

## 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 his or her 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			
<div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 10px;" type="checkbox"/> <span>I, as the Individual, am choosing a surrogate and am not acting as the Managing Employer.</span> </div>			
First Name	Middle Name	Last Name	
<b>Relationship to Individual</b> <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: _____			<b>Gender</b> <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. #) – <i>if different than the physical address</i>			
City	State	Zip Code	County
Phone	Phone2	<b>Preferred Method of Communication</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail	

**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 financial management services organization (AWC) 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 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 the Participant-Directed Services: Agency With Choice Financial Management Services Model Bulletin 00-20-04, 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 himself/herself, 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 of the qualified SSP is responsible for:

1. Complying with the AWC Managing Employer agreement.
2. Completing, signing, and returning all forms and documents required by the AWC.
3. Participating in all Managing Employer orientation and skills training sessions as required by the AWC.
4. Recommending wages and benefit allowances for all SSPs within the current ODP-established wage ranges and benefit allowance.
5. Reporting abuse, suspected abuse and alleged abuse of an individual in accordance with § 6100.46.
6. 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.
7. Recruiting and referring qualified SSPs to the AWC for possible hire.
8. Training SSPs on the individual's needs and methods of service delivery as specified in the Individual Support Plan.
9. Developing and managing SSPs' work schedules.
10. Developing, implementing, and revising back-up plans for SSPs and unpaid supports.
11. Managing SSPs.
12. Verifying hours worked by SSPs.
13. Completing, approving, and submitting SSP time sheets and vendor invoices.
14. Complying with all AWC and Department requirements relating to Electronic Visit Verification.
15. Evaluating SSP performance.
16. Understanding and implementing ISPs.

17. Protecting and supporting the exercise of individual rights as specified at §§ 6100.181–6100.182 and §§ 6100.184—6100.185.
18. Participating in the ISP process in accordance with § 6100.222.
19. Implementing the ISP in accordance with § 6100.224, including requesting updates to the ISP.
20. Monitoring service utilization in accordance with the individual's ISP.
21. 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 waivers and ODP policy.
22. Ensuring service notes are completed in accordance with § 6100.226 and ODP Bulletin 00-18-04, Interim Technical Guidance for Claim and Service Documentation, or its successor.
23. Completing progress notes in accordance with § 6100.227 and ODP Bulletin 00-18-04, Interim Technical Guidance for Claim and Service Documentation, or its successor.
24. Reporting work-related injuries incurred by SSPs to the AWC.
25. Reporting suspected Medicaid fraud by SSPs or vendors to the AWC.
26. Reporting incidents specified in § 6100.401 to the AWC.
27. Notifying the AWC of any changes to the Managing Employer's or an SSP's demographics, including but not limited to changes to addresses and telephone numbers.
28. Notifying the AWC of SSP performance issues, such as failure to report for work.
29. Notifying the AWC of the desire to discontinue receiving services from an SSP, i.e. termination of the SSP's employment.
30. Completing the annual AWC satisfaction survey.

## **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 Financial Management Service (AWC) 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 ISP, I will be responsible for payment of those services.*

*I agree to abide by applicable Office of Developmental Programs' policies, and (Name of AWC) UCP Central PA 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.*

## **Signatures:**

_____ Individual	_____ Date
_____ Managing Employer (if different than the individual)	_____ Date
_____ AWC Designee	_____ Date