

## Individual Provider Acknowledgement Form

Social Worker \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_ 1. I acknowledge that I have received a copy of the Employment Reference Guide, for Individual Providers.

\_\_\_\_\_ 2. As an Independent Provider (IP), you are a self-employed individual, contracted with the State of Washington to provide care. **You are not an employee of DSHS or the Area Agency and Disability.** For caregiver employment verification, please call the Individual ProviderOne (IPOne) Call Center at 1-844-240-1526.

\_\_\_\_\_ 3. As an Individual Provider, you are part of the union, SEIU 775 NW. All IPs are required to pay union membership dues or nonmember fair share fees. These dues are deducted from your paycheck. For specific questions about union dues, contact the SEIU Healthcare 775 NW Member Resource Center, at 1-866-371-3200.

\_\_\_\_\_ 4. You May be eligible for Workers' Compensation, in the event that you are injured while providing care to your client. To educate IPs on work safety, you are required by the State of Washington to participate in Safety Training. Sedgwick CMS handles Workers' Comp claims; contract them toll free at 1-866-897-0386.

\_\_\_\_\_ 5. Payment is dependent upon the amount of service hours your client is authorized to receive. Your client's authorized amount is need based, and is determined after the client's Case Manager and the clients have assessed their functional need. Payment will not be provided if the client is out of the home (e.g., in the hospital, nursing home, or on vacation).

\_\_\_\_\_ 6. You will claim payment under the Provider One system after care has been provided, no sooner than the end of the payment period. You can only claim hours that you actually work. Claiming hours and receiving pay for hours when care was not provided may cause an overpayment and lead to a referral for Medicaid Fraud.

\_\_\_\_\_ 7. Report a change of address and phone number immediately to the client's Case Manager, and to the IPOne Call Center, or by updating your contact information online on your IPOne account. Failure to do so can result in a delay of your paycheck. Paychecks cannot be forwarded. Updating this information will also ensure that you receive important documents and communication from the Area Agency on Aging and/or DSHS.

\_\_\_\_\_ 8. If your name changes at any point, you are responsible for informing the client's Case Manager immediately. You will be required to provide a new Driver's License/ID and Social Security Card, showing your new legal name.

\_\_\_\_\_ 9. Contracts cannot be backdated. Payment for services will begin after a valid contract has been completed and signed. Pay will not be authorized for dates prior to the contract signature date. After you sign your contract, the client's Case Manager will give you a start date for your clients. You will not be paid for services provided before the start date.

\_\_\_\_\_ 10. As a courtesy, Social Security and Medicare can be deducted from your check. The State of Washington will only deduct federal income taxes after receiving a request from the Individual Provider.

\_\_\_\_\_ 11. Some clients are required to pay Participation/Responsibility, which works like a deductible. The client may be required to pay this directly to you. In this case, the state would pay you the remainder. A notice will be sent to inform you of any Participation/Responsibility that needs to be collected from you client. You are allowed to collect

pay only for hours worked. Do not collect Participation/Responsibility from the client that exceeds your actual earned wages.

\_\_\_\_\_ 12. Health Insurance is available to you, if you qualify. For information regarding health insurance availability, please contact the Health Benefits Trust at 1-866-771-7359.

\_\_\_\_\_ 13. Medicaid Transportation service may be available for your client. (See brochure for details)

\_\_\_\_\_ 14. You are responsible to schedule and complete all the training, testing, and Home care Aide credentialing requirements before your deadline. Failure to complete required training and certification before your deadline will result in immediate termination of pay. By initialing here, you acknowledge you have received instructions on how and when to complete all requirements listed above.

\_\_\_\_\_ 15. You are responsible for the annual renewal of your Home Care Aide, CNA, NAC, RN or credential through the Department of Health (DOH), which qualifies you to work for a DSHS client. You have the responsibility to pay any fees associated with the renewal of your credential. As an Individual Provider, Continuing Education must be completed every year before your birthday. Failure to do so will result in the suspension or termination of your Client Service Contract, and you may have an overpayment for all pay received while working out of compliance.

\_\_\_\_\_ 16. Skills Acquisition Training, as defined in your service contract, is a separate service and will require the completion of a different timecard. Coordinate with your client's Case Manager about the opportunity to provide this training.

\_\_\_\_\_ 17. As an Individual Provider, you are expected to maintain confidentiality of all client information and documents received. You are not allowed to discuss your client's condition or situation with any other person, unless your client gives consent. You are also a mandatory reporter for the abuse or neglect of any adult who has a) Developmental Disability, b) Legal Guardian, c) lives in a facility licensed by DSHS, d) receives in-home services from an agency, paid IP, or from a privately paid caregiver d) is an adult 60 years of older who cannot take care of him/herself. Failure to abide by this requirement may subject you to an investigation and possible termination of your Client Service Contract.

\_\_\_\_\_ 18. Review and understand the client's service plan. Which is signed by the client or legal representative, and the client's Social Worker/Case Manager. You will provide the services specified in the plan.

\_\_\_\_\_ 19. Respect individual preferences and differences in providing care, within the scope of the service plan. Remember, this is a job and you should always perform in a professional manner, which includes: being punctual, reliable and communicating any issues with the client's Case Manager.

\_\_\_\_\_ 20. Contact the client's Case Manager when there are changes that affect the personal care or other tasks listed in the service plan. Notify the client's Case Manager immediately if you are unable to serve the client.

\_\_\_\_\_ 21. Contact the client's Case Manager about any scheduled paid time off/vacation time you intend to take. During your absence, your client's Case Manager may need to arrange care for your client. You are responsible to give the client's Case Manager advanced notice.

\_\_\_\_\_ 22. Observe the client for any changes in the health; take appropriate action and respond to emergencies.

\_\_\_\_\_ 23. Notify the client's Case Manager immediately when the client enters a hospital, moves to another setting or has any other absences from the home, including vacations. Claiming hours during these times will be considered fraud and you may be terminated.

\_\_\_\_\_ 24. Notify the client's Case Manager immediately if the client dies.

\_\_\_\_\_ 25. Notify the client's Case Manager if you will no longer provide services for your client(s). You must give the client or their legal representative at least two weeks written notice before stopping care. Leaving a client without or adequate care can be considered abandonment and will result in a report to Adult Protective Services, termination of the Client Service Contract, and permanent disqualification from working under a DSHS contract.

\_\_\_\_\_ 26. If you have valid license, insurance and your own vehicle, you may be authorized for mileage reimbursement, if the client requires transportation in their Care Plan. Only the client's Case Manager can approve you for mileage. Reimbursement can be used for taking the client to medical appointments and for essential shopping trips. You cannot claim miles for driving to/from work, for driving the client's car or for having anyone else physically drive for you. If you are approved for mileage, the Area Agency on Aging/DSHS can request proof of an active license and insurance at any time. Do not let either expire. If the status of your license or insurance changes or you are no longer providing transportation for your client, you will need to inform the client's Case Manager immediately.

\_\_\_\_\_ 27. Should you be charged with and/or convicted of any crime or negative action (including Adult Protective Services, Child Protective Service, Protection Orders, suspension of any license, probation, etc.), you agree to call and inform the Agency on Aging and Disabilities or DSHS to discuss the matter. Not doing so may lead to permanent disqualification, overpayment or termination of your Client Service Contract.

\_\_\_\_\_ 28. You will maintain certain employment standards, which include: the skills, knowledge, willingness and ability to provide services. You will maintain a safe, supportive environment for the client that is free from drugs, alcohol and criminal activity. You will always inform the client's Case Manager for any concerns.

\_\_\_\_\_ 29. Spouses of DSHS Long Term Care clients cannot be the paid caregiver. If this status changes in the future, you are required to report this to the client's Case Manager immediately.

**AS THE CONTRACTOR AND PAID INDIVIDUAL PROVIDER, YOU ARE RESPONSIBLE TO PERFORM ALL SERVICES DESCRIBED IN YOUR CLIENT'S SERVICE PLAN. FAILURE TO DO SO MAY RESULT IN THE TERMINATION OF YOUR CONTRACT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date