



EMPLOYMENT AGREEMENT

Personal Assistant Name			
First:	Heath	Last:	Haire
		PPL ID:	PR-0047864
Member Name			
First:	Darci	Last:	Mclear
		PPL ID:	PA-0068307
Employer Name (this must be completed)			
First:	Darci	Last:	Mclear

This agreement explains the responsibilities between the Member, Employer, and Personal Assistant (PA). Read this form in full so you understand what is required of you and others.

Terms and Conditions	
1.	I am an employee of the Employer. I am not an employee of Public Partnerships LLC (PPL), State, or MCO.
2.	I am not the Member's: <ul style="list-style-type: none"> ▪ Employer of Record ▪ Representative ▪ Legal guardian
3.	I agree to submit to all needed criminal background checks.
4.	This agreement does not promise a certain number of hours of work.
5.	I cannot work and be paid by the program: <ul style="list-style-type: none"> ▪ Until all background checks are completed and cleared ▪ For more hours than my Employer's plan approves <ul style="list-style-type: none"> ▪ Any hours worked over the approved amount will be the financial responsibility of the Employer
6.	Information shared with me by my Member, Employer, and affiliated agencies must be kept private.
7.	I will: <ul style="list-style-type: none"> ▪ Be paid for services at a rate that is agreed to by both me and my Employer. This rate will be equal to or greater than the higher of local or federal minimum wage ▪ Carry out duties and jobs assigned to me by my Member and Employer ▪ Let all affiliated agencies know if I cannot contact my Member or Employer ▪ Notify the Member in advance if I am not able to provide services as scheduled ▪ Let PPL know if personal information changes ▪ Attend any training needed for my job
8.	I will not provide services for more than one Employer at the same time.
9.	My Employer will: <ul style="list-style-type: none"> ▪ Tell me if I am hired ▪ Tell me my start date, based on a "Good to Go" notice from PPL ▪ Set the terms of my employment ▪ Explain what I will be doing on the job and train me, as needed ▪ Set an agreed work schedule ▪ Approve my service shifts and ensure they are correct
10.	I can be terminated (ineligible for rehire) if: <ul style="list-style-type: none"> ▪ I abuse, neglect, or misuse funds or property of the Member ▪ I commit fraud or violate the terms of this Agreement
11.	I must report possible: <ul style="list-style-type: none"> ▪ Neglect ▪ Abuse ▪ Misuse of funds or property



12. My service shift time must be correct and approved to be paid through the program.
13. I will be:
- Punctual
 - Neatly dressed
 - Respectful of the Member and Employer's:
 - Person
 - Belongings
 - Family members
 - Acquaintances
14. I cannot submit service shifts or be paid through the program if:
- My Member no longer has Medicaid
 - Services are not authorized
 - I work before PPL issues a "Good-to-Go" notice
 - I am no longer eligible under program rules to provide services
 - The Member is hospitalized
 - The Member is in a nursing home or similar facility
15. I am paid with federal and/or state funds. Submitting accurate information is required by law.
16. If I am paid for the work I did not do, I will have to pay it back. The Program through PPL will pursue all legal means to recover this amount.

In the event of a transfer between managed care organizations (MCO), program information will be shared with the new MCO.

If my employment stops for 6 months or longer, I may have to complete new paperwork.

Acceptance of Responsibility (AOR)

An Employer may choose to employ a PA with issues found on a criminal background check by submitting an AOR form. This option does not apply if:

- The PA fails the KBI Registered Offenders check
- Has results that are included on the list of prohibited offenses for providers

Medicaid Fraud

Medicaid Fraud is a crime. It can lead to penalties and/or jail time. I can report any suspected fraud to PPL, the MCO, and/or the State.

Services Performed

- The PA is 18 years of age or older if they are providing Activities of Daily Living (ADL) services or Employment Related Supports.
- The PA is 16 years of age or older if they are providing Instrumental Activities of Daily Living (IADL) services.
 - A PA under the age of 18 may only provide IADL services.

Transportation

If the PA will provide transportation services to the member, the PA must have:

- A valid driver's license
- Current vehicle insurance

NOTE: Transportation services must not be used for medical care that is or could have been covered by other funds.

Overtime

PAs may not provide more than 40 hours of care in a seven-day work week (Mon–Sun). Services over 40 hours must be provided by two or more PAs. No PA will receive overtime premium pay.

Change of Employer

If a new Employer replaces the previous Employer, they become the successor Employer. The PA must have continued to provide the same services to the same Member. The new Employer is required to keep completed forms. This includes the I-9.



Electronic Signatures

PPL supports electronic signing of forms if it is lawful and applies.

Electronic Visit Verification (EVV)

The PA must clock in and clock out for their shift using an approved EVV method.

Agree and Sign

The PA, Member, and Employer confirm:

- We have read all of this form
- The details we have provided are accurate and complete
- We agree to follow the policies and procedures of the program
- If employed, any false statement on this form may result in dismissal and further actions
- This form is not meant to be a contract of employment
- Employment depends upon verifying my right to work in the US
- It is the Employer’s responsibility to properly complete and execute the USCIS Form I-9
- We hold harmless, release, and forever discharge the program and PPL from any claims and/or damages that might arise out of any action or omissions by the PA, Member, or Employer
- We may end this agreement by notifying the other party and PPL in writing
- Any of the terms, conditions, and responsibilities above may be changed or waived at the discretion of the Program and/or the MCO

PA Signature:

Heath Haire

Date:

3/20/2024

Member or Employer Signature:

Date: