

**Model Managing Employer Agreement Form**

**Agency With Choice Financial Management Services  
MANAGING EMPLOYER AGREEMENT FORM**

*I understand that "Participant Direction" means that the individual or the individual's surrogate has the ability to exercise decision-making authority over some or all of the individual's supports and services authorized in the Individual Support Plan (ISP). The individual or surrogate elects and accepts the responsibility for self-directing or managing the supports and services authorized in the ISP and is, therefore, recognized as the "Managing Employer."*

INDIVIDUAL INFORMATION			
First Name		Middle Name	Last Name
Social Security Number	Email		Date of Birth (mm/dd/yyyy)
Physical Address (Street Address, Including Apt. #)			County
City	State	Zip Code	
Phone 1	Phone 2	Email Address:	
MANAGING EMPLOYER INFORMATION (Only complete if the Individual is choosing a surrogate and is not acting as the Managing Employer)			
First Name		Middle Name	Last Name
Relationship to Individual <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other: _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Physical Address (Street Address, Including Apt. #)			
City	State	Zip Code	County
Mailing Address (Street Address, Including Apt. #) – if different than the physical address			
City	State	Zip Code	County
Phone	Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail _____ (Enter Email Here) _____	

## **Requirements:**

In the agency with choice model, choice and control over services received allows the Managing Employer to perform activities that include, but are not limited to:

- Recruiting and referring Support Service Professionals (SSPs) to the agency with choice (AWC) financial management services organization for hire;
- Training SSPs to meet the individual's needs as specified in the ISP;
- Determining SSPs' hours of work, schedules, and responsibilities in accordance with this Agreement, ODP requirements and the ISP;
- Managing the services provided by SSPs in a supervisory capacity; and
- Informing the AWC of the desire to discontinue the provision of service to the individual by an SSP with or without cause.

In addition to fulfilling the responsibilities of a Managing Employer as set forth in this Agreement, a Managing Employer who is a surrogate must:

- Be at least 18 years of age or older;
- Carry out the decision the individual would make for themselves, even if the decision differs from that which the Managing Employer would make;
- Accommodate the individual so that the individual can participate as fully as possible in all decisions that affect the individual;
- Support the guiding principle of self-determination including that personal choice and control over all aspects of life must be supported for every person.

## **Roles and Responsibilities of the Managing Employer**

The Managing Employer is responsible for:

1. Complying with the Participant-Directed Services: Agency With Choice Financial Management Services Model Bulletin 00-20-04.
2. Complying with the AWC Managing Employer Agreement.
3. Completing, signing, and returning all forms and documents required by the AWC.
4. Participating in all Managing Employer orientation and skills training sessions as required by the AWC.
5. Recommending wages and benefit allowances for all SSPs within the current ODP-established wage ranges and benefit allowance.
6. Reporting abuse, suspected abuse and alleged abuse of an individual in accordance with 55 Pa. Code § 6100.46.
7. Ensuring that written, oral and other forms of communication with the individual and persons designated by the individual occur in a language and means of communication understood by the individual or a person designated by the individual.
8. Recruiting and referring qualified SSPs to the AWC for possible hire.
9. Upon hire, disclosing to the AWC if the SSP has one of the relations below to the individual:
  - **Relative:** A relative is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the individual: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of an individual or adult grandchild of an individual.
  - **Legal Guardian:** A legal guardian is a person who has legal standing to make decisions on behalf of a minor or adult (e.g. a guardian who has been appointed by the court.)
  - **Legally Responsible Person:** A person who has legal obligation under the provisions of law to care for another person, including parents of minor children (under the age of 18) and legally assigned relative caregivers of minor children.

10. Training SSPs on the individual's needs and methods of service delivery as specified in the ISP.
11. Developing and managing SSPs' work schedules. The work schedule:
  - May include up to a maximum of 40 hours per week per SSP,
  - May not include more than 60 hours per week of authorized In-Home and Community Support, Companion, or a combination of In-Home and Community Support and Companion (when both services are authorized in the ISP) from all relatives, legal guardians, and legally responsible persons when more than one relative, legal guardian, or legally responsible person provides the service(s).
  - Must be approved by the AWC when either of the above limits are requested to be exceeded for unforeseen circumstances impacting SSPs, including, but not limited to:
    - Inclement weather,
    - Sudden illness,
    - Unplanned extension of medical leave for an SSP,
    - Sudden loss of an unpaid caregiver who kept paid services at or below forty (40) hours a week, or
    - If an SSP unexpectedly quits or is terminated and one or more SSPs must work more than 40 hours on a temporary basis.
  - When approved by the AWC, can only exceed the above limits for up to (13) weeks per fiscal year. See the most recent PA ODP Communication about overtime to learn more about how overtime works.
12. Developing, implementing, and revising back-up plans for SSPs and unpaid supports.
13. Managing SSPs.
14. Verifying hours worked by SSPs.
15. Completing, approving, and submitting SSP time sheets and vendor invoices.
16. Paying, out of their own personal funds, if
  - Any SSP works more than 40 hours per week, and the AWC **did not** approve a request for the SSP to work more than 40 hours per week.
  - SSPs who are relatives, legal guardians, or legally responsible persons exceed 60 hours per week of combined time spent working, and the AWC **did not** approve a request to exceed 60 hours per week of combined time for those SSPs.
17. Informing SSPs of the requirements included in the most recent ODP Communication related to overtime and the provision of services by relatives, legal guardians, and legally responsible persons.
18. Complying with all AWC and Department requirements relating to Electronic Visit Verification.
19. Evaluating SSP performance.
20. Understanding and implementing ISPs.
21. Protecting and supporting the exercise of individual rights as specified at 55 Pa. Code §§ 6100.181–6100.182 and §§ 6100.184—6100.186.
22. Participating in the ISP process in accordance with 55 Pa. Code § 6100.222.
23. Implementing the ISP in accordance with 55 Pa. Code § 6100.224, including requesting updates to the ISP.
24. Monitoring service utilization in accordance with the individual's ISP.
25. Providing individuals' Supports Coordinators with full and free access to necessary documentation and allowing the Supports Coordinator to complete monitoring or related activities in accordance with the approved Consolidated, Person/Family Directed Support, and Community Living Waivers (Waivers) and ODP policy.
26. Ensuring service notes are completed in accordance with 55 Pa. Code § 6100.226 and ODP Bulletin 00-22-03, Technical Guidance for Claim and Service Documentation, or its successor.
27. Completing progress notes in accordance with 55 Pa. Code § 6100.227 and ODP Bulletin 00-

- 22-03, Technical Guidance for Claim and Service Documentation, or its successor.
28. Reporting work-related injuries incurred by SSPs to the AWC.
  29. Complying with the Fraud and Abuse Control Act, 62 P.S. §§ 1401-1418.
  30. Reporting suspected Medicaid fraud, waste or abuse by SSPs or vendors to the AWC.
  31. Reporting incidents specified in 55 Pa. Code § 6100.401 to the AWC within the timeline provided by § 6100.401.
  32. Notifying the AWC of any changes to the Managing Employer's or any SSP's demographic information, including but not limited to changes to addresses and telephone numbers.
  33. Notifying the AWC of SSP performance issues, such as failure to report for work.
  34. Notifying the AWC of the desire to discontinue receiving services from an SSP, i.e. termination of the SSP's employment.
  35. Completing the annual AWC satisfaction survey.
  36. Ensuring all participant-directed Waiver services are provided:
    - In Pennsylvania and states contiguous to Pennsylvania,
    - In accordance with the terms of the ISP for the individual, and
    - In a manner that meets professionally recognized standards of care.

**Attestation**

*I, \_\_\_\_\_(Name of Managing Employer)\_\_\_\_\_, have received and understand the orientation, training, and written information provided to me related to using self-directed support services, my role as a Managing Employer of qualified Support Service Professionals (SSPs), and how to work with the Agency With Choice (AWC) Financial Management Service organization.*

*I understand I have the right to choose, refer to the AWC for hire, and once hired, direct my qualified SSPs and perform the tasks as described in this agreement.*

*I understand and agree with my role and responsibilities as the Managing Employer.*

*I understand that my support services, or those of the individual for whom I am serving as Managing Employer, must be provided in accordance with the approved and authorized Individual Support Plan (ISP) and that if I allow services to be rendered in excess of the approved and authorized, I will be responsible for payment of those services. I also understand that if I fail to obtain approval from the AWC for an SSP to work more than 40 hours per week or for relatives, legal guardians, and legally responsible persons when more than one relative, legal guardian, or legally responsible person provides service(s) to work more than 60 hours per week, I will be responsible for payment of those services.*

*I agree to abide by applicable Office of Developmental Programs' policies, and \_\_\_\_\_(Name of AWC)\_\_\_\_\_ and Administrative Entity procedures and requirements.*

*By signing below, I attest that I have read this Managing Employer Agreement in its entirety (three pages). I understand that I must sign and return the form as a condition of the Participant Direction Services Program and that I cannot begin enrollment in the Program until this form is completed and returned to the AWC. I further attest by signing below that I understand what is required of me and agree to abide by the terms and conditions of this Agreement. I further understand and agree that violation of any of the terms or conditions of this Agreement may result in termination of this Agreement and that termination is not appealable.*

**Signatures:**

\_\_\_\_\_

Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Managing Employer (if different than the Participant)

\_\_\_\_\_

Date

\_\_\_\_\_

AWC Director

\_\_\_\_\_

Date