Consumer Agreement for Personal Care Attendant Program (PCA) Fiscal Intermediary (FI) Services

MassHealth
THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

By signing this document, I acknowledge that I am a consumer of MassHealth-approved Personal Care Attendant Services (PCA Services) and understand that:

1. I am the employer of my PCA(s) and must hire my own PCA.
2. I may conduct a CORI and/or a SORI background check for my PCAs, and such requests will be processed by the fiscal intermediary (FI) on my behalf if I choose to do so.
3. My PCA must be at least sixteen (16) years of age.
4. MassHealth and the FI cannot pay my PCA if my PCA is on the List of Excluded Individuals and Entities (LEIE) maintained by the U.S. Department of Health and Human Services Office of Inspector General (OIG) or the MassHealth List of Suspended/Excluded Providers. The FI or my PCM agency can provide me with more information about this.
5. Wages paid to my PCA are established through a collective bargaining agreement (CBA) between the SEIU Local 1199 (the Union), which represents PCAs, and the PCA Quality Home Care Workforce Council (the Council), which represents PCA Consumers.
6. I must complete and submit all required new hire paperwork forms before hiring a PCA. I acknowledge that a PCA will not be paid by MassHealth or the FI before new hire paperwork is processed and the PCA is issued a Unique Identification Number (UID). I also understand that the FI will not be able to pay my PCA if the paperwork is not completed and submitted to the FI in accordance with the FI's instructions.
7. All PCAs must be eligible to work in the United States in accordance with federal law and I delegate my responsibility as the PCA employer to the FI, Tempus Unlimited, Inc., to sign the *E-Verify Memorandum of Understanding for Employers Using an E-Verify Employer Agent* on my behalf. I understand that Tempus will use E-Verify to electronically confirm my PCA's eligibility to work in the United States. I understand that MassHealth and the FI will not pay my PCA if my PCA is not authorized to work in the United States.
8. I am required to use Electronic Visit Verification (EVV) to review and approve my PCA's timesheet unless I have received an approved exemption.
9. I delegate my authority as the PCA employer to the FI to perform certain employer-required tasks on my behalf, as detailed below:
   - receive and process my PCA's activity forms or punches submitted using EVV;
   - deposit my PCA's paychecks directly into my PCA's bank account or to a debit card;
   - prepare and mail paper checks to me every two weeks for me to distribute to my PCA if my PCA has obtained a waiver of the direct deposit requirement;
   - make correct withholdings from my PCA's paychecks;
   - make deductions for PCA union dues and fees, in accordance with the CBA between the Council and the Union, and send these monies to the Union;
   - pay my federal, state, and local employment taxes on my behalf;
   - send all money withheld from my PCA's paychecks to the appropriate agencies;
   - pay my unemployment insurance taxes on my behalf;
   - purchase workers' compensation insurance in my name to cover my PCAs;
   - perform other employer-required tasks such as obtaining an employer identification number (EIN) and filling out, filing, and saving copies of other required employment forms;
   - send me summaries of my payrolls, and my tax filings; and
   - send me summaries (payroll cover sheets) that describe the number of PCA hours MassHealth authorized for me, the number of PCA hours I have used, and the number of PCA hours I have remaining on my prior authorization (PA). I understand that I can share this information with my PCA, so that my PCA and I know if there are sufficient hours left on my PA to have my PCA work and get paid.
10. The FI will perform certain employer-required tasks on my behalf, **but I am responsible for**:

- notifying the FI when I hire a new PCA
- notifying the FI if I move or if I know my PCA has moved
- submitting a Termination Form to the FI when a PCA no longer works for me;
- maintaining updated contact information for my PCA and informing the FI of any changes;
- notifying the FI and my PCM agency when I am admitted to a nursing facility or other inpatient facility. I understand that MassHealth and the FI cannot pay for activity time performed by my PCA when I am in a nursing facility or other inpatient facility. I also understand that any payments made to my PCA for hours worked while I was in a nursing facility or inpatient facility are considered fraud and will be reported to the state Bureau of Special Investigations (BSI) for investigation, and may result in sanctions including termination of my PCA services;
- informing my PCA that they will receive their payment electronically through direct deposit to their bank account or through a payroll debit card service offered by the FI. The FI will provide the forms needed for my PCA to request payment electronically;
- informing my PCA that they may not share a bank account with me, my Surrogate, or my Administrative Proxy (AP);
- ensuring my PCAs are aware of the federal requirement to use EVV for timesheet submission (unless approved for an EVV exemption) and that my PCA correctly completes, signs, and submits their EVV punches daily, or their activity forms (time sheets) bi-weekly that accurately reflect the days and hours my PCA worked for me;
- approving my PCA's EVV punches or completed activity forms, and submitting to the FI each week, following the FI's instructions and in the timeframe required;
- following the MassHealth regulations for the PCA Program. My PCM agency can provide me with a copy of these regulations.

11. I must have prior authorization (PA) for MassHealth PCA services and have sufficient units left on my PA before a PCA can be paid. I understand that I will be responsible for paying my PCA if I do not have prior authorization from MassHealth or if I do not have sufficient units left on my PA on the days my PCA worked.
12. I must adhere to the MassHealth PCA Program overtime rules as outlined in 130 CMR 422.418(A)and the maximum weekly hour limit rules as outlined in 130 CMR 422.413(K) and will not schedule my PCA to work more than the maximum weekly hour limit hours in total per week, including hours they work for other Consumers. I will contact my PCM to request an authorization if I need my PCA to work over 50 hours but no more than the maximum weekly hours allowed each week. I understand that if I violate this policy MassHealth and the FI are not responsible for paying my PCAs, and I will be responsible for paying PCAs from my own funds.
13. I may lose my eligibility for PCA services if I do not complete and return the required paperwork to the FI as instructed.
14. I must sign certain forms that will allow the FI to act on my behalf. I understand that my PCA cannot be paid until the forms, including the Consumer Agreement, are completed and returned to the FI. The FI will send me these forms.

_____	_____	_____	_____
Consumer Signature	Consumer Printed Name	Consumer ID	Date

_____	_____	_____
Legal Guardian Signature	Legal Guardian Printed Name	Date