

OIG COMPLIANCE NOW, LLC  
ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL

## ABX2-1 Service Provider Portal

USER MANUAL  
Rev. 7/17/2017

### ABX2-1 Program Summary

The enactment of Assembly Bill (ABX2-1) (Chapter 3, Statutes of 2016) issued rate increases to designated Provider programs, effective July 1, 2016. The rate increase was for the purpose of increasing wages and/or benefits for staff that spend a minimum of 75 percent of their time providing direct services to consumers.

Included in the statute is a mandated requirement that the Department of Developmental Services (“DDS”), with California Regional Center (RC) participation, must survey all service providers who received this rate increase effective July 1, 2016.

The mandated survey must be completed no later than Sunday October 1, 2017. In order to meet this statutory timeline, it is suggested that providers complete the mandated survey **on or before Friday, September 15, 2017.**

**Please know that the failure to complete the ABX2-1 rate survey(s) will result in Provider program(s) forfeiting the ABX2-1 rate increase.**

A secure web portal has been created to facilitate the completion of the surveys by all designated Service Providers and to provide oversight of the process by Regional Center and DDS representatives.

This user manual will outline the steps required for Service Provider portal access and survey completion.

OIG COMPLIANCE NOW, LLC  
ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL

**Table of Contents**

ABX2-1 Service Provider Portal ..... 1  
ABX2-1 Program Summary..... 1  
1. Contact Information..... 3  
2. Registration & Authentication..... 3  
3. Login ..... 5  
4. Service Provider Portal Home Page ..... 5  
5. Survey Completion..... 7  
6. Other Portal Page Links..... 12  
7. Conclusion ..... 13

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL

## 1. Contact Information

For questions/assistance with the Portal, please contact our Customer Service group here:

**ABX Survey Helpdesk**

(607) 218-4167

[abxsurveyhelpdesk@oigcompliancencow.com](mailto:abxsurveyhelpdesk@oigcompliancencow.com)

[ABX Survey Login](#)

## 2. Registration & Authentication

Each Service Provider user is required to authenticate his/her identity prior to accessing the ABX2-1 Service Provider portal. The Provider user will also have to confirm his/her email address and select a password to register.

To begin this process, login to the following website links:

**Step 1: Service Provider ABX2-1 Portal Registration Link (First Time/New User):**

<https://www.evoconportal.com/CADDS/authenticate.php>

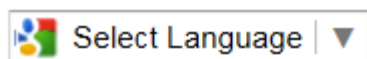
**Step 2: Service Provider ABX2-1 Survey Link (Once registered, Use the following link to login into the portal to complete the survey):**

<https://www.evoconportal.com/CADDS/login.php>

Note: Each Regional Center (RC) has posted the links above on its website.

The first link will show the page below:

The page language defaults to English; for a different language, use the drop down box to select.



**However, you must complete the form fields in English.**

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL

OIG Compliance NOW! LLC Home Contact Us

## Registration - Authentication ?

Select Language ▾

Welcome! Please enter the following information to authenticate.

**Tax ID Number**

**Vendor/Service Provider Number**

**Service Code Number**

Authenticate >

Please enter your Tax ID Number, Vendor Number, and Service Code Number. **All 3 of these will be required for the authentication process.**

Upon successful authentication, you will see the next page for Registration.

Enter your email address and a desired password, and confirm the password. Then click **Register**.

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## Registration ?

**Email**

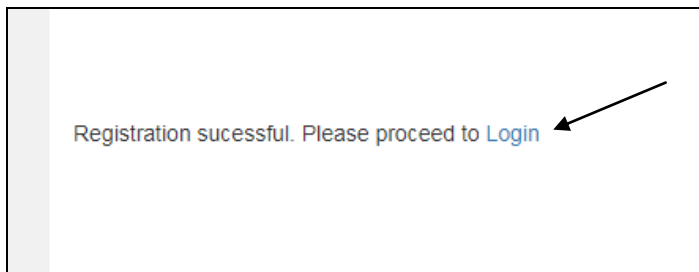
**Password**

**Confirm Password**

Register >

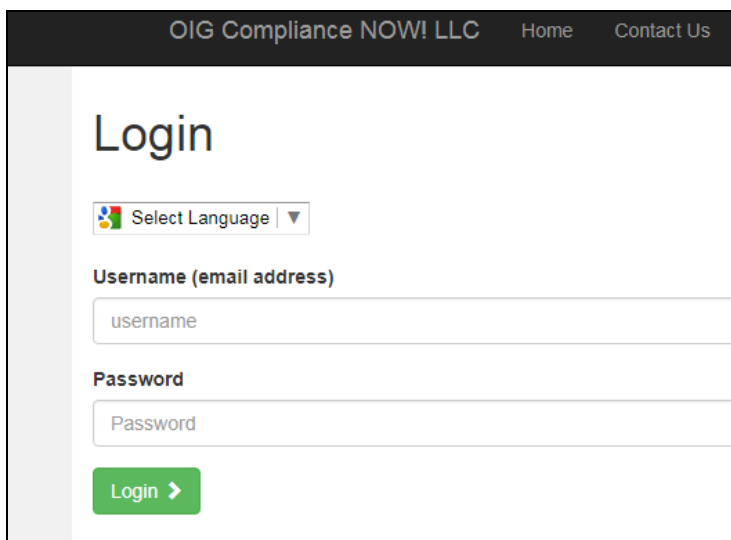
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USER MANUAL**

Upon successful registration, you will see the following message. Click **Login** to proceed.



### 3. Login

When you reach the login page; enter your email address and password and then click **Login**:



### 4. Service Provider Portal Home Page

Below is the display of the Home Page for your portal. Instructions at the top of the page provide an overview of the survey completion requirements.

**Please note:** Any provider who received rate increases that does not complete and return this survey by October 1, 2017, will forfeit the rate increases.

The home page of your account will list the vendor numbers and service codes that are linked together with the same Tax ID.

**Note:** If you have other programs that are vendored under different tax IDs, you will need to create **separate portal accounts**. You will need to complete the Authentication and Registration procedures using the other Tax IDs, Vendor Numbers, and Service Codes. You will need to use a different email address and password to create portal accounts for completion of those survey forms. Please contact your primary (vendoring) Regional Center for assistance.

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**

Below is the display of your Survey Status table:

| Survey Status                             |                        |                  |  |
|---|------------------------|------------------|--|
| Please complete each survey below to 100% |                        |                  |  |
| VendorID:Service Code                     | Estimate               | Percent Complete |  |
| H24150:915                                | <a href="#">expand</a> | 38 %             | <a href="#">Proceed To Survey &gt;</a> |
| H24337:915                                | <a href="#">expand</a> | 38 %             | <a href="#">Proceed To Survey &gt;</a> |

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For each survey form, the table displays the following:

**Estimate** – click this button to display an approximation of the amount of ABX2-1 payments that you have received from all Regional Centers for your program.

**These details are for informational use only; NO ACTION IS REQUIRED BY YOU. You do not need to contact the Regional Center about this information.**

✕

**Total Estimated ABX2-1 Annual Payment Amount**

FOR INFORMATIONAL USE ONLY – NO ACTION IS REQUIRED

**i** The total estimated ABX2-1 annual payment amount by regional center, reported below, is provided as information to our service providers. The total actual annual amount of the ABX2-1 payments received by service providers may vary based on the actual documented payment records of the regional center.

| Regional Center Name           | Total Estimated Direct Annual Payment Amount<br>[11.25 %] | Total Estimated Admin Annual Payment Amount<br>[0.00 %] | Total Estimated Direct & Admin Annual Payment Amount |
|--------------------------------|---|---|--|
| ALTA CALIFORNIA REGIONAL       | \$190.13  | \$0   | \$274.63   |
| <b>Total Estimated Payment</b> | \$190.13  | \$0   | \$274.63   |

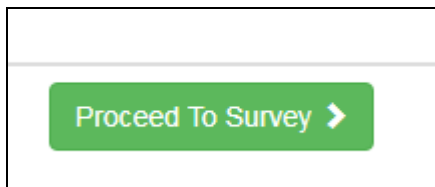
**Percent Complete** – This section displays the percentage of completion for your survey form. You must reach 100% to submit the survey form, and 100% for all surveys listed in the table to complete the survey process.

**Percent Complete**

38 %

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL

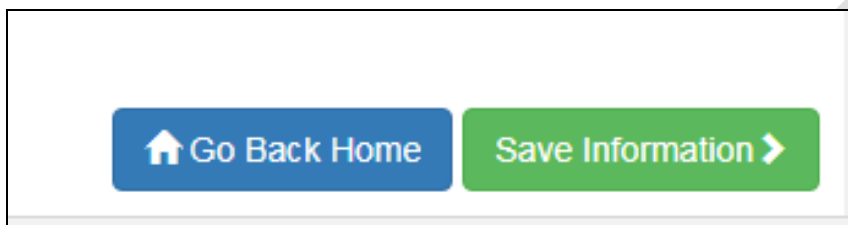
**Proceed to Survey** – Click this button to begin completing your survey form.



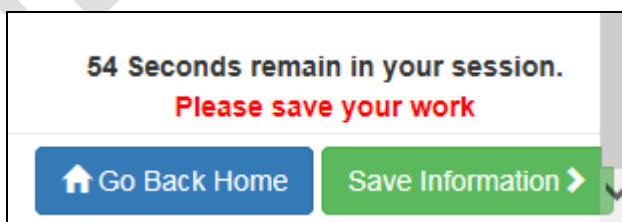
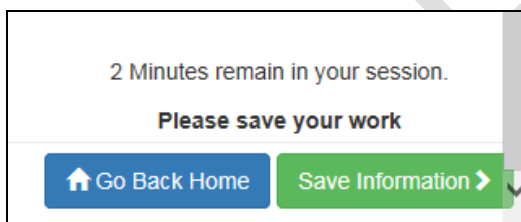
## 5. Survey Completion

Click on the **Proceed to Survey** button to begin completing your survey form.

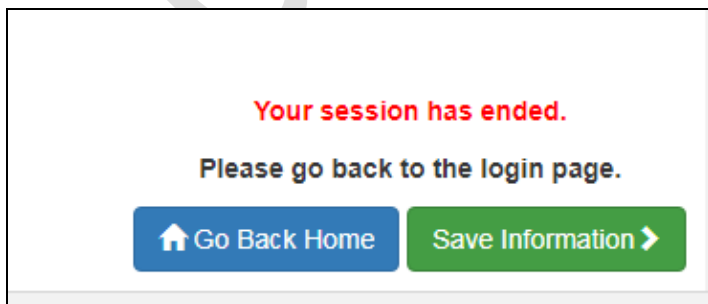
You will notice 2 buttons at the bottom right corner of the survey window; you can use to return to Home or to save your information.



**Note:** The survey session is set at **30 minutes**; you must **save your work** at least every 30 minutes. You will see a countdown timer on the page to remind you when you have 5 minutes left. The timer will count down starting at 2 minutes. **PRESS THE BUTTON TO SAVE INFORMATION**, and you will reset the survey cycle to another 30 minutes.



If your session times out, you will see the message below. Press the Go Back Home button. You will be directed to the Login page. Please login again to continue.



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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**


The survey page language defaults to English; for a different language, use the drop down box to select. However, you must complete the survey form fields in **ENGLISH**.

 Select Language ▼


You can select a language other than English to view the form fields/labels in that language; however, **you must complete the form fields in English.**

The first section of the survey will display the name and contact information that has been provided to the Regional Center.

### Vendor Contact Information

 Please review your vendor info and make changes if necessary:

**Vendor Name**

JOE SMITH 

**Address 1**

123 TEST ROAD 

**Address 2**

Address 2

If any information has changed, please make edits to these fields. **The Regional Center will receive notification that you have made changes, and may contact you for additional information.**

In the next section, if you have not received any payments, please select the appropriate checkbox. If reason is Other, please describe.

If this section is marked, the form will be automatically completed by the system and it will be marked as 100% completed on the save page and the home page.

### No ABX2-1 Rate Increase Payment

By checking one of the boxes below, I certify that no payment was received from the regional center related to the ABX2-1 Rate Increase.

- 1. No payment received
- 2. No authorizations
- Other (please describe in text box below)

Other



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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**

The next section begins the survey questions.

For **question 0**, you must indicate the month and year of your reporting period. The month of March 2017 is preferred; however, you can select a different option using the drop down menu:

**i** The reporting month of March 2017 is preferred. If you must use a different reporting month, please select from the drop down list below.

**0. Reporting Month and Year**

March 2017 ▾

Continue on to answer the rest of the questions in the survey.

For questions 3 and 6 that ask you to compute averages, use the following formulas:

**Question 3:**

**3. Average Direct Care Staff monthly, per person salary, wage and benefit costs during the service month of March 2017 (Add up the salary, wage and benefit costs for each person counted in question #1 during the reporting month, then divide by the total number of individuals.) :**

\$ Average Monthly Per Person Costs

$$\text{Average} = \frac{\text{Total salary, wage and benefit costs for Direct Care Staff (during the month)}}{\text{Total \# of direct care staff (answer to Question 1)}}$$

**Question 6:**

**6. Average Supervisory/Management/Director staff monthly, per person salary, wage and benefit costs during the service month of March 2017 (Add up the salary, wage and benefit costs for each person counted in question # 4 during the reporting month, then divide by the total number of individuals.):**

\$ Average Monthly Per Person Costs

$$\text{Average} = \frac{\text{Total salary, wage and benefit costs for Supervisory/Mgmt/Dir Staff (during the month)}}{\text{Total \# of Supervisory/Mgmt/Dir staff (answer to Question 4)}}$$

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**

For questions 8 and 9, please use the text boxes to list the position category or job title. Multiple categories/titles may be entered for each question.

|  |
|--|
| <p>8. List position category or job title for the staff reported under Direct Care Staff positions that provide 75% or more of time providing direct services to consumer(s) [multiple categories/titles may be entered]:</p> <input type="text"/>                     |
| <p>9. List Position category or job title for the staff reported under Supervisory/Management/Director Staff positions that provide 75% or more of time providing direct services to consumer(s) [multiple categories/titles may be entered]:</p> <input type="text"/> |

For question 10, please expand the panel to see the options; choose all that apply:

|  |
|--|
| <p><b>10. Provide the type of salary or benefit increases provided to the employees who spend a minimum of 75% of their time providing direct services to consumers, pursuant to WIC, Section 4691.10(b)(1)(A):</b></p> <p>Click on the collapsible panel to open and close it.</p> <p>[+] Click here to expand / collapse question 10</p> |
|--|

Please use the **OTHER** fields only if necessary.

|  |
|--|
| <p><b>Please choose what types of increases employees received (Choose all that apply):</b></p> <p><input type="checkbox"/> Wages (include associated payroll taxes)</p> <p><input type="checkbox"/> Bonus/One-Time Payment (include associated payroll taxes)</p> <p><input type="checkbox"/> Health Benefits</p> <p><input type="checkbox"/> Dental Benefits</p> <p><input type="checkbox"/> Vision Benefits</p> <p><input type="checkbox"/> Long Term Disability Benefits</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Retirement/Savings Plan Benefit 403(b),401(k),457 Plan, etc..</p> <p><input type="checkbox"/> Other (please describe in text box below)</p> <input type="text" value="Other"/> |
|--|

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**

Also for question 11, please expand the panel to see the options; choose all that apply:

11. Provide information on the ABX2-1 funds that were utilized for Administrative Costs as specified in subdivision (b) of WIC Section 4629.7, pursuant to WIC, Section 4691.10(b)(1)(B):

Click on the collapsible panel to open and close it.

[\[+\]Click here to expand / collapse question 11](#)

- Salaries, wages, or benefits for managerial personnel whose primary purpose is the administrative management of the vendor. This includes but is not limited to, directors and chief executive officers.
- Salaries, wages, or benefits for employees who perform administrative functions, including but not limited to payroll, personnel functions, accounting, budgeting, and facility management.
- Facility and occupancy costs, directly associated with administrative functions; WIC, Section 4629.7(a)(3)
- Maintenance and repair; WIC, Section 4629(a)(4)
- Data processing and computer support services; WIC, Section 4629.7(a)(S)
- Contract and procurement activities, except those performed by direct service employees; WIC, Section 4629.7(a)(6)
- Training directly associated with administrative functions; WIC, Section 4629.7(a)(7)
- Travel directly associated with administrative functions; WIC, Section 4629.7(a)(8)
- Licenses directly associated with administrative functions; WIC, Section 4629.7(a)(9)
- Taxes; WIC, Section 4629.7(a)(10)
- Interest; WIC, Section 4629.7(a)(11)
- Property Insurance; WIC, Section 4629.7(a)(12)
- Personal liability insurance directly associated with administrative functions; WIC, Section 4629.7(a)(13)
- Depreciation; WIC, Section 4629.7(a)(14)
- General expenses, including but not limited to communication costs and supplies directly associated with administrative functions; WIC, Section 4629.7(a)(15)
- Other (please describe in text box below)

You must save your work at least **every 30 minutes**. The system will display a summary of your work, as follows. Click on the **HOME** link to return to the Home page. Click on the survey link to continue to work on your survey.

**Data saved.**

**You have completed 44% of the required questions for this section.**

To complete the survey you must answer questions

- Question 1
- Question 2
- Question 3
- Question 4
- Question 5
- Question 6
- Question 7
- Question 8
- Question 9
- Question 10

For questions with multiple options you must select at least one of the options listed.

Please go to the home page [Home](#) to continue or hit logout to finish.

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USER MANUAL**

At the bottom of the survey, you must check the box to indicate your certification of the provided information. **Please contact your primary Regional Center if you have questions about this certification.**

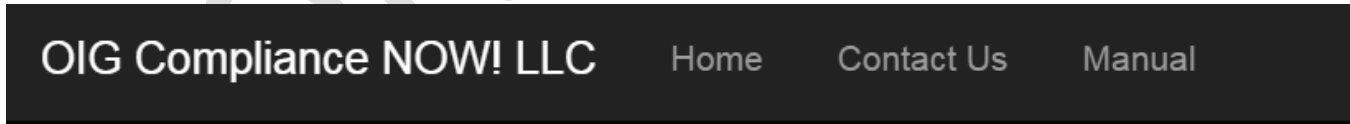
By checking this box, I certify that the information provided to the Department of Development Services ("DDS") is specific to the ABX2-1 rate increase amount received, under Welfare & Institutions Code, Section 4691.10, for the vendorization reported above during the service month of March 2017. Additionally, I certify that to the best of knowledge and belief, the information submitted to DDS is true and correct. I acknowledge and understand that the information reported is subject to verification by all record keeping and audit processes, procedures, and guidelines under the Lanterman Act and Title 17 of the California Code of Regulations.

When all surveys have been completed, this will be indicated on the home page, as follows:

**Survey Status**  
You have completed all the surveys.  
Thank you for your participation.  
Please logout.

| VendorID:Service Code | Estimate               | Percent Complete   |  |
|-----------------------|------------------------|--|--|
| HA0494:110            | <a href="#">expand</a> | <div style="width: 100%;"><div style="width: 100%; background-color: #0070C0; color: white; text-align: center;">100 %</div></div> | <a href="#">Proceed To Survey &gt;</a> |
| HA0494:515            | <a href="#">expand</a> | <div style="width: 100%;"><div style="width: 100%; background-color: #0070C0; color: white; text-align: center;">100 %</div></div> | <a href="#">Proceed To Survey &gt;</a> |

## 6. Other Portal Page Links



**Contact Us** – this page link provides contact information for OIG Compliance Now. There is a template that allows the user to email a message to us. Other contact details are listed.

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ABX2-1 SERVICE PROVIDER PORTAL  
USER MANUAL**

**ABX Survey Helpdesk**  
(607) 218-4167  
[abxsurveyhelpdesk@oigcompliancenow.com](mailto:abxsurveyhelpdesk@oigcompliancenow.com)  
[ABX Survey Login](#)

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[OIGCNLLC.com](http://OIGCNLLC.com)

### Contact Us

Select Language | ▾

**Name**

**Email Address**

**Message:**

**Home** – Another link to the Home page.

**Manual** – This link opens the manual containing instructions for the service provider portal

**Logout** – This link will log you out of your portal account and return you to the Login page

## 7. Conclusion

Thank you for your participation in this survey project. Please contact our Customer Service team if you have any questions regarding the portal and its functionality.

**ABX Survey Helpdesk**  
(607) 218-4167  
[abxsurveyhelpdesk@oigcompliancenow.com](mailto:abxsurveyhelpdesk@oigcompliancenow.com)  
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You can contact your primary Regional Center if you have questions about your programs and participation in this project.