



EMPLOYMENT AGREEMENT

Employee Name

First: Last: PPL ID:

Consumer Name

First: Last: PPL ID:

Employer Name

First: Last:

This agreement sets forth the responsibilities of the Employee. They are subject to federal and state laws.

Terms and Conditions

1. I am 18 years of age or older.
2. I agree to submit to initial and ongoing background and registry checks, as required.
3. I am an employee of the Employer. I am not an employee of Public Partnerships LLC (PPL).
4. This agreement does not promise a certain number of hours of work.
5. I cannot work and be paid for more hours than my Employer approves.
6. Information shared with me by my Consumer and Employer must be kept private.
7. I will carry out duties and jobs assigned to me by my Consumer and Employer.
8. I will let the case manager know if I cannot contact my Consumer or Employer.
9. My Employer will:
 - 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. This includes the option to dismiss me from service.
 - Explain what I will be doing on the job
 - Set an agreed upon work schedule
 - Approve my documented shifts
10. I can be terminated (ineligible for rehire) if I:
 - Commit abuse, neglect, or fraud
 - Misuse funds or property of the Consumer or the Employer
 - Violate the terms of this Agreement
11. I must report possible:
 - Neglect
 - Abuse
 - Misuse of funds or property
12. My documented shift time must be correct and approved to be paid through the Program.
13. I cannot submit documented shifts or be paid if:
 - The Consumer 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 Consumer is:
 - Hospitalized
 - In a nursing home or similar facility

Terms and Conditions

14. I will let PPL know if my personal details change.
 15. I agree that PPL may share information about me to other companies, when doing so is needed to manage the Program or to provide services to me.
 16. I am paid with federal and/or state funds. Submitting accurate details is required by law.
 17. 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.
 18. I agree that as an Employee I am not eligible to:
 - Receive benefits under this agreement
 - Participate in any state pension or retirement plan
- If my employment stops for 6 months or longer, I may have to complete new paperwork.

Transportation

I must provide a copy of my valid driver's license and proof of insurance to provide transportation to the Employer. I must notify the Employer and PPL if there are any changes to my driving history.

Registry

As an Employee I will be listed in a web-based provider registry as an approved provider available for hire by other waiver program participants unless I check the opt-out box below to be exclude from the provider registry:

I choose to opt-out of the registry

Medicaid Fraud

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

Overtime

Any overtime worked without approval will not be paid by the Program.

How To End This Agreement

The Employee or Employer may end this agreement by notifying each other and PPL, in writing by submitting the "Separation of Employment" form 5 days prior to formal separation of employment.

Electronic Signatures

PPL supports electronic signing of forms if it is lawful and applies. I agree to sign all paperwork electronically, as it applies to me.

Agree and Sign

I confirm:

- I have read and agree to everything stated in this Agreement.
- I understand my responsibilities as they are explained above.
- If employed, any false statement on this form may result in dismissal and further actions.
- I agree to follow the policies and procedures of the Program.
- My employment depends upon verification of my right to work in the US.
- I 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 me (Employee), the Consumer, or the Employer.
- Any of the terms and conditions above may be changed or waived at the discretion of the Program and/or the State.
- This Agreement is not meant to:

- Be a contract of employment.
- Promise me continued employment

Employer/Member Signature:

Date:

Employee Signature:

Date: