

**DEPARTMENTAL MEMORANDUM**  
**MAD-MR:**  
**DATE:** 03-23-2017

**TO:** MAD STAFF

**FROM:** *NSL* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE  
DIVISION

**THROUGH:** TALLIE TOLEN, CHIEF, LONG-TERM SERVICES AND SUPPORTS  
BUREAU (LTSSB) *TK*

**BY:** JUSTINA VIGIL, LTSSB, SELF-DIRECTED COMMUNITY BENEFIT  
(COMMUNITY BENEFITS ADMINISTRATOR)

**SUBJECT:** CENTENNIAL CARE SELF-DIRECTED COMMUNITY BENEFIT  
EMPLOYER OF RECORD (EOR) SELF-ASSESSMENT FORM

**GENERAL INFORMATION**

The *Centennial Care Self-Directed Community Benefit Employer of Record (EOR) Self-Assessment Form* is to be completed by the SDCB member and Care Coordinator or Support Broker and submitted to the managed care organization (MCO) upon annual Self-Directed Community Benefit (SDCB) care plan renewal or upon selecting to transfer the SDCB.

The self-assessment is used to determine if the member will be the EOR and if he/she requires assistance in fulfilling the EOR responsibilities. If the EOR Self-Assessment demonstrates that the member is not able to be his/her own EOR, the member must designate a suitable EOR. The member is also informed of the SDCB advantages and potential risks.

**FILING INSTRUCTIONS**

Please add the following forms to the Medical Assistance Forms Manual:

MAD 614 – Revised 03/27/2017

Please address questions concerning this material to: Jeannette Gurule at 505-827-7765 or e-mail to [Jeannette.C.Gurule@state.nm.us](mailto:Jeannette.C.Gurule@state.nm.us)

**Centennial Care Self-Directed Community Benefit  
Employer of Record (EOR) Self-Assessment**

**In order to be an employer of record (EOR) in the Centennial Care Self-Directed Community Benefit (SDCB), a member must meet the following qualifications:**

1. The member must not be a minor (under 18 years old);
2. The member must have the legal authority to enter into a contractual agreement with his/her employees and vendors. The member must not have a plenary or limited guardianship or conservatorship over financial matters in place;
3. If the member has a power of attorney (POA) that includes the authority to make decisions regarding financial matters, the POA must be the member's EOR due to the financial responsibilities inherent in the SDCB program; and
4. The EOR cannot be a paid caregiver for any SDCB services.

**Employer of Record (EOR) responsibilities include:**

1. Keeping track of SDCB budget amounts spent on paying employees and for approved services and related goods;
2. Arranging for the delivery of services, supports and goods as approved in the care plan;
3. Recruiting, hiring, training, managing, and firing your employees and other service providers (service providers include employees, contractors and vendors);
4. Verifying and attesting that employees meet the minimum qualifications for employment as required by the SDCB in the Centennial Care Policy Manual Section 9;
5. Establishing a mutually agreeable schedule for employees' services in writing and providing fair notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies;
6. Authorizing and submitting all required documents to the Financial Management Agency (FMA). Documents must be completed and provided to the FMA according to the timelines and rules established by the State. Documents include, but are not limited to, vendor and employee agreements, vendor information forms, criminal background check forms, time-sheets, payment request forms (PRFs) and invoices, updated employee information, and other documentation needed by the FMA to process payment to employees and vendors;
7. Ensuring that employees do not begin work until all materials necessary for a criminal background check have been received by the FMA and the employee has successfully passed the Consolidated Online Registry (COR) Background Check;
8. Agreeing to select or employ the employee on an interim (temporary) basis until a final criminal history record check has been completed, for those crimes determined to be disqualifying convictions as stated in NMSA 1978, Section 29-17-3. The employer discusses this with the employee and reserves the right to dismiss the employee based on the results of the criminal history record check;
9. Providing fair notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies;

10. Authorizing completed employee timesheets and invoices in order to pay employees and other providers according to the predetermined payroll schedule. Net wages will include gross earnings calculated according to the employee's pay rate, minus payroll deductions for the employee's share of applicable state, federal, and local payroll withholdings;
11. Reporting any incidents of abuse, neglect or exploitation by any employee or other service provider to the support broker and/or MCO/care coordinator;
12. Maintaining employee and service records and documentation in accordance with SDCB rules and Federal and State employment rules;
13. Fully cooperating with the NM Department of Workforce Solutions (DWS) in any investigations or other matters related to his/her employees;
14. Fully cooperating with the State's worker's compensation carrier. Responsibilities include reporting claims and providing information to the carrier;
15. Meeting Federal employer requirements, such as completing and maintaining a Federal I-9 form for each employee as required by law; and
16. When necessary, requesting assistance from the care coordinator and/or support broker with any of these responsibilities.

### **SDCB Advantages vs. Potential Risks**

#### **Advantages to the SDCB Model**

- You have more control on who provides your services and when they are delivered.
- You will receive assistance from your care coordinator and support broker to help you be a successful employer.
- You may choose someone else to be the (EOR) to perform the listed duties above.

#### **Potential Risks to the SDCB Model**

- You and your EOR are responsible for backup arrangements for services to be delivered if your employee or service provider does not show up for work.
- Your employees and providers are **not** the employees of the FMA, The Human Services Department, or any other state or federal agency.
- The EOR is responsible for meeting all requirements as any employer in any business and can be held liable for failure to meet those requirements.
- Certain circumstances may result in your involuntary termination from the SDCB that will result in a shift to ABCB; please refer to the SDCB involuntary termination policy in Section 8 of the Managed Care Policy Manual.



**Centennial Care Self-Directed Community Benefit**

**Employer of Record (EOR) Self-Assessment**

This form is to be completed by the Self-Directed Community Benefit (SDCB) member and care coordinator or support broker and submitted to the managed care organization (MCO) upon annual care plan renewal or upon selecting the SDCB.

Member Name \_\_\_\_\_

Member Date of Birth \_\_\_\_\_

Member ID# \_\_\_\_\_

Managed Care Organization \_\_\_\_\_

Name of Care Coordinator and signature \_\_\_\_\_

Name of Support Broker and signature \_\_\_\_\_

Name of Support Broker Agency (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**To determine if the member can be his/her own EOR (use additional paper as necessary):**

Is the member a minor? \_\_\_\_\_ (If yes, the member cannot be his/her own EOR and must select an EOR, do not answer the questions below.)

Does the member have a plenary guardianship or conservatorship in place? \_\_\_\_\_ (If yes, the member cannot be his/her own EOR and must select an EOR, do not answer the questions below)

Does the member have a power of attorney (POA) in place? \_\_\_\_\_

(If yes, the MCO must obtain a copy of the POA and verify that it allows for the member to legally enter into contractual relationships and perform all functions of an EOR). Please list the name of the power of attorney and his/her relationship to the member

\_\_\_\_\_  
\_\_\_\_\_

**Additional questions:**

Has the member received training on how to approve and submit timesheets electronically through FOCOS? \_\_\_\_\_



Does the member currently approve and submit timesheets electronically through FOCOS? \_\_\_\_\_ If no, please explain why:

---

---

Do any of the member's current employees or vendors have power of attorney for the member? \_\_\_\_\_ If yes, please list the name(s) of the employees.

---

---

Does the member need assistance with any of the EOR responsibilities listed on pages 1&2 of this form?

---

If yes, which ones?

---

---

---

---

---

---

Who will provide assistance?

---

---

---

Does the member understand the responsibilities of an EOR? \_\_\_\_\_

Does the member want to be his/her own EOR? \_\_\_\_\_ If no, who has the member selected to be his/her EOR?(include relationship to the member)

---

---



**To be completed by the member or his/her authorized representative:**

\_\_\_\_\_ I have completed this assessment and want to participate (or continue to participate) in the SDCB. I am willing and able to be the EOR.

\_\_\_\_\_ I have completed this assessment and want to participate (or continue to participate) in the SDCB and I will select another person to be the EOR.

\_\_\_\_\_ I have completed this assessment. I choose not to participate in the SDCB at this time. I may change my mind at any time by notifying my care coordinator.

Member or authorized representative signature, printed name, and date

---

**To be completed by the MCO:**

\_\_\_\_\_ The member is approved to serve as his/her own EOR

\_\_\_\_\_ The member is not approved to serve as his/her own EOR

**Upon completion, a copy of this form must be sent to the FMA and a copy must be maintained in the member's file.**