



Acquired Brain Injury (ABI) / Moving Forward Plan (MFP) Waiver Participant Agreement: Use of Fiscal Intermediary for Self-Directed Waiver Services

I participate in one of the following MassHealth waivers:

- Acquired Brain Injury Non-Residential Habilitation (ABI-N)
- Acquired Brain Injury with Residential Habilitation (ABI-RH)
- Moving Forward Plan Community Living (MFP-CL)
- Moving Forward Plan Residential Supports (MFP-RS)

I choose to use ABI or MFP self-directed waiver services.

About My Self-Directed Services

I understand that

- I employ my own direct care workers.
- MassHealth contracts with a fiscal intermediary (FI) who helps me with employer-required tasks.
- When I fill out, sign, and return this form to the FI, I give the FI the authority to do certain employer-required tasks for me.
- I must sign forms that allow the FI to act for me. The FI or my ABI/MFP waiver case manager or service coordinator will give me these forms. I understand that my direct care worker will be paid after I complete and return the forms to the FI. I may no longer be able to participate in ABI/MFP self-directed waiver services if I do not complete and return these forms.

I understand that

- I must have authorization for ABI/MFP self-directed waiver services in my plan of care. My ABI/MFP waiver case manager or service coordinator helps me find services that meet my needs.
- My direct care workers' weekly timesheets must not have more units than the number authorized by my ABI/MFP waiver case manager or service coordinator for each self-directed service.
- I am responsible for paying my direct care workers on my own
 - if I do not have authorization from my ABI/MFP waiver case manager or service coordinator, or
 - if I do not have enough units left on my waiver authorization on the days my direct care workers worked.
- I am responsible for paying my direct care workers on my own
 - if I am not eligible for MassHealth or am not enrolled in an ABI or MFP waiver on the days the direct care workers worked, or
 - if I have the direct care worker do work that is not covered or allowed by the waiver.
- MassHealth and the FI cannot pay my direct care workers if they are on
 - the List of Excluded Individuals/Entities maintained by the U.S. Department of Health and Human Services Office of Inspector General,
 - the MassHealth list of excluded providers, or
 - any other similar exclusion list.

The FI or my ABI/MFP waiver case manager or service coordinator can provide me with more information about this.

Payment to My DCWs

I understand that

- The amount of money paid to my direct care workers who provide waiver *Personal Care* is agreed on by the Personal Care Attendant Quality Homecare Workforce Council and the Service Employees International Union (SEIU Local 1199). The direct care workers must complete a New Hire Orientation and will receive payment for completing a New Hire Orientation. If the direct care worker does not take a New Hire Orientation, it may change their pay. I understand that direct care workers must complete a New Hire Orientation once. If my direct care worker has already completed a New Hire Orientation because they are a PCA or work for another participant-employer, they do not need to take it again and will not be paid for taking it a second time.
- The amount of money paid to my direct care workers who provide waiver *Adult Companion, Chore, Homemaker, Individual Support and Community Habilitation, and Peer Support* is set by the Executive Office of Health and Human Services.
- As the direct care worker's employer, I must
 - pay federal and state employer taxes,
 - buy workers' compensation insurance,
 - withhold taxes and fees, and
 - deduct union dues from my direct care worker's payments.

The FI will help me with this.

The Fiscal Intermediary's Responsibilities

I understand that the FI will

- Receive and process my direct care workers' timesheets.
- Make payroll payments to my direct care workers for me.
- Make correct withholdings from my direct care workers' paychecks.
- Send all money withheld from my direct care workers' paychecks to the proper agencies.
- Pay my federal, state, and local employment taxes for me.
- Pay my unemployment insurance taxes for me.
- Buy workers' compensation insurance in my name to cover my direct care workers.
- Get employer identification numbers (EINs).
- Fill out, file, and save copies of required employment forms.
- Send me summaries of my payrolls and my tax filings.
- Send me summaries (payroll cover sheets) that describe the number of hours allowed for me for each self-directed waiver service on my waiver approval, the number of hours I have used for each service, and the number of hours that remain on my waiver approval.
 - I understand I can share this information with my direct care worker so that we both know if there are enough hours remaining on my waiver approval for them to work and get paid.

My Responsibilities as the Employer of my Direct Care Workers

I understand that the FI will do certain employer-required tasks, but that I must

- Complete all paperwork required by the FI. I understand that the FI will not be able to pay my direct care workers if the paperwork is not completed and submitted to the FI following their instructions.
- Tell the FI any time I hire or fire a direct care worker, any time that I move, and any time one of my direct care workers moves.

- Tell the FI and my ABI/MFP waiver case manager or service coordinator when I am admitted to a hospital, nursing facility, or other inpatient facility.
 - I understand that MassHealth and the FI cannot pay for my direct care workers when I am in a hospital, nursing facility, or other inpatient facility. I also understand that any payments made while I am in a such a facility may be the subject of some action taken by MassHealth, which may include termination of my self-directed waiver services or other penalties, and may result in reporting to the state’s Bureau of Special Investigations (BSI) or the Attorney General’s Office Medicaid Fraud Division (MFD), or both, for fraud investigation.
- Tell my direct care workers that they will get their payments electronically through direct deposit in their bank accounts or through a debit-card service offered by the FI. The FI can provide the forms needed for my direct care workers to process payment electronically.
- Make sure that each week my direct care workers sign and fill out their timesheets.
- Make sure that each of my direct care worker’s timesheets show the correct days and hours they worked and the correct service they provided.
- Send my direct care workers’ completed timesheets to the FI, following the FI’s instructions and in the timeframe provided by the FI.
- Use the Electronic Visit Verification (EVV) system in place of a paper or other timesheet to approve and submit the date and time my direct care worker provides certain services, unless I and my direct care worker qualify for an EVV exemption. I understand that my direct care workers must use the EVV system to verify the time they provide certain services, as specified by MassHealth.

Printed name of waiver participant _____

Waiver participant’s signature _____ Date _____

Waiver participant’s email address _____

OR

Printed name of legal guardian _____

Legal guardian’s signature _____ Date _____

Legal guardian’s email address _____