Ohio Home Care
Powered by PPL

SELF-DIRECTION EMPLOYER AGREEMENT

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

The purpose of this Self-Direction Employer Agreement:
The Employer uses this agreement to agree to the rules for being an Employer in the Ohio Home Care or MyCare Waiver (Waiver).

Who Can Be An Employer In the Waiver?
I understand that to be an Employer, I must be one of the following:

- The Individual receiving services (Individual), or
- A person who is legally responsible for the Individual.

The Role of Representative:
I understand that I may appoint a person to be my Representative. A Representative can assist me with any of my Employer duties. If I appoint a Representative, I will make sure that I and my Representative provide a signed and dated Representative Form to Public Partnerships LLC (PPL).

The Representative Form:

- Informs PPL that I have appointed a Representative, and
- Provides basic information about my Representative that is needed by:
  - PPL, and
  - The Ohio Department of Medicaid (ODM).

The Role of Public Partnerships LLC (PPL):
I understand that Public Partnerships LLC (PPL) will be my Financial Management Service (FMS). PPL, as my Financial Management Service, will help me with some of my duties as an Employer. As my Financial Management Service, PPL will help me:

- Be sure that my Self-Directed Caregivers are qualified to work in the Waiver,
- Enroll my Self-Directed Caregivers in the Waiver,
- Pay my Self-Directed Caregivers,
- File and submit my taxes, and
- File and submit my Self-Directed Caregivers' taxes.

I understand that PPL will, under my tax ID and on my behalf:

- Withhold all required federal and state taxes from my Self-Directed Caregivers' paychecks,
- Keep track of all federal and state taxes that I will owe as an Employer,
- Submit these taxes to the federal and state tax agencies,
- Send Form W-2s to my Self-Directed Caregivers each year for use in filing their tax returns, and
- Maintain records of all paychecks, withholdings, and tax filings.

Employer Duties:

I understand and agree to the Employer duties listed below:

1. In order to use self-direction as part of the Waiver, I must serve as the Employer of each Self-Directed Caregiver I hire. All Self-Directed Caregivers I hire will provide services to the Individual.
2. As the Employer of my Self-Directed Caregivers, I must fulfill all the duties of being an Employer. My Employer duties include:
    - Finding persons to hire,
    - Interviewing people applying to be Self-Directed Caregivers,
    - Checking references of people applying to be Self-Directed Caregivers,
    - Hiring my Self-Directed Caregivers,
    - Completing the USCIS Form I-9 for each Self-Directed Caregiver,
    - Submitting the USCIS Form I-9 to PPL for processing, and
    - Keeping a copy of the USCIS Form I-9 for my records.
3. I must also fulfill these Employer duties:
    - Deciding how much I will pay my Self-Directed Caregivers,
    - Completing and submitting the Self-Directed Caregiver Services and Wages form to PPL. This form tells PPL how much I want to pay my Self-Directed Caregivers.
    - Making sure that I am paying my Self-Directed Caregivers at least the required minimum wage,
    - Making sure that I am paying my Self-Directed Caregivers overtime as required,
    - Setting my Self-Directed Caregivers' first workday,
    - Setting my Self-Directed Caregivers' schedules.
    - Training my Self-Directed Caregivers. This includes but is not limited to training my Self-Directed Caregivers in:
        - How to perform their job duties, and
        - When to perform their job duties.

4. These are also Employer duties I must fulfill:
    - Supervising my Self-Directed Caregivers.
    - Making sure that my Self-Directed Caregivers submit their timesheets to me for approval on time,
    - Approving my Self-Directed Caregivers' timesheets (including daily timesheet entries) only if they are complete and truthful,
    - Making sure that I submit my Self-Directed Caregiver's approved timesheets to PPL on time,
    - Telling my Self-Directed Caregivers whether or not they are doing a good job,
    - If I need to, disciplining my Self-Directed Caregivers, and
    - If I need to, firing my Self-Directed Caregivers.
5. I understand that as the Employer, I must follow all employment laws. These laws include:
    - Fair hiring and firing laws,
    - Minimum wage laws,
    - Leave and break laws,
    - Overtime laws, and
    - Tax laws.
6. I understand that my Self-Directed Caregivers are my employees. They are not employees of:
    - The State of Ohio, or
    - Public Partnerships LLC (PPL).
7. I understand that if I am not the Individual and am the Employer, I must keep private the personal information of the Individual.
8. I understand that if I am both the Individual and the Employer, I should be careful with my personal information.
9. As the Employer, it is my duty to ensure that my Self-Directed Caregivers:
    - Only provide services allowed by my Waiver budget, and
    - Do not work more hours than are allowed by:
        - The Waiver budget,
        - The Person-Centered Service Plan (PCSP), and
        - My authorization.
10. I understand I am responsible to make sure any Self-Directed Caregiver who provides Personal Care Attendant (Code T1019) for me maintains their Continuing Education Credit, as required by Waiver.
11. As the Employer, it is my responsibility to notify PPL about:
    - Any changes to my Self-Directed Caregivers' information, including contact information,
    - Any changes to my information, including contact information, and

- Any Self-Directed Caregivers who are no longer working for me.

12. I understand that I will be personally responsible to pay my Self-Directed Caregivers for their work time if they perform work that is not permitted by the Waiver rules.
13. I understand that I must pay my Self-Directed Caregivers overtime in certain situations. I understand that overtime pay can quickly use up my Waiver funding. If I want or need to have a Self-Directed Caregiver work overtime, I will consider how this will impact my Waiver budget.
14. I understand that if a Self-Directed Caregiver stops working for me for more than 6 months, they may have to begin the enrollment process over again.
15. I understand that I may be removed from serving as an Employer in the Waiver if:
    - I fail to follow the Waiver rules, or
    - I fail to fulfill my Employer duties.
16. I agree to sign all Waiver forms electronically, when possible, as requested by PPL.

Self-Directed Caregiver Qualifications:

1. As an Employer, I understand that only “qualified” Self-Directed Caregivers may work in the Waiver. “Qualified” means that the Self-Directed Caregiver:
    - Is age 18 or older,
    - Is allowed to work in the United States,
    - Has passed all background checks, and
    - Has fulfilled all Waiver requirements.
2. I understand that in some situations, the Individual’s parent, spouse, guardian, or other family member may qualify to be a Self-Directed Caregiver. To determine if this is allowed, I would need to discuss this with the Individual’s Case Manager. If a guardian wants to be a Self-Directed Caregiver, a Probate Court must authorize their employment as a Self-Directed Caregiver.
3. I understand that, as the Employer, I am not qualified to be a Self-Directed Caregiver.
4. I understand that a Representative may not be a Self-Directed Caregiver.
5. I understand that if a Self-Directed Caregiver is not qualified, they are not eligible to be paid by the Waiver to provide services to the Individual.
6. I understand that PPL will help me confirm that the person I want to hire is qualified to work in the Waiver. PPL will do this through the PPL enrollment process. It is my duty to make sure that:
    - The person I want to hire completes and submits all the required enrollment forms to PPL, and
    - I complete and submit all the required Employer forms to PPL. This includes forms to allow PPL to submit taxes on my behalf.

Self-Directed Caregiver Background Checks:

This Self-Direction Employer Agreement refers to both:

- Database checks, and
- Criminal background checks.

I understand that database and criminal background checks are two separate processes. Here is how database and criminal background checks are different:

- **Criminal background checks:** refers to checking on whether a person has at some time, committed a criminal offense. Criminal background checks show any past criminal history of a person.
- **Database checks:** refers to checking federal and state databases. These databases are checked to show whether a person is disqualified from providing Waiver services. PPL completes the database checks on your behalf. Some examples of database checks are:
    - The federal Office of Inspector General database,
    - The Ohio Medicaid Provider Exclusion and Suspension List, and
    - The federal Death Master File.

1. I understand that anyone applying to be my Self-Directed Caregiver will go through background checks. The background checks will be conducted:
    - On behalf of the Waiver, and
    - On my behalf.
2. I understand that if a criminal background check for a Self-Directed Caregiver reveals a criminal offense:
    - I will be notified if my Self-Directed Caregiver's criminal background check shows any criminal offense
    - My Self-Directed Caregivers must agree to disclose any indictment or conviction of a violation of state or federal law. They must make this disclosure on the Self-Directed Caregiver Enrollment Form. This requirement is:
        - Included in several Ohio Administrative Code rules, including 5160-1-17.2(G), and
        - Is part of the self-direction rule.
    - I can discuss the criminal offense(s) with the Self-Directed Caregiver.
    - I understand certain criminal backgrounds may prevent a Self-Directed Caregiver from working for me.
    - Whether I decide I want to hire the Self-Directed Caregiver or not, I must complete the Acceptance of Responsibility Form. This is required by:
        - The Ohio Department of Medicaid, and
        - PPL.

3. I understand that PPL will conduct database checks of my Self-Directed Caregiver on my behalf on a monthly basis. This occurs to see if my Self-Directed Caregiver is still qualified to work. PPL will notify me if one of my Self-Directed Caregivers has failed a monthly database check, If a Self-Directed Caregiver fails a monthly database check, I must end their employment right away.

Conditional Employment Of Self-Directed Caregivers:

I understand that:

- No person can work as a Self-Directed Caregiver until they pass all database checks required by the Waiver, and
- If the person passes all required database checks, the Waiver allows them to be conditionally employed. In other words, they can start work as a Self-Directed Caregiver.

I will not allow my Self-Directed Caregiver to start work until PPL informs me that the Self-Directed Caregiver has passed all required database checks. The following are Waiver requirements that apply to conditional employment of the Self-Directed Caregiver:

- Conditional employment ends when:
    - The results of the criminal background check are obtained, or
    - After 60 days of employment,
- The Self-Directed Caregiver must complete the criminal background check no later than five (5) business days after they begin conditional employment,
- If results of the criminal background check—other than results of any request for information from the FBI—are not obtained within sixty (60) days of the request for the criminal backgrounds check, then:
    - PPL will notify me that the sixty (60) day conditional employment period has finished,
    - I, the Employer, will end the employment of the Self-Directed Caregiver right away,
    - PPL will also notify the following entities that the sixty (60) day conditional employment period has finished:
        - The Ohio Department of Medicaid,
        - The Case Manager, and
        - The Self-Directed Caregiver.

Unemployment Tax Rate:

I understand that if I frequently fire my Self-Directed Caregivers,

- My unemployment tax rate will go up,
- Unemployment taxes come out of my budget, and
- I will have less Waiver funding to spend on services if my unemployment tax rate goes up.

Self-Directed Caregiver Garnishments:

I will make sure that my Self-Directed Caregivers understand that if a court order for garnishment is made against a Self-Directed Caregiver, PPL:

- Will comply with the garnishment order on my behalf,
- Will withhold money from the Self-Directed Caregiver's paycheck as required by the court order,
- May charge the Self-Directed Caregiver a processing fee for setting up the garnishment, and
- Will withhold money from the Self-Directed Caregiver's paycheck until:
  - The entire amount of the garnishment has been satisfied, or
  - The court order no longer applies.

Incident Reporting:

As, Employer, I understand and agree to the statements below:

1. The Waiver is a Medicaid Waiver. I also understand that Medicaid Fraud, Waste or Abuse is a crime.
2. If a Self-Directed Caregiver is paid for work they did not do, or for work that was not permitted by the Waiver, it could be Medicaid Fraud, Waste or Abuse. If that happens:
   - The Self-Directed Caregiver will need to pay back the money they did not earn,
   - The state or the federal Government will pursue all legal means to recover the money, and
   - Both I and my Self-Directed Caregiver may be subject to criminal penalties. The criminal penalties for committing Medicaid Fraud may include jail time.
3. It is my responsibility to notify the Case Manager of any incident. This includes if I suspect that anyone has committed Medicaid Fraud, Waste, or Abuse.
4. If I report to PPL about any incident, including any suspicion that anyone has committed Medicaid Fraud, Waste, or Abuse, PPL will report it to the Ohio Department of Medicaid (ODM).
5. All my Self-Directed Caregivers must review rule 5160-44-05 of the Administrative Code regarding:
   - Incident management, and
   - Related procedures.

   Each Self-Directed Caregiver must review this rule at least annually while providing direct care on Ohio's waiver program. I will require each Self-Directed Caregiver to review the rule at least annually.

Electronic Visit Verification (EVV):

I understand that I and my Self-Directed Caregivers must use PPL's Electronic Visit Verification

system (EVV) to record my Self-Directed Caregivers' shifts, using:

- A mobile phone,
- A tablet,
- A computer, or
- The Individual's land line.

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, I confirm that:

- I have read this entire Self-Direction Employer Agreement.
- I understand my duties as an Employer in the Waiver.
- I agree to follow all Waiver rules.
- I understand that if I have provided false information to the State or to PPL:
  - I may no longer be allowed to serve as an Employer in the Waiver, and
  - I may be subject to further legal action.
- 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 Self-Direction Employer Agreement, or
  - In the Waiver.
- I understand that if I do not follow Waiver rules or the requirements of this Self-Direction Employer Agreement, I may no longer be allowed to serve as an Employer in the 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.

Employer Signature: **Date:**

Employer Name (Print)