



EMPLOYMENT AGREEMENT

Between HCBS Participant and Direct Support Worker (DSW)

This Employment Agreement (“Agreement”) is made and effective on the date appearing below by and between the Employer (personally or through Employer’s Responsible Party) and the Employee to provide services for the benefit of the designated HCBS Participant.

Employer/HCBS Participant: _____

Employer’s Responsible Party Directing Services (if applicable): _____

Employee/Direct Support Worker (DSW): _____

Employer and Employee (the “Parties”) agree to the following terms and conditions:

1. Home and Community Based Services (“HCBS”) Waiver Participant. The Employer is a participant in the Kansas HCBS _____ (IDD, PD, TBI, TA, FE) Medicaid Waiver Program.
2. Self-Direct Elective. The Employer has elected to self-direct his or her HCBS attendant care services.
3. Employment. The Employee agrees that he/she will always faithfully, industriously, and truthfully perform all the duties required of his/her position. The Employer is solely responsible for scheduling Employee’s work hours. In carrying out these duties and responsibilities, the Employee shall comply with all Employer directives, both written and oral. It is also understood and agreed to by the Employee that his/her assignment, duties and responsibilities and reporting arrangements may be changed by the Employer without causing termination of this agreement; provided, however, such duties shall be subject to the contents and hourly limitations as contained in the Employer’s HCBS Plan of Care.
4. Employment Orientation. Before the Employee can begin working, Employee shall contact the Employer’s Financial Management Service (“FMS”) provider, Life Patterns, Inc., to complete all required employee paperwork and to receive Employment information and instruction regarding the use of the AuthentiCare clock-in system. The use of the AuthentiCare system is mandated by the State of Kansas. Employee shall abide by all directions, policies and procedures established by the FMS provider.
5. Compensation. As full compensation for services provided, Employee shall be paid at the rate to be established by the Employer and the HCBS waiver program. Such payments shall be subject to normal statutory deductions (State and Federal) by the Employer’s FMS Provider. The Employer determines the Employee shall be paid within the pay range provided by Life Patterns, Inc. at the rate of:
 - \$ _____ per hour for Personal Care Services (PCS)
 - \$ _____ per night for Enhanced Care Services (ECS) (if applicable)
 - \$ _____ for Overnight Respite Services (if applicable)
 (NOTE: This amount is subject to yearly change based on rates of state/federal unemployment and worker’s comp insurance.)
6. HCBS Plan of Care Provisions. Employee acknowledges that attendant care hours and services provided shall be as specified in the Employer’s Plan of Care. Employee further agrees and understands that the Plan of Care is subject to change based on the Employer’s health and welfare needs. Any services provided outside the Plan of Care will be not be paid by Life Patterns, Inc.
7. Compliance with Federal/State Laws and HCBS Program Waiver/Policies. The Employee further agrees to strictly comply with any applicable statutes, regulations or policies, state or federal, which relate or pertain to HCBS waiver services.

- Services cannot be provided to anyone who is an inpatient of a hospital, nursing facility, or ICF-IID.

- No more than one worker can be paid for services at any given time of day.
 - Personal Care Services (PCS) cannot be provided in a school setting and cannot be used for education, as a substitute for educationally related services
 - Personal Care Services (PCS) cannot be provided for more than 12 hours max per day (unless written approval for exception by MCO is received by Life Patterns).
 - Personal Care Service workers are required to pass background checks consistent with KDADS background check policy prior to providing support and to comply with all regulations related to abuse, neglect, and exploitation.
 - You must be with the individual you are providing support to and clocked in to be paid for the support.
 - You and the individual receiving services must be awake to be paid for PCS services.
- **It is recommended that you do not work more than 40 hours per week.** Employee and Employer understand that the hourly rate noted above does not accommodate for hours worked in excess of 40 per week (Sunday through Saturday). Employee and Employer understand that overtime wages are entirely the responsibility of the Employer and will not be paid by Life Patterns, Inc.

8. Payment for Services Rendered. Employee shall strictly comply with all rules, regulations, and/or policies (State or Federal), including those maintained by the AuthentiCare system, regarding logging of units/hours of services provided daily to receive payment for services rendered. Failure to provide accurate and truthful data regarding services rendered may result in termination and referral to State and/or Federal authorities for Medicaid Fraud, criminal prosecution or the like.
9. Agreement Term. This Agreement shall remain in effect pending the earlier occurrence of one of the following events: The denial of the Employer's Medicaid eligibility; the termination/closure of the Employer's HCBS case; the termination of the Employee as the Employer's self-directed worker (voluntary or involuntary termination); or the termination of the Employer's right to self-direct his or her care.
10. Termination. The Employee acknowledges that he/she is an Employee at will, and that the Employer may terminate this Agreement, with or without cause, upon verbal or written notice to the Employee.
11. Benefits. The Employee shall be covered by Worker's Compensation Insurance (if elected by employer) and State and Federal Unemployment Insurance. No other benefits (health insurance, life insurance, sick pay, holiday pay) shall be paid under this Agreement.
12. Miscellaneous. The Parties shall not assign, subcontract, or delegate any duties or obligations required by this Agreement to any other individual, agency, or organization. This Agreement may only be modified by a written agreement signed by the parties hereto. The invalidity or unenforceability of any provisions of this Agreement shall not affect the other provisions hereof and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted. This Agreement supersedes all prior negotiations and agreements between the parties relative to the transaction and services contemplated by this Agreement (written or oral), which contains the entire understanding of the parties. The terms and provisions of this Agreement shall be construed in accordance with and governed by the laws of the State of Kansas. In the event Judicial Intervention is necessary, the Parties agree that venue shall solely be in the District Court for Shawnee County, Kansas.
13. I give approval for this worker to sign up and use the AuthentiCare 2.0 Mobile App.

*****Please sign this Agreement and provide a fully executed copy to Life Patterns, Inc.*****

I have read and understand the terms and binding legal effect of this Agreement.

Signature of Employer (or Responsible Party Directing Services)

Date

Signature of Employee

Date