



Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) service option

Employee Agreement

Name of Member (please print) _____

Name of Employee (please print) _____

Employee Phone _____ Employee Email _____

Does the employee live with the member? Yes No

Is the employee related to the member? Yes No

If yes, what relationship is the employee to the member (i.e. daughter, brother)? _____

Is the employee a Power of Attorney, Legal Guardian, OR Representative Payee for the member?
 Yes No

Is the employee currently in the ADvantage program? Yes No

The employee agrees to accept payment for services given to person served through the Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) option. Financial Management Services are through Acumen Fiscal Agent, LLC (Acumen), which is not an Oklahoma government agency. By accepting the payment the employee agrees to the following:

1. I understand that the member is my employer. My employer is not Acumen or the Oklahoma Department of Human Services.
2. I will accept payment from Acumen as full payment for the services I worked. I cannot accept any additional pay for the hours I have worked.
3. I will provide only the services that have been approved by the member and authorized in the member's Service Plan and Budget.
4. I understand that working for the member depends on the member being in this service option.
5. I will notify any person the member has chosen right away of any medical emergency or illness of the member.
6. I understand that I am not allowed to work more than 40 hours per week or more than 8 hours per day in this service option. A work week is Sunday through Saturday.
7. I will join in any meetings about the member if the member asks me to.
8. I will complete all required paperwork given to me. I must be approved **before** I provide any services under this service option.
9. I understand that a copy of my background check report may be given to the employer and other program staff.
10. I understand if I try to get payment that is not owed to me by being untruthful I could be looked into for Fraud. Fraud is a crime and can lead to large fines and/or I could go to jail.



11. I agree that I have the needed skills, understanding and experience to work with the member. I have received enough training and direction to meet the needs of the member. I will let the member know if I feel I need more direction and/or training to do my job.
12. I know that payment of my wages are from State and Federal funds. Any untruthful requests, statements, documents, or hiding of material facts will be prosecuted under certain State and Federal laws. Untruthful information about time, services, people and/or other information may result in losing my job.
13. I have a current driver's license and vehicle insurance (if driving is something I'm expected to do for my job).
14. I understand that I can lose my job if I abuse, neglect or exploit the member.
15. I understand that I may have access to private information about the member. I am not allowed to tell this information to anyone other than the member or anyone the member says I can.
16. I understand and agree to comply with all terms and conditions of the SoonerCare Self-Directed Services and Support Individual Provider Agreement and any Special Provisions and/or Addendums. I attest that I have read the SoonerCare Provider Agreement, applicable Special Provisions, and applicable OHCA rules referenced in the Special Provisions.

By signing below, I agree that I have read this whole Employee Agreement. I understand that I have to sign and send this form back to be able to be hired in this service option. I understand that I cannot start working in the Oklahoma Consumer Directed Personal Attendant Support Services (CD-PASS) option until this form is completed and sent back to Acumen Fiscal Agent. I also agree by signing below, that I understand what is being required of me, and agree to accept its terms and conditions. I also understand and agree that not following any of the terms and/or conditions of this agreement may put an end to this agreement and payment for work with any member of this service option.

Employee signature

Date