ASIWORKS, INC. FISCAL EMPLOYER AGENT COMMUNITY CARE SERVICES PROGRAM (CCSP) PERSONAL SUPPORT SERVICES LETTER OF ACCEPTANCE BETWEEN PARTICIPANT/AUTHORIZED REPRESENTATIVE AND VENDOR/PROVIDER

The following terms stated in this agreement apply to the following individuals:

NAME OF PARTICIPANT/AUTHORIZED REPRESENTATIVE:

NAME OF VENDOR/PROVIDER:	
PROFESSION/JOB TITLE _	

WHEREAS, the Community Care Services Program (CCSP) Personal Support Services offer a consumer-employed model of home and community based self-directed services, which establishes the participant in the program is the employer, and

WHEREAS, the Community Care Services Program (CCSP) Personal Support Services participants may choose their providers including a family member, friend, neighbor, member of a community group, etc. (with the exception of a spouse or other family members for whom the participant in a dependent), and

WHEREAS, all vendors must be enrolled as Community Care Services Program (CCSP) Personal Support Services as providers and

WHEREAS, the Community Care Services Program (CCSP) Personal Support Services has designated Administrative Services, Inc. (ASIWorks, Inc.) as a Fiscal Employer Agent to provide payroll and purchasing services on behalf of the Participant/Authorized Representative stated above, which shall include processing payables requests, disbursing checks, performing State and federal withholdings and reports, and procuring workers compensation insurance, and

WHEREAS, the Participant/Authorized Representative has selected the Vendor/Provider to provide certain services and supports consistent with the above named Community Care Services Program (CCSP) participant's authorized Spending Plan, and

WHEREAS, the Participant/Authorized Representative will 1) select and terminate the Vendor/Provider, and 2) utilize the Community Care Services Program (CCSP) Personal Support Services authorized funding allocation to support all aspects of the Vendor/Provider's services,

THEREFORE, THE PARTICIPANT/AUTHORIZED REPRESENTATIVE AND VENDOR/PROVIDER HEREBY AGREE AS FOLLOWS:

Offer

The Participant/Authorized Representative is pleased to engage the Vendor/Provider a position holding the title of ________ to provide home and community-based authorized services to the Participant. The Participant/Authorized Representative believes that there is a good fit between the Vendor/Provider's skills and interests and the Participant's needs.

Start Date		<u> </u>	I
_	Month	Day	Year

This date is contingent on the Participant's enrollment in the Community Care Services Program (CCSP) Personal Support Services and authorized Spending Plan; the Vendor/Provider's enrollment as a Community Care Services Program (CCSP) Personal Support Services provider and compliance with the Georgia Department of Community Health policies and regulations.

Reimbursement Policy

Reimbursements are <u>only</u> provided for goods and services that are listed on the Spending Plan. The Vendor/Provider will be paid at the rate authorized in the Spending Plan, the Community Care Services Program (CCSP) Personal Support Services, the Georgia Department of Community Health. The Vendor/Provider agrees to submit invoices to be approved and signed by the Participant/Authorized Representative semimonthly. The approved invoices will be sent by the Participant/Authorized Representative to ASI Works, Inc., fiscal employer agent for processing. ASI will pay approved vendor invoices semi-monthly and will issue tax statements based on tax forms completed by the Vendor/Provider.

Excess Hours

The Vendor/Provider is NOT authorized to work excess hours. ASI is not authorized to pay the Vendor/Provider for time that exceeds the number of hours approved in the Community Care Services Program (CCSP) Personal Support Services authorized Spending Plan. Participants/Authorized Representatives who approve Vendor/Provider invoices which exceed the maximum services authorized on the participant's spending plan understand that, by law, they are personally responsible for compensating their Vendor/Provider for those services. Participants/Authorized Representatives risk being terminated from the Community Care Services Program (CCSP) Personal Support Services if they approve vendor invoices whose fees for services are greater than the authorized amounts in the Participant's spending plan.

Supervision

Continued engagement will be determined by the Participant/Authorized Representative based on satisfactory Vendor/Provider performance, compliance with the Community Care Services Program (CCSP) Personal Support Services policies and regulations, and the Participant's needs, and the availability of Community Care Services Program (CCSP) Personal Support Services Plan funding for the Participant.

Confidentiality

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Upon receipt of information relating to the Participant, the Vendor/Provider will become a holder of confidential data. This Vendor/Provider agrees to use confidential data as required by the program and solely for carrying out his/her responsibilities under this agreement.

Indemnification

The Vendor/Provider agrees to indemnify and hold the State of Georgia, the Department of Community Health, its contracting Care Coordination Units and staff, ASI Works, Inc. and ASI's principals, agents, and subcontractors harmless for all claims, losses, expenses, fees, including attorney fees, costs, and judgments that may be asserted against the state of Georgia, the Department of Community Health, the Department of Behavioral Health and Developmental Disabilities, the Division of Developmental Disabilities and ASI based on any act or omissions of the Vendor/Provider and/or Participant/Authorized Representative in carrying out their individual responsibilities under this agreement.

ACCEPTED

FOR PARTICIPANT/AUTHORIZED REPRESENTATIVE

SIGNATURE

FOR VENDOR/PROVIDER

SIGNATURE

PLEASE RETURN ONE SIGNED COPY OF THIS AGREEMENT TO – ASIWORKS, INC. GEORGIA COMMUNITY CARE SERVICES PROGRAM (CCSP) PERSONAL SUPPORT SERVICES 7101 WISCONSIN AVENUE -- SUITE 1400 BETHESDA, MARYLAND 20814 ATTENTION: CENTRAL RECORDS UNIT MESSAGE CENTER: 1-877-678-4185 FAX: 301-654-4021

DATE

DATE