

Toll Free Numbers Phone: 1-866-836-6792
TTY System: 1-800-360-5899
Administrative Fax: 1-866-461-0195
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Vendor Information Form

The Employer or their authorized representative should complete this form for all business entities that provide services and supports to them under the Georgia NOW & COMP Waiver programs that are independent contractors, for-profit and not-for-profit agencies, and companies. A completed Form W-9 should also be attached. If any of these entities choose to have direct deposit, a completed EFT Form should be included, along with a voided check.

Vendor Name: _____

Vendor Representative Name: _____

Vendor Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____

Tax ID/EIN: _____

Type of Vendor:

Agency/Company or Independent Contractor

Participant Name: _____

Participant ID: _____

Georgia NOW & COMP Waiver Programs
VENDOR AGREEMENT
 Between Participant (Employer) and Vendor/Independent Contractor

The Vendor is contracted and monitored directly by the Employer. Vendor/Independent Contractor and Employer must comply with the policies outlined below. This document must be signed and copies maintained by the Employer. An additional copy must be included in the completed Vendor/Independent Contractor Packet that is sent to Public Partnerships.

Parties to Agreement

This employment Agreement is made this ___ day of _____, 20 ___, by and between _____, hereinafter called "Vendor/Independent Contractor," and the Participant _____ hereinafter called "Employer." The purpose of this Agreement is to establish the responsibilities of the parties to each other. The Participant served under this agreement is _____.

Compensation

The Vendor/Independent Contractor shall be compensated for services at a rate agreed upon between Employer and Vendor/Independent Contractor. This rate must be no less than the prevailing minimum wage in the State of Georgia, or the Federal Minimum Wage, whichever is higher.

(Please use the 3 letter code found in the "Service Code" column of the "Services Description Sheet".)

Service	Service Code

Services Description Sheet

Service	Service Code to Write on Your Timesheet
Behavior Supports Consultation	BSC
Behavior Supports	BSS
Community Access Group	CAG
Community Access Individual	CAI
Environmental Accessibility Adaptations	EAA
Financial Services	FSS
Individual Directed Goods and Services	IDG
Natural Support Training	NST
Specialized Medical Supplies	SMS
Specialized Medical Equipment	SME
Transportation Encounter / Trip	TET
Transportation Commercial Carrier	TCC
Vehicle Adaptations Self-Directed	VAS
Occupational Therapy Evaluation (Adult Occupational	OTE
Occupational Therapy Therapeutic Activities (Adult	OTT
Occupational Therapy Sensory Integration (Adult	OTS
Physical Therapy Evaluation (Adult Physical Therapy)	PTE
Physical Therapy Therapeutic Procedure (Adult Physical Therapy)	PTT
Speech and Language Evaluation (Adult Speech and Language Therapy)	SLE
Speech and Language Therapy (Adult Speech and Language Therapy)	SLT
Speech Generating Device Therapy (Adult Speech and	SGD

Duration of Agreement

This Agreement will be effective when it is signed. The Employer can terminate this agreement at any time and without liability for doing so, by notifying Public Partnerships LLC (PPL) orally or in writing.

Modification of Agreement

This Agreement may be modified, and it must be in writing. Signed copies of all new agreements must be provided to PPL.

Employer Responsibilities

1. Employer agrees to orient, train, and direct the Vendor/Independent Contractor in providing the services or goods that are described and authorized by the Participant's Individual service plan or that are requested by the Participant.
2. The Employer agrees to approve completed Vendor invoices.
3. Vendors shall only perform work authorized by the NOW & COMP Waiver Programs manual as they will not be compensated for work performed that is not authorized or in excess. The Employer is individually responsible to compensate the Vendor/Independent Contractor for any work performed in excess of the amount authorized.

4. Misrepresentation of time, services, individuals, and/or other information is not permitted. If the Employer or Vendor/Independent Contractor signs an invoice that is determined to misrepresent information, the Participant may lose the option of self-direction in the NOW & COMP Waiver Programs.
5. Employer understands that this agreement does not guarantee payment for services to a vendor/Independent Contractor for any time period.
6. Employer understands that the Vendor/Independent Contractor is contracted by the Employer and not Public Partnerships LLC or the State of Georgia.
7. Payments to Vendors/Independent Contractors is from Federal and State funds. Any false claims, statements, documents, or concealment of material facts will be prosecuted under applicable Federal and State laws.
8. All documents required in the Vendor Packet must be completed and submitted to Public Partnerships prior to performing services.
9. The Employer agree to follow the policies and procedures of the Participant's service plan as outlined by the NOW & COMP Waiver Programs.
10. The Employer agree to hold harmless, release, and forever discharge the State of Georgia, NOW & COMP Waiver Programs, and Public Partnerships, LLC from any claims and/or damages that might arise out of any action or omissions by the Employer, Vendor/Independent Contractor, or Participant.

The Employer must sign below to begin a vendor agreement through this program. By signing below, the Employee and the Employer listed hereby agree to all qualifications, duties, responsibilities, and policies as outlined in this Vendor Agreement.

Employer's Signature: _____ Date: (If

Representative) Relationship to Employer: _____

Vendor's Signature: _____ Date: _____

(Vendor Signature only needed for Independent Contractors)

***All pages of the agreement are part of the Vendor Packet and must be submitted to PPL.**