

**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:

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

DATE

FOR VENDOR/PROVIDER

SIGNATURE

DATE

**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**