



Self-Direction Option for the Community Choices Waiver Employee Agreement

DESCRIPTION/DEFINITIONS:

Self-Direction is a service delivery option which allows eligible Medicaid waiver participants (or their responsible representative) to become the employer of the employees they choose to hire to provide supports and work for them.

Self-Direction is supported by both federal and state funds. These funds are used to pay **employees** to provide specific services to eligible participants as authorized by OAAS.

The **Plan of Care** (POC) is a document which specifies:

- The participant's needs and the types of tasks required to meet those needs;
- The amount of time, frequency, and duration required for delivery of the participant's services;
- The participant's personal outcomes, or goals, and the strategies to help them achieve or maintain their personal outcomes; and
- The people who will assist the participant in meeting their personal outcomes.

The participant's POC must be updated at least annually and be approved by the OAAS Regional Office or its designee.

The **Fiscal Employer Agent** (FEA) is a private entity which will process the employment-related payroll and withhold the necessary taxes on behalf of the employer.

The **Support Coordination Agency/Support Coordinator** is a resource to assist participants and/or their responsible representatives in the coordination of needed services. The support coordinator monitors the participant's service delivery to ensure that services meet their needs.

I, as the employee, agree/understand the following:

1. Neither the Louisiana Department of Health (LDH) nor the FEA has the role of employer and therefore bears no responsibility for the actions of my employer.
2. To accept payment from the FEA as payment in full for services provided.
3. To provide only the services authorized on the POC.
4. I must meet the necessary skills and requirements to be able to perform the services that I was hired to perform.
5. I may not transport participants as part of my employment responsibilities unless I have a valid driver's license, current state inspection sticker, and current proof of automobile insurance as required by the State of Louisiana.
6. The funds that I receive as an employee are Medicaid funds. The submission of false information on service logs, including progress notes, may subject me to criminal action, in addition to repayment of any funds.

7. Federal income tax withholding, Medicare, social security, and Louisiana state income tax withholding (as applicable) must be withdrawn from the my wages per state and federal laws.
8. I must complete any requested training (if applicable).
9. Any work that I perform in excess of the authorized amount or service limits will not be paid by LDH nor the FEA.
10. I must provide only the services that are authorized in the participant's POC. My duties must be consistent with the service specifications for the services provided in accordance with the Community Choices Waiver (CCW) program policies and procedures and the OAAS CCW Self-Direction Employer Handbook.
11. I must use the Electronic Visit Verification (EVV) system when I clock in and begin providing services to the participant and use the EVV system to clock out when I finish providing services to the participant.
12. I must complete service logs, including progress notes, each time that I provide a paid service.
13. I cannot provide care to the participant and/or receive payments when they are admitted to a hospital or nursing home as a patient.
14. I must provide information to LDH or its designee regarding the service for which payment was received, if requested.
15. I must maintain all information regarding the employer, participant, and/or their family in a confidential manner.
16. I must immediately notify a person, designated by the employer, of any medical emergency, illness, and/or visits to a physician.
17. If I suspect an adult (ages 18 - 59 or a person under 18 who has been legally declared an adult) has been abused or mistreated, I am required to report it to Adult Protective Services (APS) at 1-800-898-4910.
18. If I suspect an adult who is age 60 or older and has been abused or mistreated, I am required to report to Elderly Protective Services (EPS) at 1-833-577-6532.
19. I must report all critical incidents, as specified in the OAAS CCW Self-Direction Employer Handbook, to the participant's support coordinator.
20. My employment is contingent upon the participant/employer's participation in Self- Direction.

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Employee Agreement
Signature Page**

My signature below confirms my understanding and agreement to abide by the terms, conditions and responsibilities as stated above. I also agree to follow the OAAS CCW program and Self-Direction policies and procedures.

Name of Participant (Print): _____

Name of Employer (if other than participant) (Print): _____

Employer's Signature

Date

Name of Employee (Print): _____

Employee's Signature

Date