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PCA Choice Employment & Wage Agreement

Agreement between	Party	First Name	Last Name
	Consumer (Recipient)		
	Responsible Party (RP) <i>*If required</i>		
	Ability Care Partners Inc. (ACP)	Joshua	Holler
	Personal Care Assistant (PCA)		

Term

This agreement is entered into effective on _____ by and between the parties named above. We enter into this employment agreement to provide Personal Care Assistant services for the Consumer.

Consumer (or Responsible Party) Roles and Responsibilities

As a consumer using ACP as my PCA Choice provider, I, (or my RP - if applicable), agree to the following responsibilities:

1. Accept responsibility for my health and safety by finding staff or supports that ensure my needs are met.
2. Develop and maintain a care plan with the QP that details my cares and health/safety needs based on my physician's orders and the PHN PCA assessment.
3. Recruit, interview, hire and provide training for my own PCA staff.
4. Review, sign and submit the employment application for my PCAs to ACP. I will verify the PCA's employment eligibility on form I-9 by reviewing their "acceptable documents" (i.e. ID, SSN, Passport, Work Authorization).
5. Not allow my PCA to work any shifts until they have passed a MN DHS NETStudy criminal background study, facilitated by ACP to ensure they have no prior criminal record that disqualifies them from being employed as a PCA. ACP will notify the consumer and PCA via email with the approved start date. No exceptions.
6. As a joint employer with ACP, sign a written agreement with each of my PCAs before I receive their services.
7. Schedule my PCA staff to meet the needs specified in my care plan and develop a Back-up Support Plan that I will follow in case a regularly scheduled PCA is unable to fulfill their duties as scheduled.
8. Provide information, orientation and training to my PCA staff including safety and emergency procedures.
9. Provide and maintain my emergency contact information and any Health Care Directives (if applicable), to my PCA staff for my own safety.
10. **Manage the use of my PCA allocated hours to ensure I do not use more than allocated in my Service Authorization (SA).** I will monitor my use of flexible PCA units, and if I run out of units before my SA expires I understand my services will be suspended until the new SA starts. If I exhaust all of my SA units I will be personally responsible to pay for my continued care. ACP will provide "Service Hours Used" reports upon request.
11. **Communicate with my PCA about their total hours worked with ALL PCA agencies, to ensure they do not go over the 275 hours per month rule.**
12. **I agree to personally pay ACP for any services that are not paid for by my insurance, including but not limited to: co-pays, out-of-pocket deductibles and denied claims due to MA ineligibility, non-covered services, over-use of hours, unauthorized use of services or fraud.**
13. Abide by Department of Labor regulations and ACP policies regarding overtime.
14. Review, sign and submit timekeeping entries by my PCA as outlined in the company policies and procedures.
15. Notify ACP of my in-patient treatment or hospitalization dates throughout our service agreement.
16. Notify the county public health nurse, waiver caseworker or other appropriate individual when it is time for a reassessment of my need for PCA services or if there is a change in condition or change in the level of services that I need. I will inform them of my intent to use a PCA Choice provider.
17. I will notify ACP prior to terminating any PCAs and inform them of the effective date. I will notify ACP if assistance is needed in terminating an employee.
18. Comply with company policies and procedures and make sure all of my PCAs receive any updated policies.

PCA Initials: _____

Consumer (RP) Initials: _____

Provider Roles and Responsibilities

As your PCA Choice provider, *ACP* agrees to perform the following responsibilities:

1. Enroll and meet all standards as a PCA Choice Provider with MN DHS, including passing NetStudy.
2. As a joint employer with the consumer (or RP), enter into a written agreement with each PCA before services are provided to the consumer.
3. Process a MN DHS NetStudy criminal background study for all PCA and QP applicants.
4. Submit billing to DHS / MA or other applicable health insurance plan for PCA services rendered.
5. Pay the PCAs at the rate specified in this agreement.
6. Issue paychecks, withhold and remit all applicable state and federal taxes from PCAs paychecks.
7. Arrange for and pay the employers share of payroll taxes, unemployment insurance, worker's compensation insurance and liability insurance for all staff.
8. Keep records of the hours worked by PCAs as submitted by the consumer or responsible party.
9. Assist consumer in terminating PCAs, if requested to do so by the consumer.
10. Assess an administrative fee for PCA provider services in each consumer's "PCA Service Rate Agreement"
11. Ensure arm's length transactions without undue influence or coercion with the consumer, PCA or qualified professional.

Personal Care Assistant (PCA) Responsibilities

As a PCA employed by the consumer and *ACP*, I agree with the following statements and responsibilities:

1. **I have completed and passed the required Individualized Personal Care Assistant Training** offered through the MN DHS. I will send *ACP* a copy of my certificate of completion before working as a PCA.
2. I am not: a recipient of PCA services myself, the responsible party of the consumer; spouse of the consumer, paid guardian of the consumer, parent or step parent of a minor child consumer (under 18 years old)
3. I will enter into a written agreement with the consumer and *ACP*, as joint employers.
4. I understand and agree that all employment with *ACP* and the consumer is "at-will" and can be ended by any of the parties, at any time, with or without reason.
5. I will fully and accurately complete all required employment hiring information and DHS enrollment forms.
6. **I must complete and clear a MN-DHS NetStudy Criminal Background Study submitted through *ACP* before working any shifts and submitting a timesheet for payroll.**
7. **I must work at least every 90 days (or communicate my anticipated return) to remain on the active roster with *ACP*. I must be re-hired and process a new NetStudy after 180 days without working for *ACP*.**
8. Until *ACP* notifies me (and the consumer) with my official start date, I understand I CANNOT report to work for the consumer under any circumstances. No exceptions. I will not be paid wages for any shifts in violation of this rule.
9. I will obtain training and orientation instructions from the consumer, RP or QP to ensure I can satisfactorily perform all responsibilities in the consumer's care plan and follow emergency procedures listed. I agree to communicate with the consumer (or RP) directly, regarding any safety, health or training concerns.
10. I will provide and maintain my personal emergency contact information to the consumer (or RP).
11. I must work at scheduled times as determined by the consumer (or RP), notifying them of changes as early as possible to enact their Back-Up Staff Plan.
12. I will provide personal care services to the consumer as specified in their care plan, following written and verbal directions from the consumer (or RP).
13. I will inform the consumer about all visible bodily changes that may need medical attention.
14. I will not violate the Home Care Bill of Rights, Minnesota Vulnerable Adults Act, Maltreatment of Minors Act, nor engage in any other unsafe acts or illegal conduct including PCA service fraud. I am a Mandated Reporter of any abuse or neglect and will report it to *ACP* and the county's Common Entry Point. *(See Policies & Procedures)*

PCA Choice Employment Agreement – Continued...

15. I will focus on job related activities, maintain respect for professional boundaries, perform duties in an ethical matter while preserving and respecting the rights and dignity of the consumer.
16. I will keep the consumer's personal life as confidential, respect their property and adhere to data privacy policies.
17. I agree to not bring any children or friends to work. I will not provide care to *anyone* other than the consumer.
18. I agree to be present when working with the consumer and leave only when the shift is completed.
19. I understand and will follow safety and emergency procedures in my applicable service environment and work to identify my safety needs and along with those of the consumer.
20. I agree to accurately document time worked with my consumer, initial cares and sign my timesheet before submitting for payroll.
21. I will communicate with the consumer to ensure submission of my timesheet to *ACP* by the deadline and follow policies for completing timesheets. I may also elect to submit my own timesheet (completed and signed by all parties) to *ACP* by notifying them of my request in writing.
22. **I understand that the consumer's Medical Assistance (MA) funding pays for their PCA services and that if the consumer becomes ineligible for MA, all PCA services and my employment will be suspended until the consumer is eligible.** *ACP* will notify the consumer of any lapses in MA eligibility and the consumer will notify me.
23. **I understand that MN-DHS issues a Service Authorization (SA) that determines the dates and amount of PCA hours the consumer receives. If my consumer's SA ends or is exhausted early (run out of hours), PCA services and my employment will be suspended effective on the date of ineligibility or exhaustion of hours and I will not be allowed to work as a result of this.** The consumer will be notified by *ACP* staff and the consumer will notify me that services have stopped. No timesheets shall be submitted until services are re-authorized and *ACP* informs the consumer that my employment has been reinstated.
24. I understand that I cannot work and be paid wages for PCA services when the consumer is receiving any type of in-patient treatment, in-patient hospitalization or nursing home services.
25. **I agree to notify *ACP* in writing or via email when I work for another PCA agency and monitor my total hours worked with all agencies/consumers actively I am employed with.**
26. **I fully understand that PCAs cannot work more than 275 hours per month. If working for multiple consumers or agencies I understand my combined totals cannot exceed these limits.** If I am found to have violated this policy, I will be required to return wages paid due to exceeding the 275-hour rule.
27. **I agree to not work over 40 hours per week (Sun-Sat). Overtime (OT) is not authorized and I will not be paid OT without prior approval.**
28. **I agree that *ACP* reserves the right to collect (take-back) wages of any PCA due to ineligibility, erroneous payment or overpayment.** This includes: PCA being over 275 hours per month, consumer being out of service hours authorized, consumer not being eligible for services, PCA disqualifications, non-covered cares, fraudulent activity, payroll error or over-payment (regardless of who is at fault for the error).
29. **I agree that *ACP* can bill me for any wages deemed ineligible, erroneous or over-paid, and will notify me in writing of the ineligible service hours or over-payment amount to be collected.** I agree to work out a repayment plan that must not exceed 60 days regardless of my employment status with *ACP*. Any non-repayment over 60 days past due will accrue interest charges (maximum allowed by law) and may result in suspension, termination, civil lawsuit and reporting to a collections agency.
30. **I will report any service/work related injuries or accidents to the consumer (or responsible party) AND *ACP* within 24 hours of the incident,** as outlined in the company policies and procedures.
31. I agree that when necessary or requested, I will meet with the Qualified Professional (QP) within a maximum of 14 calendar days from the date the QP requested or be subject to suspension until the meeting is conducted.
32. **I agree that if my employment is resigned by myself or that if I am terminated, I will submit my fully completed timesheet to *ACP* and will be paid at the next scheduled payroll date.**
33. I will update *ACP* staff anytime my status changes (legal name, address, phone #, tax exemptions, etc.).
34. **I have read, understood and will comply with current *ACP* Policies & Procedures. (*ACP* will publish any changes to the Policies & Procedures which are available on our web site.)**

PCA Choice Employment Agreement – Continued...

PCA Wage Agreement

ACP offers a wage structure that meets or exceeds the legislative requirement that at least 72.5% of the current reimbursement rate must be allocated to PCAs total compensation. *Minnesota Statute 256B.0659, Subd. 20. (Ch 352, Art 2, Sec 2).*

PCA Starting Wage (Effective July 1, 2019): \$13.25/hr. Enhanced Rate PCA Wage (if eligible per DHS requirements): \$13.75/hr.

Hourly Rate for PCA named: \$ _____/hr **Rate type:** ___ Regular PCA ___ Enhanced PCA Rate

Wage Changes & Raises - ACP determines the rate of pay for all PCAs, in accordance with DHS policy regarding reimbursement rates and the 2019-2021 MN DHS / SEIU PCA Collective Bargaining Agreement (posted on our web site).

Agency Administrative Expenses - Per agreement with the Consumer, ACP retains an administrative fee which covers fiscal intermediary and enhanced program services that meet the state program criteria. This fee is deducted from the current program reimbursement rates set by MN DHS.

Grievance Procedures

ACP asks that if any PCA has any concerns they shall bring them up to the consumer first. Consumers are encouraged to address issues directly with their PCA. If the PCA/consumer is unable to resolve the issue, they may bring the issue to the ACP Program Coordinator and file a Grievance Report (available on our web site). ACP is committed to providing a timely response to concerns brought forward. Our formal grievance procedures are outlined in the company policies and procedures.

Regulatory Compliance

All parties are responsible for complying with all rules and regulations related to the PCA Choice program, including but not limited to: Maltreatment of Vulnerable Adults Act, Maltreatment of Minors Act, Data Privacy, HIPAA, MN-DHS PCA Program Regulations and Department of Labor Laws.

Cancellation and Amendments

PCAs may resign their employment with the consumer and Ability Care Partners at any time, for any or no reason, and the consumer and Ability Care Partners reserve the same right regarding discontinuation of signed individual's employment. If the PCA elects to resign, they agree to provide a minimum two weeks written notice to be eligible for future rehire with ACP. Any party may choose to cancel or amend this agreement in writing at any time.

Signature Acknowledgements

All parties agree to honor any documents that are signed electronically or by handwriting. Any digital signature whether signed on-screen, typed (with digital evidence), entered via PIN # or password will be considered legally binding in a court of law.

Party	Signature with Date
Consumer (Recipient) or Responsible Party (RP)	
Ability Care Partners Inc. (ACP)	
Personal Care Assistant (PCA)	