



EMPLOYER AGREEMENT

Member Name		
First: <input style="width: 90%;" type="text"/>	Last: <input style="width: 90%;" type="text"/>	PPL ID: <input style="width: 90%;" type="text"/>
Employer Name (this must be completed)		
First: <input style="width: 90%;" type="text"/>	Last: <input style="width: 90%;" type="text"/>	

This agreement covers the responsibilities of the Employer. They are subject to federal and state laws.

Terms and Conditions
<p>PUBLIC PARTNERSHIPS LLC (PPL) DUTIES:</p> <ol style="list-style-type: none"> 1. Provide enrollment packets. 2. Pay Attendants bi-weekly, on behalf of the Employer. For the Attendant to be paid, timesheets must be approved by the Employer. 3. Deposit Employer-related taxes using the Employer's tax ID. 4. Follow all IRS and State guidelines. 5. Obtain all proper Federal and State Powers of Attorney. 6. Maintain workers compensation insurance on behalf of the Employer. 7. Process all tax exemptions and withholdings. 8. Maintain records of all: <ul style="list-style-type: none"> ▪ Withholdings ▪ Filings ▪ Payments 9. Supply the Attendant with a paystub for each pay period. 10. Furnish the Attendant with end of year statements for filing income tax returns. 11. Track all money spent from the Program budget. The Employer must watch spending and not exceed the approved amount. 12. Submit all claims to the Program on behalf of the Employer. 13. Will only pay for tasks approved in the Service Plan. 14. Upon the end of this Agreement PPL will complete all required federal and state filings. <p>EMPLOYER DUTIES:</p> <ol style="list-style-type: none"> 1. Agrees that they are the Employer. The Attendant is not an employee of PPL or the State. 2. Is at least 18 years of age. 3. Can end the employment of the Attendant. 4. Understands non-qualified Attendants cannot be paid. 5. The Employer will: <ul style="list-style-type: none"> ▪ Set the terms of employment ▪ Recruit, hire, manage, and dismiss Attendants ▪ Verify Attendants have needed qualifications ▪ Train Attendants on providing services, as described by the Attendant Support Management Plan ▪ Create a schedule for the Attendant ▪ Accurately and fully complete and submit the USCIS Form I-9 ▪ Develop a backup plan ▪ Determine Attendant wages ▪ Follow all State fair hiring and firing standards ▪ Ensure the Attendant: <ul style="list-style-type: none"> ▪ Meets program criteria ▪ Has completed required training based on program rules ▪ Passes a background check before starting work

- Report possible:
 - Neglect
 - Abuse
 - Misuse of funds or property

Repeated dismissals by the Employer may make replacing staff harder. This could raise state unemployment tax rates. The Employer must stay within their budget with the higher costs. The Employer must tell PPL when an Employee has been let go. This information will be saved by PPL.

If the Attendant's employment stops for 6 months or longer, they may have to complete new paperwork.

Medicaid Fraud

Medicaid Fraud is a crime. It can lead to penalties and/or jail time. You must report any suspected fraud to PPL, the Case Manager, and/or the State.

Change of Employer

If a new Employer replaces the previous Employer, they become the successor employer. The Attendant must have continued to provide the same services to the same Member. The new employer is required to keep completed forms. This includes the I-9.

Electronic Signatures

PPL supports electronic signing of forms if it is lawful and applies.

Electronic Visit Verification (EVV)

The Attendant must clock in and clock out for their shift using an approved EVV method.

Agree and Sign

The Employer confirms:

- I have read all of this form
- I understand my responsibilities
- I agree to the terms of this Agreement
- Any false statement on this form may result in cancellation of services and further actions
- My records are protected under state and federal laws
- I understand my records cannot be disclosed without my consent unless required by law
- The details provided are accurate and complete

Employer Signature:

Date: