised: 8-24-15

The Arc
Central Chesapeake Region

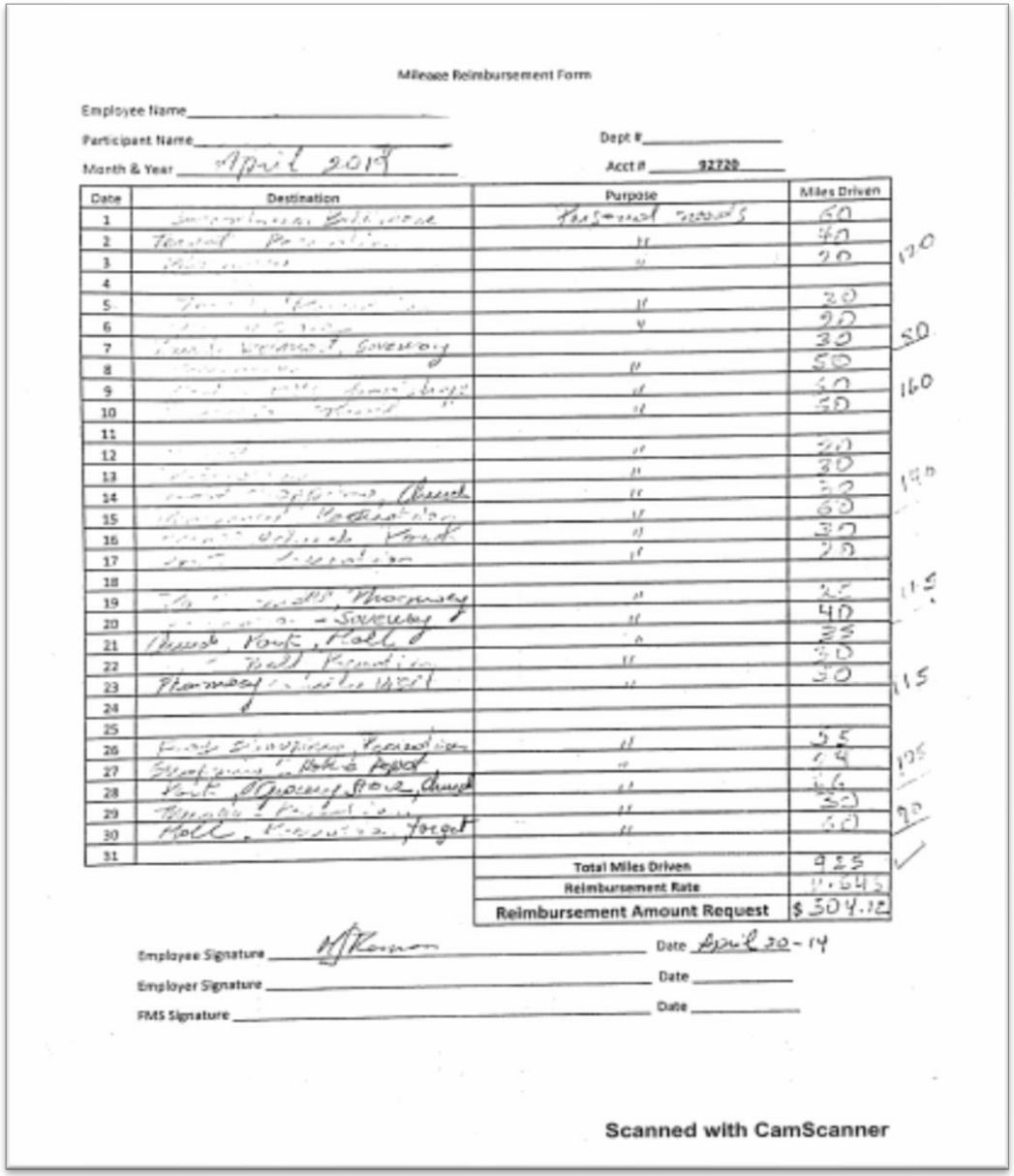
VENDOR PAYMENT REJECTION

- Payments are sometimes rejected during our reviewal process.
- This normally happens when there is ***missing documentation*** or ***missing signatures*** from the employer or their representative.
- We then reach out to the participant/representative or support team members via email or by phone to resubmit the corrected document.
- ***We <u>do not</u> hold*** any paper work that was sent back to be corrected.
  - When resubmitting, please be sure to resend all supporting documentation back to the provided emails for submission.

The Arc
Central Chesapeake Region

VENDOR PAYMENT REJECTION

- Form is hard to read
- Some areas are not filled out on the top of the page such as the Employee Name, Participant Name, the Department Number.
- Another major area often left incomplete is the Employer/or Representative Signature



Mileage Reimbursement Form

Employee Name _____

Participant Name _____ Dept # _____

Month & Year April 2019 Acct # 92720

Date	Destination	Purpose	Miles Driven	
1	[illegible]	Personal needs	60	
2	[illegible]	"	40	
3	[illegible]	"	20	120
4				
5	[illegible]	"	30	
6	[illegible]	"	20	
7	[illegible], Soveway		30	50
8	[illegible]	"	50	
9	[illegible]	"	60	160
10	[illegible]	"	50	
11				
12	[illegible]	"	20	
13	[illegible]	"	30	
14	[illegible], Church	"	30	140
15	[illegible]	"	60	
16	[illegible]	"	30	
17	[illegible]	"	20	
18				
19	[illegible], Pharmacy	"	25	115
20	[illegible] - Soveway	"	40	
21	Church, Park, Mall	"	35	
22	[illegible] Mall [illegible]	"	30	
23	Pharmacy [illegible]	"	30	115
24				
25				
26	[illegible]	"	25	
27	[illegible]	"	24	125
28	Park, [illegible], Church	"	66	
29	[illegible]	"	30	
30	Mall, [illegible], forget	"	60	90
31				
		Total Miles Driven	925	
		Reimbursement Rate	[illegible]	
		Reimbursement Amount Request	$ 504.12	

Employee Signature [signature] Date April 30-14

Employer Signature _____ Date _____

FMS Signature _____ Date _____

Scanned with CamScanner

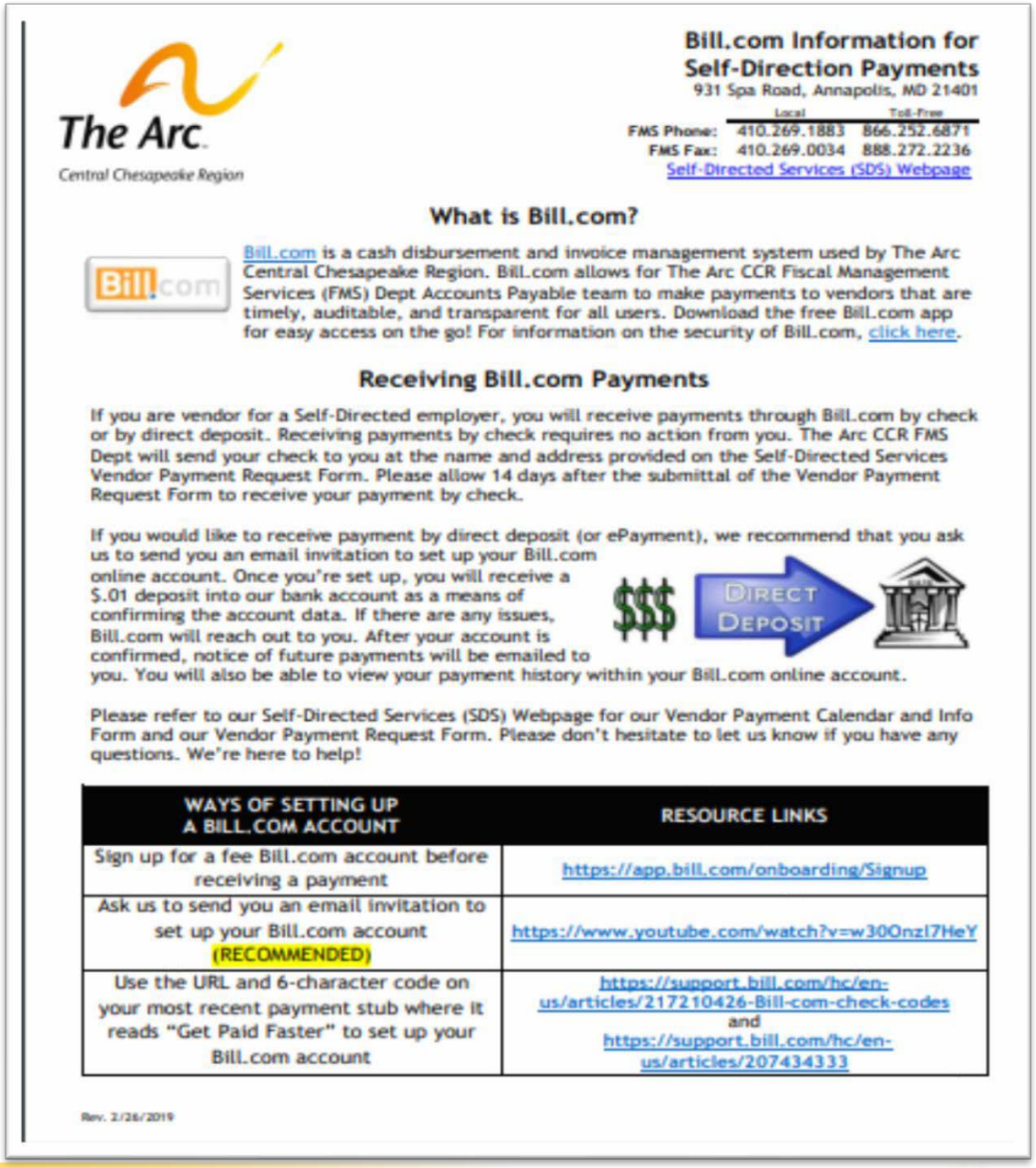
The Arc
Central Chesapeake Region

PAYMENT OPTIONS

- ***Checks cannot be generated*** from the Annapolis office.
- ***Bill.com is used for electronic payment by check or direct deposit***
  - Cash disbursement and invoice management system
  - Transparency of payment to vendors with login credentials. Emails sent notifying of payment processing.
  - Maintains vendor W-9 and payment history.

PAYMENT OPTIONS

- Available on our website, this sheet explains how to use Bill.com and how to set up direct deposit.
- Identifies ways of setting up a Bill.com Account, along with the resource links to direct the vendor/employee through the necessary steps.



The Arc
Central Chesapeake Region

Bill.com Information for Self-Direction Payments
931 Spa Road, Annapolis, MD 21401

	Local	Toll-Free
FMS Phone:	410.269.1883	866.252.6871
FMS Fax:	410.269.0034	888.272.2236

Self-Directed Services (SDS) Webpage

What is Bill.com?

Bill.com is a cash disbursement and invoice management system used by The Arc Central Chesapeake Region. Bill.com allows for The Arc CCR Fiscal Management Services (FMS) Dept Accounts Payable team to make payments to vendors that are timely, auditable, and transparent for all users. Download the free Bill.com app for easy access on the go! For information on the security of Bill.com, click here.

Receiving Bill.com Payments

If you are vendor for a Self-Directed employer, you will receive payments through Bill.com by check or by direct deposit. Receiving payments by check requires no action from you. The Arc CCR FMS Dept will send your check to you at the name and address provided on the Self-Directed Services Vendor Payment Request Form. Please allow 14 days after the submittal of the Vendor Payment Request Form to receive your payment by check.

If you would like to receive payment by direct deposit (or ePayment), we recommend that you ask us to send you an email invitation to set up your Bill.com online account. Once you're set up, you will receive a $.01 deposit into our bank account as a means of confirming the account data. If there are any issues, Bill.com will reach out to you. After your account is confirmed, notice of future payments will be emailed to you. You will also be able to view your payment history within your Bill.com online account.

Please refer to our Self-Directed Services (SDS) Webpage for our Vendor Payment Calendar and Info Form and our Vendor Payment Request Form. Please don't hesitate to let us know if you have any questions. We're here to help!

WAYS OF SETTING UP A BILL.COM ACCOUNT	RESOURCE LINKS
Sign up for a fee Bill.com account before receiving a payment	https://app.bill.com/onboarding/Signup
Ask us to send you an email invitation to set up your Bill.com account (RECOMMENDED)	https://www.youtube.com/watch?v=w30OnzI7HeY
Use the URL and 6-character code on your most recent payment stub where it reads "Get Paid Faster" to set up your Bill.com account	https://support.bill.com/hc/en-us/articles/217210426-Bill-com-check-codes and https://support.bill.com/hc/en-us/articles/207434333

Rev. 2/26/2019

The Arc
Central Chesapeake Region

SUBMITTING FOR PROCESSING

For all vendor payments and mileage reimbursements, they must be sent to the following email addresses listed below for processing. We can also accept paperwork by FMS FAX (410) 269- 0034

- **FMSVendorA-L@thearcccr.org**
  - Vendor payments request for ***participants*** **with the last names A-L**
- **FMSVendorM-Z@thearcccr.org**
  - Vendor payments request for ***participants*** **with the last names M-Z**
- **FMSMileage@thearcccr.org**
  - All mileage reimbursements request

The Arc
Central Chesapeake Region

Financial Reporting

Statement of Activities – Actual vs. Budget

- Distributed monthly (15th) to each Participant's team.
- Shows the total funding allotted per service line.
- Shows amount of funding paid 'To Date'.
- Shows the remaining budget.

Questions about your statement or want to change team members receiving statement? **Email us at** FMSStatements@thearcccr.org

The Arc
Central Chesapeake Region

Arc FMS

Statement of Activities - Actual vs Budget

FY2019 Budget

As of Date: 04/30/2019

Department: 1234--Dept 1234 - BLUE, BOB

	Month Ending 04/30/2019		Year To Date 04/30/2019		Year Ending 06/30/2019	Remaining Budget	% Remaining Budget
	Actual	FM S FY19 Budget	Actual	FM S FY19 Budget	FM S FY19 Budget		
Expenditures	**1**	**2**	**3**	**4**	**5**	**6**	**7**
FMS Expenditures							
Managing My Support							
92000 - Fiscal Management Service	250.00	300.00	2,500.00	3,000.00	3,600.00	1,100.00	31 %
92001 - Supp. Broker- Agency/ Nonwage	1,900.00	875.00	9,000.00	8,750.00	10,500.00	1,500.00	14 %
Total Managing My Support	**2,150.00**	**1,175.00**	**11,500.00**	**11,750.00**	**14,100.00**	**2,600.00**	**18 %**
Meeting My Daily Support Needs							
90020 - Respite - Wages	0.00	191.67	0.00	1,916.66	2,300.00	2,300.00	100 %
90040 - Personal Support Wages	6,142.64	6,581.03	61,432.33	65,810.30	78,972.36	17,540.03	22 %
92025 - Respite - Taxes	0.00	26.83	0.00	268.34	322.00	322.00	100 %
92043 - Personal Spprts-CPR/Recruitment/Training	0.00	16.67	0.00	166.66	200.00	200.00	100 %
92045 - Personal Spprts-Taxes	859.96	887.95	7,734.75	8,879.52	10,655.42	2,920.67	27 %
Total Meeting My Daily Support Needs	**7,002.60**	**7,704.15**	**69,167.08**	**77,041.48**	**92,449.78**	**23,282.70**	**25 %**
Health and Adaptations							
92400 - Nursing Services - Nonwage	0.00	396.33	2,730.00	3,963.24	4,755.90	2,025.90	43 %
Total Health and Adaptations	**0.00**	**396.33**	**2,730.00**	**3,963.24**	**4,755.90**	**2,025.90**	**43 %**
Transportation							
92720 - Transportation - Other	0.00	70.75	0.00	707.50	849.00	849.00	100 %
Total Transportation	**0.00**	**70.75**	**0.00**	**707.50**	**849.00**	**849.00**	**100 %**
Non-waiverable Expenses							
90080 - Sick + Safe Leave - Wages	0.00	120.08	0.00	1,200.80	1,440.96	1,440.96	100 %
92085 - Sick + Safe Leave - ER Taxes	0.00	99.95	0.00	999.50	1,199.36	1,199.36	100 %
Total Non-waiverable Expenses	**0.00**	**220.03**	**0.00**	**2,200.30**	**2,640.32**	**2,640.32**	**100 %**
Total FMS Expenditures	**9,152.60**	**9,566.26**	**83,397.08**	**95,662.52**	**114,795.00**	**31,397.92**	**27 %**
Total Expenditures	**9,152.60**	**9,566.26**	**83,397.08**	**95,662.52**	**114,795.00**	**31,397.92**	**27 %**

The Arc
Central Chesapeake Region

Understanding the Statement of Activities

- Column 1 – The Actual amount of funding disbursed for the referenced month, per service line.
- Column 2 – The Fiscal Year allocation of funding for the referenced month, per service line.
- Column 3 – The Actual funds disbursed “To Date” for the fiscal year per service line.
- Column 4 – The Fiscal Year allocation of funds “To Date”, per service line.
- Column 5 – The Fiscal Year allocation of funds per service line.
- Column 6 – The Total Remaining Budget for the fiscal year, per service line.
- Column 7 – The Percentage of the budget that remains for the fiscal year, per service line.

Understanding the General Ledger Report

- List all funds disbursed per service code *To Date*.
- Shows *total* amount paid out *per service code*, per pay period.
- Non-Wage service line payments will indicate to whom it was paid.
- Figures with parentheses are in a negative standing.

The Arc
Central Chesapeake Region

Created On: 6/10/2019

Department: 1234--Dept 1234 - BLUE, BOB

Posted Dt.	Doc	Memo / Description	Department	Department Name	JNL	Debit	Credit	Balance
90040 - Personal Support Wages (Balance Forward		**As of 03/01/2019)**						0.00
3/1/2019		Payroll 03.01.2019	3158	Dept 1234 - BLUE, BOB	GJ	1,861.82		1,861.82
3/15/2019		Payroll 03.15.2019	3158	Dept 1234 - BLUE, BOB	GJ	2,839.00		4,700.82
3/29/2019		Payroll 03.29.2019	3158	Dept 1234 - BLUE, BOB	GJ	3,396.39		8,097.21
Totals for 90040 - Personal Support Wages						**8,097.21**	**0.00**	**8,097.21**
92000 - Fiscal Management Service (Balance Forward As of 03/01/2019)								0.00
3/31/2019		March 2019 FMS Fees	3158	Dept 1234 - BLUE, BOB	GJ	250.00		250.00
Totals for 92000 - Fiscal Management Service						**250.00**	**0.00**	**250.00**
92045 - Personal Spprts-Taxes (Balance Forward As of 03/01/2019)								0.00
3/31/2019		Fringe for Payroll 03.01.2019	3158	Dept 1234 - BLUE, BOB	GJ	260.65		260.65
3/31/2019		Fringe for Payroll 03.15.2019	3158	Dept 1234 - BLUE, BOB	GJ	397.46		658.11
3/31/2019		Fringe for Payroll 03.29.2019	3158	Dept 1234 - BLUE, BOB	GJ	475.49		1,133.60
3/31/2019		Fringe C redit 01/01/2019-03/31/2019	3158	Dept 1234 - BLUE, BOB	GJ		234.60	899.00
Totals for 92045 - Personal Spprts-Taxes						**1,133.60**	**234.60**	**899.00**
92400 - Nursing Services - Nonwage (Balance Forward As of 03/01/2019)								0.00
3/4/2019		Bills: 2019/03/04 Batch Summary Entry	3158	Dept 1234 - BLUE, BOB	APJA	660.00		660.00
Totals for 92400 - Nursing Services - Nonwage						**660.00**	**0.00**	**660.00**
Grand Total						**10,140.81**	**234.60**	**9,906.21**

Re-allocating Funds (Budget Modifications)

- A 'Budget Modification for Services' and sometimes the 'Individual Plan Modification' form is required for re-allocating funds. Both documents can be found on DDA's Self-Directed Services Form Page.
- *If service lines exist*, only the approval of the CCS and the Participant (or Designated Representative) is required to move funds between service lines.
- *If adding a new service*, the approval of the CCS, Participant (or Representative), and DDA is required.

http://thearcccr.org/wp-content/uploads/2019/04/Budget-Modification-Tips.pdf

The Arc
Central Chesapeake Region

Budget Modification Tips

- Both sides (Reducing and Increasing) should be equal amounts.
- Reducing column will decrease funds from a service line and the increasing column will add funds to a service line.
- All approved modifications should be submitted to the FMSParticipants@thearcccr.org email address.
- Budget modification are usually processed within 1-2 business days of receipt.

http://thearcccr.org/wp-content/uploads/2019/04/Budget-Modification-Tips.pdf

The Arc
Central Chesapeake Region

Top Resources

DDA: https://dda.health.maryland.gov/Pages/sdforms.aspx
(Click on SDS Budget)

FMS: http://thearcccr.org/programs-and-services/self-directed-fiscal-management-services/

CCS: Has access to LTSS; they are there to guide you through the process.

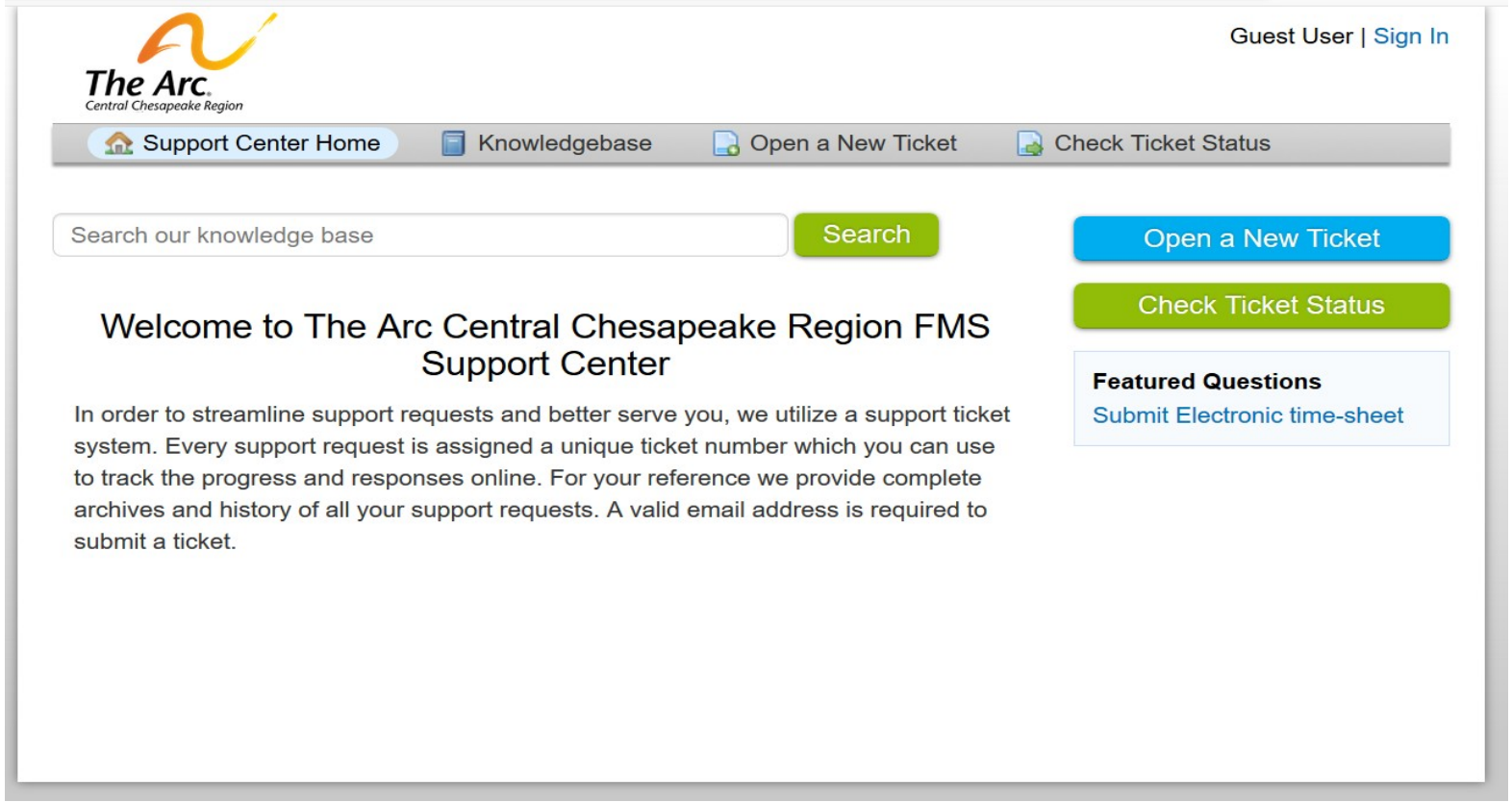
The Arc
Central Chesapeake Region

FMS Customer Service Ticket System

How Does The Ticket System Work?

- The ticking system gathers information about an issue and tracks an issue through to its resolution
  - Resolution Timeframe (1-2 business days)
- Tickets are based on a topic area and routed to the appropriate FMS team members for resolution
- The system tracks the status of any ticket you have submitted and maintains a ticket history
- The system provides the FMS team feedback about resolution timelines so that resources can be more appropriately allocated

Customer Service Ticket System



- Sign In (register)
- Identify Support Needed
- Create a ticket
- Check your email for responses

To open a ticket: https://thearcccr.supportsystem.com

The Arc
Central Chesapeake Region