

# Acknowledgement of My Responsibilities As The Employer of My Individual Providers

I choose to receive services from an Individual Provider (IP) paid by the Department of Social and Health Services (DSHS). I understand my responsibilities as the employer of my IP include:

## **Background Checks For My Providers:**

- I understand that my IP must pass both an in-state background check and an out of state fingerprint check. I can hire my IP to start immediately or wait for the fingerprint check results. If I hire my IP before the fingerprint results return and my provider is found to be disqualified, DSHS will no longer pay that IP. I will have the option to choose another IP who is qualified:

**I wish to hire my IP for up to 120 days while I wait for the results of the fingerprint check. I understand that my IP must first pass the in-state background check.** The in-state background check reviews; (1) criminal conviction records through the Washington State Patrol, (2) records in the Washington State Court's database, and (3) findings from Washington state agencies.

OR

**I wish to wait until the out of state fingerprint check is completed before hiring my IP.** The out of state check includes a check of criminal records in other states.

IP Name: \_\_\_\_\_

### **Being An Employer:**

- I must screen and hire a qualified IP;
- I must contact my case manager to make sure the IP has a valid contract;
- I understand my IP is not allowed to work if they receive notice from DSHS that they must stop working;
- I understand my IP is not allowed to work if they are no longer qualified as an IP;
- I understand that I will receive a notice if my IP is not allowed to work. If I allow them to work after the date of that notice, I may be solely responsible for payment to the IP;
- I have to make sure my IP can work in the United States. I must complete and keep the I-9 form. I may contact the [Homeland Security USCIS I-9 Web Site](#) or by calling 1-888-464-4218 if I need more information;
- I understand that I may contact the Home Care Referral Registry (HCRR) for help in finding an IP. This service is available in most areas of the state. I may contact the HCRR by telephone at 1-800-970-5456. I may access the HCRR on the internet at: <http://www.hcrr.wa.gov/>

### **Scheduling My IP To Work:**

- I understand that my IP **cannot** work more than their work week limit without approval from DSHS;

- I understand that my IP only has one work week limit. My IP cannot go over this limit even if they work for more people than me;
- I have to make sure my IP is not working more than their work week limit and more than my monthly service hours;
- I have to find a back-up caregiver to meet my needs, when I need one;
- I may have to hire additional caregivers to meet my needs and follow overtime rules;
- I must make sure my IP understands my care plan, can follow my care plan, and can work the schedule I want;
- I supervise the work of my IP. Even though my IP has a contract with DSHS, DSHS does not supervise my IP.

### **Providing Gloves:**

- I must provide gloves to my IP for hands-on personal care tasks when they are needed:
- I can get up to 200 gloves a month from my Apple Health (Medicaid) benefit. I may be able to get more if it is medically necessary.
- If I have Apple Health (Medicaid) managed care, I may contact my health plan or my doctor to order gloves, or go to <https://www.hca.wa.gov/assets/billers-and-providers/13-010.pdf>

- If I have Apple Health coverage that is not through managed care I may:
  - Call a medical equipment supplier from the list on the Health Care Authority website at:  
[https://www.hca.wa.gov/assets/billers-and-providers/ffs\\_providers\\_non\\_sterile\\_gloves.pdf](https://www.hca.wa.gov/assets/billers-and-providers/ffs_providers_non_sterile_gloves.pdf) or
  - Call my doctor; or
  - Call the Medical Service Center at 1-800-562-3022. This number is located on the back of my blue Medical Service Card. For more information about getting gloves visit the Health Care Authority website at  
<http://www.hca.wa.gov/medicaid/dme/Pages/default.aspx>.

### **Financial Duties:**

- I understand that DSHS is not responsible for withholding or paying income tax for my IP unless my IP asks them to;
- DSHS is responsible for the withholding and payment of Social Security and Medicare taxes (FICA);
- DSHS is responsible for the withholding and payment of federal and state unemployment taxes (FUTA/SUTA) unless the IP is my parent or my child who is between the ages of 18 and 21 years;
- I must report my Personal Care participation payments to state and federal taxing agencies if I:
  - Receive my services through Home and Community Services or my local Area Agency on Aging (AAA), and
  - Employ an IP, and

- Pay participation for my Personal Care services.
  - For tax information, contact the Internal Revenue Service at 1-800-829-1040 or the Washington State Department of Employment Security at 1-888-836-1900.

**Communicating With DSHS:**

- I will contact my Case Manager if I:
  - Have any concerns about my care plan or about the quality of the care that I am receiving from my IP;
  - Am not receiving the services for which my IP is billing;
  - Am not receiving the services authorized in my care plan;
  - Want to change or add a provider;
  - Need help hiring/managing my IP; or
  - Want to assign more hours to my IP than his/her work week limit.

I also understand that I have a right to appeal if DSHS denies me my choice of provider.

CLIENT / LEGAL REPRESENTATIVE'S SIGNATURE	DATE
---	------

CLIENT ID NUMBER
------------------

CLIENT / LEGAL REPRESENTATIVE'S PRINTED NAME
--