Ohio Home Care
Powered by PPL

REPRESENTATIVE FORM

Employer Name (This must be completed)					
First:		**Last:**			
Individual Name					
First:		**Last:**		**PPL ID:**	

If you, as Employer, want to appoint a Representative, you are required to complete this Representative Form.

The purpose of this Representative form is:

- To inform Public Partnerships LLC (PPL) that the named Representative was appointed, and
- To provide required information about the Representative.

The Role of the Representative

The role of the Representative is to assist the Employer with their Employer duties. The Ohio Home Care or MyCare Waiver (Waiver) allows the Representative to, on behalf of the Employer:

- Speak to Public Partnerships LLC (PPL), about:
  - The individual who receives services (Individual),
  - The Employer,
  - The Self-Directed Caregivers, and/or
  - Goods and services which the Employer wants to purchase.
- Assist the Employer with any Employer duties. This includes Employer duties such as:
  - Finding Self-Directed Caregivers
  - Entering into written agreements with Self-Directed Caregivers about:
    - Specific tasks the Self-Directed Caregiver will complete, and
    - The training that the Self-Directed Caregiver is expected to complete.
  - Training Self-Directed Caregivers to meet the needs of the Individual. This includes verifying that the Self-Directed Caregiver completed the training needed.
  - Completing forms which are used to:
    - Set wages for Self-Directed Caregivers,
    - Set rates of pay for Independent Contractors, or
    - Purchase goods or services for the Individual.
  - Scheduling when services will be received by the Individual. This includes services provided by:
    - A Self-Directed Caregiver,
    - An Independent Contractor, and/or
    - Any other provider of the Waiver.

- Supervising the Self-Directed Caregiver's job performance.
- Managing the Self-Directed Caregiver.
- Reviewing and approving the self-directed caregiver's time sheets. This includes daily time entries on timesheets.
- If needed, dismissing (firing) Self-Directed Caregivers.

Both the Employer and the Representative must sign this Representative Form.

Using this Form to Change the Representative or Update Their Information
This Representative Form must also be completed if the Employer wishes to :

- Change the Representative, or
- Update any information for the Representative.

Representative Name

First: **Middle:** **Last:**

Representative Mailing Details

Address: **Address 2 (APT., STE., etc.):**

City: **State:** **Zip Code:**

Personal Details of the Representative

Date of Birth:

Relationship to Individual:

☐ Spouse ☐ Parent or Stepparent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild
☐ Non-relative ☐ Legal Guardian or Power of Attorney

Contact Details for the Representative

I, the Representative, understand that PPL must be able to reach me. My contact details are as follows:

Email:

Cell Phone: **Home or Other Phone:**

By checking "yes" in this box, I give Public Partnerships LLC (PPL) permission to text me. I know that carrier charges may apply. ☐ Yes ☐ No

Representative Requirements

A Representative must:

- Be at least 18 years old,
- Act in the best interest of the Individual,
- Follow the Employer's instructions,
- Maintain regular contact with the:
  - Employer,
  - Individual, and
  - Case Manager.
- Be willing and able to meet and uphold all Waiver requirements.

A Representative:

- **May not be paid to perform this role. It is unpaid.**
- **May not serve as both the representative and the paid self-directed caregiver for the same person. They can serve as a self-directed caregiver for others.**

Reimbursements and Receipts For Purchases

Ohio Department of Medicaid (ODM) policy requires:

- A receipt must be provided to the Care Manager within 30 days for all purchases made.
- If an Individual does not provide a receipt:
  - The amount paid on the ADP Debit Card is considered taxable income.
  - If the amount is taxable income, PPL must provide the Individual with a 1099 form reporting that income.
- If the Individual is under age 18:
  - PPL does not issue a minor Individual an ADP Debit Card for purchases. PPL instead issues the ADP Debit Card to the Representative.
  - If a receipt is not provided to the Care Manager within 30 days of the purchase:
    - The amount paid on the ADP Debit Card is considered taxable income for the Representative.
    - If it is taxable income, PPL must provide a 1099 form to the Representative.

Agree and Sign

By signing below, the Representative and Employer confirm that:

- We have read and agree to everything stated in this Representative Form.
- This Representative Form is not a promise that the Representative's service will continue. The Representative's service can be ended at any time by the:
  - The Representative, and/or
  - The Employer.
- I understand that the State may decide that a Waiver requirement does not apply. PPL will follow the directions of the State if any requirement is determined to not apply.

- I agree that I will not bring any claims or legal actions against PPL that are related to my failure to follow the rules in this Representative Form or in the Ohio Home Care or MyCare Waiver (Waiver).
- If the Individual's legal guardian is signing this form on behalf of the Individual, I will provide a copy of the guardianship court order.

Representative Signature: **Date:**

Representative Name (Please print)

Employer Signature: **Date:**

Employer Name (Please print)