

Employee and Employer Agreement

_____ has been hired by _____
(Employee) (Employer/Member)

Employee will provide care services through the self-directed services program to the Employer/Member.

Jean Gottwald, Fiscal Agent has been chosen to assist the member/employer with administrative tasks, enrollment setup and payroll services.

As the employee, I agree to:

- Complete all documents that are required to be an employee of a Fiscal member (your employer).
- Not begin working and filling out timesheets until I am given a start date from one of the following: Jean Gottwald, the MCO or your employer.
- Work with the employer to provide them with the best care and outcomes possible.
- Stay within the guidelines of what is authorized for hours worked and tasks required.
- Follow HIPAA and confidentiality requirements.
- Follow standard precautions and perform all work-related tasks in a safe manner.
- Report timesheets accurately. Failure to do this could result in fraud and/or abuse reporting.
- Report concerns of safety, health or well-being of the person I am caring for.
- Report work-related injury, within 24 hours to Jean Gottwald, Fiscal Agent at 1-715-661-9101.
- Notify Jean Gottwald, Fiscal Agent if I do not work within 90 days.

I understand that my timesheet needs to be turned in by the 8th of the month following the end of a month. Timesheet must be signed by employee and employer/member or their guardian or POA. Submission of timesheets after the due date will delay payment. The late timesheet will be processed on the following month's payroll date. I understand Jean Gottwald, Fiscal Agent is not responsible for payment of services if I provide duties to the member that are not approved, if I work more hours than approved by the Managed Care Organization or if the member is no longer eligible for services under this program.

I understand that I am the employee of _____ (enter employer name).

I understand that my employer is responsible for all employment actions which might include orientation, training, supervising, disciplinary action, termination, management and other employer-related functions.

I understand that Jean Gottwald, Fiscal Agent IS NOT my employer, but provides the payroll services and administrative tasks for my employer. If I have employment concerns, I need to discuss these with my employer/member.

Employee signature: _____ Date: _____

Employer/Member signature: _____ Date: _____