



## Self-Direction Option for Community Choices Waiver Employer Service Agreement

### I. Employer Responsibilities – I agree/understand the following:

1. I will receive assistance from the support coordinator and the Louisiana Department of Health (LDH) Office of Aging and Adult Services (OAAS), or its designee, in order to ensure continued participation in the Self Direction option.
2. I choose to be the legal employer of the employees who will provide services to me (or the participant I have been authorized to represent). The employer is not the Fiscal Employer Agent (FEA) or the State of Louisiana. I must recruit, hire, train, and supervise my employees and perform and fulfill the duties of an employer, in accordance with applicable state and federal regulations and the policies and procedures of Self-Direction.
3. The FEA will provide me with enrollment materials and guidance to complete each form. It is my responsibility to ensure all forms that my employee and/or I complete are correct and submitted timely.
4. The FEA will send me automated (general announcement) communications and information electronically (i.e. email) including but not limited to account statement reports. I understand that I can request to receive all information through U.S. Mail service and not through email.
5. The FEA will fulfill my payroll duties and must clear all applicants/potential employees for hire before I can hire them or allow them to perform any work for me (or the participant).
6. I must comply and pay of all my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective **December 1, 2016**.  
(Federal Link: [https://www.dol.gov/whd/homecare/homecare\\_guide.pdf](https://www.dol.gov/whd/homecare/homecare_guide.pdf))
7. All applicants/potential employees must have a criminal conviction history check conducted by the FEA and the applicant may not be hired if he/she has a conviction that bars employment.
8. I am responsible for conducting ongoing checks of current employees on the CNA/DSW Registry, LA State Adverse Actions List, and OIG Exclusions Database as outlined in the OAAS Self-Direction Employer Handbook. The results of these reports are to be kept confidential.
9. I will not allow employee(s) to begin work until I receive a “good to go” date and the employee(s) is active in the system.
10. I am responsible for meeting my staffing needs and have the primary responsibility for making arrangements for back-up services in the event that an employee is unable to work on a scheduled day.

11. I have primary responsibility for having a functional, or working, emergency plan in place in the event of a disaster.
12. I must determine my employees' duties consistent with the service specifications. I am responsible for giving each employee a job description and/or employment agreement, which contains the duties of the job.
13. I am responsible for making sure each employee complies with all training requirements as established by LDH/OAAS or its designee. I also understand that my employees must comply with all applicable training requirements in order for the employee to be paid for working.
14. I am responsible for planning my employees' schedules and understand that services must be provided in accordance with my approved Plan of Care (POC) and within the limits of the program specifications.
15. The FEA will only make payments on my behalf in accordance with the authorized amounts and hours approved in my POC consistent with program specifications.
16. The employees' and my signature on timesheets attest that all service hours and dates submitted for payment are actual and accurate.
17. All paper payment requests must have my approval signature and date unless it is submitted through the FEA's online time entry system.
18. Payment of my claims may be from Federal and State funds, and I may be prosecuted under applicable Federal or State laws, for any false claims, false statements or documents, or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claims. Any collection costs or legal fees will be my responsibility to pay.
19. I must review my account statement which includes information on my remaining available balance. I accept responsibility for payment of any overtime and hours worked above what is approved and authorized in my POC.
20. I am responsible for timely completion and delivery of my employees' timesheets according to the payroll schedule established by the FEA. I understand that late arrival of the timesheet to the FEA may result in payment to my employees being delayed.
21. Service logs, including progress notes and timesheets, must be completed in accordance with the LDH/OAAS' instructions for completing this documentation.
22. I am responsible for maintaining all required documentation and providing for the retention of records in accordance with the policies and procedures of Self-Direction.
23. I am responsible for evaluating my employees' performance.
24. I must notify the FEA immediately if an employee is injured on the job.
25. I must notify the FEA and the support coordinator of the date and reason of any employment termination.
26. I must report critical incidents in accordance with the policies and procedures specified in the OAAS Self-Direction Employer Handbook.

27. I will follow all policies and procedures as specified in the OAAS Self-Direction Employer Handbook and any notifications issued by LDH. I understand and agree that if I do not follow the policies and procedures of Self Direction that I may be involuntarily terminated from this option. Furthermore, I am also responsible for repayment of any over payments or improper billing for which payment has been received.
28. I will immediately report any changes to the support coordinator that may affect my eligibility, safety, and/or need for services.
29. I will notify the FEA immediately of any changes (e.g. loss of Medicaid, hospitalization, placement in a facility, etc.) that affect my eligibility for Self-Direction. I may be responsible for payment of any work performed during a loss of eligibility.

## II. Support Coordinator Responsibilities - I agree that the support coordinator has:

1. Assisted me with learning about choices and options for services.
2. Informed me of all Self-Direction rules policies and procedures and of all program rules, policies and procedures.
3. Assisted me with determining the supports I need to participate in Self-Direction (e.g. minimum number of employees needed, access to fax machine or internet).
4. Assisted me with developing the POC, back-up staffing plan and emergency plan.
5. Provided a copy of, and advised me on, the material contained in the OAAS Self-Direction Employer Handbook which includes information on:
  - a. the process for hiring employees
  - b. how to orient and instruct my employees in duties
  - c. how to evaluate my employees' performance
  - d. how to instruct my employees in completing service logs that include progress notes and critical incident reports
6. Assisted me with preparing and completing required forms for participation in Self-Direction.
7. Assisted me with developing a job description, task list, and work schedule for my employees consistent with the approved POC.
8. Assisted and will continue to assist me with budget planning and determining my employees' wages within the program guidelines.
9. Informed me of the beginning annual balance of hours that I have available for use in Self-Direction.



### III. Signature of Understanding and Agreement

My signature below confirms my understanding and agreement to abide by the terms, conditions, and responsibilities as stated above. I have also received, reviewed, and understand the requirements indicated in the OAAS Self-Direction Employer Handbook.

**Name of Participant:** \_\_\_\_\_

**Name of Employer** (if other than participant): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**