

Employer Enrollment and Agreement Form

The purpose of this form:

This form is required for Health First Colorado (Colorado's Medicaid program) members to enroll in the Colorado Consumer-Directed Attendant Support Services (CDASS) program. This form:

- Tells Public Partnerships LLC (PPL) when a Colorado Consumer-Directed Attendant Support Services (CDASS) member has chosen to self-direct their services,
- Gives needed information to PPL so it can set itself up as the Financial Management Services (FMS) provider for the CDASS member,
- Tells PPL who will be CDASS employer, and
- Is used by the employer to confirm that they agree to complete their employer duties.

Instructions: The CDASS employer must read, complete, and sign this form. If your information changes after you submit this form, you **must** report those changes to PPL by calling 888-752-8250. Changes may include address change, phone number change, or change of authorized representative.

Member Information

Member Name (first, middle and last): _____

Maiden or Previous Last Name: _____

Medicaid ID: _____ Social Security Number: _____ Date of Birth: _____

Member Physical Address (where you live)

Address (not PO Box): _____ Address 2 (Apt., Ste., or other): _____

City: _____ County: _____ State: _____ Zip Code: _____

☐ Check the box if the address where you live is the same as your mailing address. If it is not, complete the Mailing Address section below.

Member Mailing Address

Address: _____ Address 2 (Apt., Ste., or other): _____

City: _____ County: _____ State: _____ Zip Code: _____

Member Accommodations

☐ Language Translator ☐ Partially sighted ☐ Braille ☐ Hearing Impaired/Deaf

☐ No accommodations needed ☐ Other: _____

Member Contact Details (an email and phone number are required)

Email: _____ Cell phone: _____

Home or other phone: _____ Primary language: _____

Preferred Contact Method: ☐ Email ☐ Cell Phone ☐ Home Phone

Best Contact Times: _____

Do you want PPL to text you? Carrier charges may apply. ☐ Yes ☐ No

Do you have an Authorized Representative (AR)? ☐ Yes ☐ No

If you have an AR, the Employer/Authorized Representative Information section must be completed. In CDASS, an AR typically holds the Federal Employment Identification Number (FEIN). If you, the member, request to have the FEIN assigned to you, you must contact PPL 1-888-752-8250.

Employer/Authorized Representative Information

Employer Name (first, middle and last): _____

Maiden or Previous Last Name: _____

Social Security Number: _____ Date of Birth: _____

Employer Physical Address (where you live)

Address (not PO Box): _____ Address 2 (Apt., Ste., or other): _____

City: _____ County: _____ State: _____ Zip Code: _____

☐ Check the box if the address where you live is the same as your mailing address. If it is not, complete the Mailing Address section below.

Employer Mailing Address

Address: _____ Address 2 (Apt., Ste., or other): _____

City: _____ County: _____ State: _____ Zip Code: _____

Employer Contact Details (an email and phone number are required)

Email: _____ Cell phone: _____

Home or other phone: _____ Primary language: _____

Preferred Contact Method: ☐ Email ☐ Cell Phone ☐ Home Phone

Best Contact Times: _____

Do you want PPL to text you? Carrier charges may apply. ☐ Yes ☐ No

Relationship to Member

☐ Spouse ☐ Parent/Stepparent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild
☐ Legal Guardian/Power of Attorney ☐ Non-relative ☐ Friend ☐ Other: _____

If the employer is the member's legal guardian or power of attorney, they must submit legal documents which confirm they are the legal guardian/power of attorney of the member.

Role of Public Partnerships LLC

PPL is a Financial Management Service (FMS) provider using the Fiscal/Employer Agent model. As such, PPL is not the legal employer but will complete the following employer duties:

- Confirm attendants are qualified to work in the CDASS program,
- Enroll attendants in the CDASS program including running background checks,
- Pay attendants twice a month,
- Manage any attendant payroll garnishments,
- File and send employer taxes and attendants' payroll taxes to the government,
- Get and maintain workers' compensation insurance,
- Get a Federal Employer Identification Number (FEIN) for the CDASS employer,
- Use the employer's FEIN to complete the following on their behalf:
 - Withhold all required federal and state taxes from attendants' paychecks,
 - Keep track of all federal and state taxes that the employer owes,
 - Give all federal and state taxes to the tax agencies,
 - Send Form W-2 to attendants each year for use in filing their tax returns, and
 - Maintain records of all paychecks, withholdings, and tax filings, and
- Report to the case manager, State, and appropriate authorities Medicaid fraud, waste, abuse; and mistreatment, abuse, neglect, and exploitation of the member, and
- Assist with ensuring members, employers, and attendants comply with Medicaid regulations.

CDASS Employer Role

To self-direct care in the CDASS program, the member or their authorized representative must be the legal employer of each attendant hired to provide services to the member. Attendants providing services are the employees of the CDASS employer, not Public Partnerships LLC (PPL) or the State of Colorado. A CDASS employer cannot be an attendant at the same time as they are the employer. They also cannot be paid to complete their employer duties.

An employer who is the member's authorized representative is expected to serve in the best interest of the member and not themselves.

CDASS Employer Duties

Hiring Attendants

The CDASS employer's duties are to:

- Find qualified people to hire as attendants,
- Interview and check the references of people applying to be attendants,
- Work with PPL and attendants to complete attendant hiring paperwork and requirements,
- Set attendants' pay rates and schedules, and
- Allow attendants to begin working only when they have been approved by PPL.

Managing Attendants

To self-direct care in the CDASS program, the member or their authorized representative must be the employer of each attendant hired to provide services. The CDASS employer's duties are to:

- Train attendants on how to perform their job duties and supervise them,
- Develop and maintain backup plans (attendants not showing up, natural disaster, etc.),
- Ensure that attendants submit their timesheets,
- Approve attendants' timesheets only if they are complete and correct,
- Submit attendants' approved timesheets to PPL on time,
- Not allow anyone to have access to approve timesheets,
- Make sure attendants understand that PPL enforces court orders for payroll garnishment,
- Tell attendants whether they are doing a good job,
- Discipline and terminate attendants, if needed,
- Submit Notice of Attendant No Longer Working Form to PPL when needed, and
- Follow all employment laws.

Managing the CDASS Budget

A CDASS employer is responsible for properly managing the member's CDASS budget. The CDASS employer's duties are to:

- Ensure attendants only provide the services approved by the member's case manager,
- Calculate, set, and adjust attendant pay rates within the member's CDASS budget,
- Factor in overtime payments when setting work schedules and pay rates,
- Not schedule attendants to work more than the member's CDASS budget allows,
- Comply with the CDASS Overspending Protocol, and
- Pay attendants out-of-pocket if they perform work not approved or allowed in CDASS.

Electronic Visit Verification

Attendants in CDASS who must complete Electronic Visit Verification (EVV) log their work shifts using PPL's EVV technologies. EVV collects data about a member's services such as when, where, and how long care is provided. A CDASS employer must:

- Require that attendants complete EVV using PPL's EVV technologies,
- Ensure attendants do not use PPL's online portal as the primary method for EVV, and

- Comply with the State's EVV requirements, including compliance measures.

Maintaining Confidentiality

A CDASS employer must protect their member and attendants' personal information. They must:

- Take the necessary steps to secure member and attendant personal information,
- Not share member and attendant personal information unless necessary, and
- Report to PPL if any member and attendant information is improperly shared.

Reporting Changes

A CDASS employer is expected to communicate with PPL. It is their duty to report to PPL:

- Changes to their or their attendants' information, including contact information,
- Changes to employer information, including contact information,
- Terminating an attendant (frequent terminations may increase the unemployment tax rate),
- An attendant who hasn't worked for more than 6 months or has quit, and
- Any plan to stop being the CDASS employer.

Fraud, Waste, and Abuse and Mistreatment, Abuse, Neglect, and Exploitation

It is critical that a CDASS employer responsibly and lawfully manage the member's CDASS budget and keep them safe. The employer's duty is to:

- Understand that the CDASS program is part Colorado's Medicaid program,
- Understand that committing fraud, waste or abuse of Medicaid funds is a crime,
- Understand what activities could qualify as Medicaid fraud, waste, or abuse,
- Understand the potential consequences when Medicaid fraud, waste, or abuse occurs,
- Report to PPL, the member's case manager, and the State any fraud, waste, or abuse of the member's Medicaid funds (CDASS budget) they suspect,
- Never:
 - Mistreat, abuse, or neglect the member,
 - Misuse the funds or property of the member, and
 - Coerce the member to make decisions or take action that risks their wellbeing,
- Report to the case manager, PPL, and the appropriate authorities anyone who has committed the actions listed above,
- Take steps to stop Medicaid fraud, waste, or abuse, or mistreatment, abuse, neglect, or exploitation of the member from continuing.

CDASS Employer Agreement and Signature

By signing below, I confirm that I have read this form and that I:

- Understand and will fulfill all my CDASS employer duties listed in this document,
- Agree to follow all CDASS program rules set by the State of Colorado,
- Understand that I may be prohibited from being a CDASS employer if I do not follow CDASS rules or the requirements of this Employer Agreement,
- Understand that if I have given false information to PPL or the State of Colorado that I may be subject to administrative and/or legal penalties, and

- Agree to not bring any claims or legal actions against PPL that relate to me not following CDASS rules or the requirements of this Employer Agreement.

Employer Signature: _____ **Date:** _____

Employer Printed Name (first and last): _____