

**West Virginia Personal Options
Traumatic Brian Injury Waiver Program
Medicaid Qualified Support Worker Agreement**

This agreement outlines the terms and conditions of providing services for a *Personal Options* participant(s). The parties to this agreement are: The West Virginia Department of Health and Human Resources - Bureau for Medical Services (WVDHHR-BMS), Public Partnerships, LLC (PPL), and the Qualified Support Worker (Employee).

Print Name: _____

Qualified Support Worker Responsibilities

1. Adhere to policies and procedures of the West Virginia Traumatic Brian Injury Waiver and Personal Options program, including meeting the minimum requirements for employment;
2. Provide services for payment only after approved by PPL, provide only services authorized in the participant’s approved spending plan, and maintain and submit timely and accurate timesheets and invoices.
3. Report changes in participant conditions (including hospitalizations and reasons for discontinuation of services such as placement in a rehabilitation facility, ICFMR, or nursing home), and report allegations or suspicion of abuse, neglect, and exploitation as required by applicable laws and regulations;
4. Authorize PPL to withhold Federal and State taxes and legal obligations, accept payment from PPL as payment in full for services rendered and not request or require additional payment from the participant, and refund PPL in full in the event of over-payment for services rendered.

Acknowledgements

Direct Service Worker understands and acknowledges that employment is with the participant, and not the WVDHHR – BMS or PPL. No principal-agent or employer-employee relationship is contemplated or created with the State of West Virginia or PPL by this agreement or by provision of services. The direct service worker shall not be eligible to participate in any benefit program provided by WVDHHR or PPL. To the extent allowed by law the provider agrees to hold harmless, release and forever discharge the State of West Virginia and PPL from any claims and/or damages that might arise out of any actions or omissions by the direct service worker.

Signatures

Qualified Support Worker (Employee) _____
Date

Public Partnerships, LLC _____
Date