



Medicaid – Community Support Worker Agreement

This agreement is hereby made between the Self-Directed Community Supports (SDCS) Option, a Medicaid option administered by the Department of Health and Welfare (the department), and _____ a Community Support Worker (CSW).

This CSW is associated with an agency. Yes No

The CSW acknowledges that even though he/she is the employee of a participant in the SDCS Option, the department, through the fiscal employer agent (FEA) is the source of payment for the CSW's wages for services performed under the SDCS Option. Because of the unique relationships of the participant, the department, and the FEA, the CSW acknowledges and agrees to the following:

1. Services provided to any participant under the SDCS Option will be provided in compliance with the rules contained in *IDAPA 16.03.13*, "Consumer Directed Services."
2. Payment will not be requested through the FEA or the department for any service not performed in accordance with the SDCS rules, the employment agreement that is made with the participant as part of the Support and Spending Plan. It is understood that neither the FEA nor the department is liable to pay for any service performed that does not conform with the SDCS rules, the employment agreement that is made with the participant a part of the Support and Spending Plan.
3. The CSW is the employee of the participant, but is also a Medicaid provider under the SDCS Option. As a provider, the CSW will accept payment received by the FEA as payment in full for services rendered under the SDCS Option.
4. The CSW is an employee of the participant and not an employee of the department or the FEA and is not entitled to nor will make claim for any employee benefits from the department or the FEA, including but not limited to, workers' compensation, disability, and life or health insurance.
5. To protect the confidentiality of personal and health information relating to the participant and any participation in the Medicaid option, and to release that information only when requested by the participant or as otherwise allowed by law.

I have read the foregoing agreement, I understand it, and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms or conditions of this agreement or the rules may result in termination of this agreement, and thereby the source of payment for my employment to any SDCS participant.

Printed name of CSW

Signature of CSW

Date

Note: Each CSW must sign personally.