IDAHO DEPARTMENT OF HEALTH & WELFARE

Idaho Department of Health and Welfare
Self ~ Directed Community Supports Option

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 (Department), and _____, a Community Support Worker (CSW).

This CSW is associated with an agency: ☐ Yes ☐ No

The CSW acknowledges that although employed by an SDCS participant, the Department, via the Fiscal Employer Agent (FEA), is responsible for paying their wages for services 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 16.03.26 (Sections 800-846), "Consumer Directed Community Supports (CDCS) Option."

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 with the participant, or the participant's support and spending plan. It is understood that neither the FEA nor the Department is liable to pay for any service performed that is not in conformance with the SDCS rules, the employment agreement with the participant, or the participant's support and spending plan.

3. The CSW acknowledges that even though they are the employee of the participant, they are not an employee of the Department. As an employee of the participant, the CSW agrees to accept payment received by the FEA as payment in full for services rendered under the SDCS option.

4. The CSW acknowledges they are not an employee of the Department or the FEA and agrees that the CSW is not entitled to, nor will they make a claim for, any employee benefits from the Department or the FEA, including but not limited to, workers' compensation, disability, life and/or health insurance.

5. To protect the confidentiality of personal and health information of the participant relating to their participation in the SDCS option and to release that information only on request of the participant or as otherwise allowed by law.

I have read the foregoing agreement, I understand it, and I 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 CDCS participant.

_____

Printed name of CSW

_____

Signature of CSW Date

Note: Each CSW must sign personally.