



Iowa Department of Human Services

Employment Agreement

This employment agreement is between _____
(Employer)

AND

(Name of employee)

(Address)

(Phone)

(Social security number)

This document must be signed, with a copy to be kept by the employer and the employee. A copy must also be submitted with the Employment Packet to the selected credit union or bank approved to provide the Financial Management Service (hereinafter called FMS). The purpose of this agreement is to establish responsibilities of the parties to each other.

The employee has been hired to provide services to the employer. The boxes checked below identifies the services that the employee is authorized to provide at the direction of the employer. Also, below are the current rates of payment for authorized services provided by the employee.

* Please note next to rate of pay if a payment arrangement different than an hourly payment is made and what that arrangement is.

Independent support broker \$ _____ per hr

Self-Directed Personal Care Services

Cleaning services \$ _____ per hr

Homemaking tasks \$ _____ per hr

Laundry assistance \$ _____ per hr

Supervision \$ _____ per hr

Lawn care \$ _____ per hr

Snow removal \$ _____ per hr

Showering assistance \$ _____ per hr

- Medication management \$_____ per hr
- Personal grooming assistance \$_____ per hr
- Assistance with mobility transfers \$_____ per hr
- Meal preparation \$_____ per hr
- Respite \$_____ per hr
- Shopping \$_____ per hr
- Transportation \$_____ per hr

Self-Directed Community and Employment Supports

- Self-direction and self-advocacy skills development \$_____ per hr
- Training on medical equipment \$_____ per hr
- Personal and home skills development \$_____ per hr
- Time and money management skills development \$_____ per hr
- Social skills development training \$_____ per hr
- Career preparation skills \$_____ per hr
- Career counseling \$_____ per hr
- Job hunting/career placement \$_____ per hr
- Work place personal assistance \$_____ per hr
- Supports to maintain a job \$_____ per hr
- Grooming skills development \$_____ per hr
- Cooking skills development \$_____ per hr
- Cleaning skills development \$_____ per hr
- Utilization of public transportation skills development \$_____ per hr
- Companionship \$_____ per hr
- Supports to attend social activities \$_____ per hr
- Safety and emergency preparedness skills development \$_____ per hr
- Other duties/please describe*: \$_____ per hr

* Please note that you may need prior approval from Medicaid to hire an employee to perform duties not included in this list.

Employee Acknowledgments

1. The employee understands and acknowledges that _____
is the employer. (Name of employer)
2. The employee understands and acknowledges that neither the Iowa Medicaid Enterprise, the State of Iowa nor the Financial Management Service organization is the employer and that they are not responsible for the actions of the employer.
3. The employee understands and acknowledges that funds available for payment are authorized in the employer's individual budget set by the Iowa Department of Human Services, Iowa Medicaid Enterprise in advance for work performed.
4. The employee understands and acknowledges that work performed in excess of the authorized amount in the employer's individual budget will be paid for by the personal funds of the employer and not by the Iowa Department of Human Services, Iowa Medicaid Enterprise or the Financial Management Service organization.
5. The employee understands that they are **not authorized** to work in excess of 40 hours per week. Per the Iowa Division of Labor, Iowa law only requires overtime if overtime is included in the employment agreement or contract between employer and employee.
6. The employee acknowledges that the employee meets the necessary skills and requirements to be able to perform the services hired to perform.
7. The employee acknowledges that the employee is able to successfully communicate with the employer.
8. The employee acknowledges that if the employee is providing self-directed personal care services, that the employee is sixteen years of age or older. Employees under the age of eighteen must have a parent co-sign this agreement.
9. The employee acknowledges that if the employee is providing the independent support broker service or providing self-directed community supports and employment services, that the employee is eighteen years of age or older.
10. The employee understands and acknowledges that employees without a valid driver's license may not transport individuals in connection with their employment responsibilities.
11. The employee understands and acknowledges that all documents required by the Employment Packet, including the request to obtain a criminal record check and adult and child abuse registry information, must be completed, submitted to and processed by the FMS prior to the employee performing work.
12. The employee understands and acknowledges that the results of the criminal record and adult and child abuse registry must be obtained prior to the employee performing work. The FMS will notify the employer when this has been obtained.

13. The employee will sign and submit to the employer, or the guardian or designated personal representative, a bi-weekly accurate time sheet of all services rendered including the type of service rendered, the date, and the number of service hours delivered (to the nearest quarter hour). Time sheets must be signed by both the employer and employee (or the guardian or designated personal representative). The employee acknowledges that the employee is responsible for submitting time sheets to the FMS within five business days from the end of the payroll cycle. Time sheets received after five business days will be paid with the next payroll cycle. Time sheets received after 30 days of the last day of service provided will not be paid.
14. The employee acknowledges that the funds used to pay the employee are Medicaid funds and that the submission of false information on time sheets may subject the employee to criminal action, in addition to repayment of any funds.
15. The employee acknowledges that federal income tax withholding, Medicare, social security and Iowa state income tax withholding (as applicable) shall be withdrawn from the employee's wages per state and federal laws.
16. The employee agrees to provide the service as specified by the employer on a schedule mutually agreed upon between the employer and employee. Occasional variations in tasks and in the schedule may occur, based on mutual agreement of the parties.
17. In the event of illness, emergency or incident preventing the employee from providing scheduled services to the employer, the employee agrees to notify the employer as soon as possible so that the common law employer can obtain their services from someone else.
18. The employee agrees to participate in training if required by the common law employer.
19. The employee agrees to maintain all information regarding the program participant and the common law employer, if they are not one in the same (when would they ever be different), in a confidential manner and to respect the employer's privacy at all times.
20. The employee acknowledges and understands if the employee is injured in the course of employment, neither the Iowa Medicaid Enterprise, state of Iowa, nor the Financial Management Service is responsible for paying for the injury. I also understand that it is the employer's responsibility to notify the employee if they do not have worker's compensation insurance.

Employer Acknowledgments

1. The employer understands and acknowledges that they are the employer of the support service worker.
2. The employer understands that they may not schedule their employee for more than 40 hours per week. The employer may not authorize overtime payment.
3. The employer agrees to orient and train the employee (directly hired support worker) in providing the services they are hired to perform.

4. The employer agrees to establish a list of tasks to be performed by the employee.
5. The employer agrees to establish a mutually agreeable work schedule for the employee.
6. The employer agrees to provide adequate notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies.
7. The employer agrees to timely authorize and sign the employee's accurate time sheets.
8. The employer agrees that the employer is personally responsible for any employee wages or supports that exceed the individual budget.
9. The employer agrees that the employer is responsible for providing worker's compensation insurance, if required, and that if such insurance is not purchased, the employee will be notified. The employer understands that the cost of worker's compensation insurance can be paid from their individual budget.

Both parties acknowledge that this is an employment at will situation and that the employer has not been promised employment for a specific time period. By signing below, the employer and employee certify that they have read and understand the information presented in this agreement and agree to be bound by the terms of this agreement. The employer and employee further acknowledge that either party, with or without cause, may terminate this agreement at any time. If the agreement is terminated by either party, the FMS shall immediately be notified.

_____ Employer's signature	_____ Date
-------------------------------	---------------

If the employer has a legal guardian or has designated a representative, the guardian or representative must also sign. If the employer is a minor, the parent or guardian of the minor must also sign.

_____ Employer's signature	_____ Date
-------------------------------	---------------

_____ Parent/guardian/representative signature	
---	--

_____ Capacity signing in	_____ Date
------------------------------	---------------

_____ Employee's signature	_____ Date
-------------------------------	---------------

This form is part of the Employment Packet and must be sent to the FMS with all required paperwork before work can begin.

The following is a list of possible supports that the employee (directly hired support worker) may complete. Indicate the days the supports are to be completed and approximate number of hours to the nearest quarter hour required to complete. If necessary, there is space for you to write in additional instructions for each support. Please list any other approved tasks in the blank spaces provided.

Supports	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Cleaning services							
Homemaking							
Laundry							
Supervision							
Showering assistance							
Medication management							
Personal grooming							
Assistance with mobility transfers							
Meal preparation							
Respite							
Shopping							
Transportation							
Self directed training and self advocacy skills							
Training on medical equipment							
Personal and home skills training							

Supports	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time and money management training							
Social skills development training							
Career preparation skills							
Activities to obtain a job							
Work place personal assistance							
Supports to maintain a job							
Grooming skills development							
Cooking skills development							
Cleaning skills development							
Utilization of public transportation							
Companionship							
Supports to attend social activities							
Safety and emergency preparedness training							

All parties may amend this agreement in writing at anytime.

Employer's signature

Date

Parent/guardian/representative signature

Date

Employee's signature

Date