



# 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:**