



SEMCIL PCA CHOICE PROGRAM
PCA Recipient and Direct Support Professional (DSP) Role and Responsibilities
MEMORANDUM OF AGREEMENT

A. PCA RECIPIENT (RESPONSIBLE PARTY, if applicable) ROLE AND RESPONSIBILITIES

As a PCA Recipient using SEMCIL as my PCA Choice provider, I, or my Responsible Party (RP), agree to the following responsibilities:

1. Ensure that my health and safety needs are met.

- Train DSPs so my care and services are accurately and competently performed.
- Schedule DSPs appropriately.
- Ensure adequate staff backup.
- Develop my care plan with my SEMCIL Qualified Professional (QP), specifying the services I will receive, in agreement with my DHS PCA Assessment and Service Plan.
- Provide on-going supervision and evaluation of my DSPs in collaboration with my QP.
- Notify my QP of a change in my condition or a change in the level of services that I need.
- Notify my QP and/or SEMCIL when I am admitted to and discharged from a hospital.

2. Ensure timely completion of all aspects of the employment cycle.

- Recruit, interview and hire my DSPs. DSPs selected to work for me will complete all required documents contained in the SEMCIL PCA Choice Employee Packet and complete the mandatory DHS PCA training. I understand that only those DSPs who successfully pass the MN Department of Human Services (DHS) background study may work as a PCA in the State of Minnesota. *DSPs may not begin working until they have been notified by SEMCIL of a successful background study and they have successfully completed the mandated DHS PCA training.*
- Provide orientation and training to my DSPs. I understand that my QP may assist with training at my request.
- Ensure that all new hire paperwork required by SEMCIL, DHS, or the State or Federal government is completed, signed as necessary and submitted to SEMCIL before my DSP begins to work.

3. Ensure continued eligibility to receive PCA services and to use SEMCIL as a PCA Choice agency.

- Have the ability to direct my own care or have a Responsible Party readily available to direct the care provided by the DSP.
- Be knowledgeable about my health care needs and be able to effectively communicate those needs as well as other related PCA service needs.
- Participate in a face-to-face assessment conducted by a county case manager annually, or when there is a significant change in my condition or change in the need for PCA services.

- Remain eligible for Medical Assistance (MA). I will complete the required MA paperwork in a timely manner to avoid any interruption of services. I understand that if I should become ineligible for MA, my PCA services will be placed on hold.
 - Remain in compliance with the written agreements entered into with SEMCIL.
4. **Ensure a safe and welcoming workplace environment for DSPs that is in compliance with all State and Federal rules and regulations.**
- Maintain an environment that is free from discrimination, harassment, violence and bullying.
 - Understand the PCA Program grievance policy, and ensure that DSPs understand the policy.
 - Comply with Department of Labor regulations regarding overtime. SEMCIL offers 2 options to avoid overtime:
 - I can adjust my current weekly schedule so that all DSPs work 40 hours or less each week and hire additional staff if needed, or
 - SEMCIL will adjust the wage for DSPs who currently work more than 40 hours a week, so that overtime can be paid for hours over 40 each week. This option will NOT REDUCE the wages paid to your DSP when he or she works up to 48 hours a week. In fact, it will result in slightly higher wages. **Hours over 48 hours a week are not allowed and could result in disciplinary action.**
 - Ensure that my DSPs do not work more than 275 hours per month, as required by the State of Minnesota, regardless of the number of PCA agencies my DSP may work for.
 - Ensure that my DSPs do not work more than 16 hours a day, as required by the State of Minnesota. This is for the health and safety of the DSP as well as the PCA Recipient. Compensation for “sleep time” is not allowed.
5. **Prevent overuse of DHS authorized PCA service hours/units.** I will effectively manage the use of authorized hours/units of service as identified in my DHS Service Authorization, or as indicated on my individual care plan. It is my responsibility (or my responsible party’s responsibility) to understand and be familiar with the service authorization. It is my responsibility to collaborate with SEMCIL staff in developing and implementing a plan for a different schedule of services when I am in danger of overusing authorized hours or have overused services hours as indicated in my care plan and/or service authorization.
6. **Monitor and verify the accuracy of time worked by DSPs.** If my DSPs use the telephony system, I will ensure that DSPs are documenting their hours worked according to the DnD protocol. If my DSPs use paper time sheets, I will verify all hours worked before I sign the timesheet. Time sheets must be submitted to SEMCIL according to the SEMCIL payroll schedule. See payroll schedule for payroll dates. Time sheets may be submitted via U.S. Mail or delivered in person to the SEMCIL office. All PCA Recipients will be set up to use SEMCIL’s DnD Telephony system, unless SEMCIL has approved a different documentation system.
7. **Pay promptly and in full when invoiced by SEMCIL for all financial obligations (waiver obligation or spenddown requirements) as required by the Medical Assistance Program.** I understand that my failure to pay invoices within 30 days of receipt will result in a 10 day notice of discharge from SEMCIL. Should I receive services while not covered by the Medical

Assistance Program, I understand and agree that I will be responsible for payment of the services.

8. I understand that I will have a QP assigned to me by SEMCIL to assist with the supervision, training, evaluation of my DSPs, and development of my PCA care plan.
9. I understand that my DSPs will be inactivated by SEMCIL when they have not worked for 90 or more consecutive days. Inactivated DSPs cannot work (or be paid for work) until they have submitted and successfully passed a DHS background study and completed any new hire paperwork required by SEMCIL. I understand that it is my responsibility to inform SEMCIL if I wish to keep a DSP active who may not currently be working for me.
10. Contact the QP immediately regarding any performance issues with my DSPs so that the QP can assist me with any disciplinary or corrective action needed. I understand that I cannot take any adverse action against a DSP without first notifying SEMCIL and discussing the issues.
11. Contact the QP or SEMCIL billing staff in the event of a billing or payment complaint.
12. Ensure my DSP calls the Nurse Hotline if he/she sustains an injury while on the job.
13. I will comply with the policies and procedures set forth in the SEMCIL DSP Employee Handbook and ensure that I create and maintain a safe, free from discrimination, working environment for all DSPs.
14. I understand that a DSP may not be the:
 - Paid guardian,
 - Parent or stepparent of a minor child,
 - Recipient of PCA services,
 - Responsible party, or
 - Spouse of the recipient.

B. DIRECT SUPPORT PROFESSIONAL (DSP) ROLE AND RESPONSIBILITIES

As a Direct Support Professional working with PCA Recipients who are part of the SEMCIL PCA Choice Program, I agree to the following:

1. **Review and sign this memorandum of agreement with the PCA Recipient before providing services.**
2. **Promptly, fully and accurately complete all required new hire paperwork required by SEMCIL, DHS, or the State or Federal government**
 - Provide the necessary information to SEMCIL for the required MN Department of Human Services (DHS) Background Study. DSPs may not begin working until notified by SEMCIL of a successful background check.
 - Successfully complete mandated training by DHS. DSPs may not begin working until the certificate of training has been submitted to SEMCIL.
 - Ensure, with my PCA Recipient, that all new hire paperwork is completed and submitted to SEMCIL before beginning to work.

3. **Obtain training from the PCA Recipient or Responsible Party**, with assistance from the QP, to ensure I can satisfactorily perform all duties as outlined in the PCA Recipient's plan of care. I will provide PCA services to the PCA Recipient as specified in their plan of care, following written and verbal directions from the PCA Recipient or Responsible Party.
4. **Provide quality services that ensure the good care and health and safety of the PCA Recipient AND comply with all DHS, State and Federal rules and regulations.**
 - Follow the Plan of Care and complete duties as indicated during each visit.
 - Read and comply with the procedure for reporting as outlined in the Vulnerable Adult Reporting Policy and Child Maltreatment/Abuse Reporting Policy.
 - Keep PCA Recipient's protected health information confidential and adhere to HIPAA (Health Insurance Portability and Accountability Act), as well as data privacy requirements. Respect the privacy of the PCA Recipient's personal life and property.
 - Regarding medication administration: I can prompt and remind the PCA Recipient about taking medication, as long as it is identified in the plan of care. DSPs are not allowed to set up medication.
 - Inform the PCA Recipient, Responsible Party as appropriate, and the QP of any changes in the physical condition or medical condition of the PCA Recipient so that any necessary medical intervention can occur.
 - Call 911 immediately for any medical emergency and then notify SEMCIL of any emergency or injuries suffered by the PCA Recipient.
 - Accurately document hours worked for the PCA Recipient according to the DialNDocument (DnD) protocol, or by promptly completing and signing verified time sheets. Time sheets must be submitted to SEMCIL according to the SEMCIL payroll schedule. Time sheets may be submitted via U.S. Mail or delivered in person to the SEMCIL office.
 - Abide by Department of Labor regulations regarding overtime. I understand that I have 2 options to avoid overtime. I can adjust my current weekly schedule so that I work 40 hours or less each week or SEMCIL will adjust my wage if I work more than 40 hours a week, so that overtime can be paid for hours over 40 each week. **Hours over 48 hours a week are not allowed and could result in disciplinary action.**
 - Work no more than a maximum of 275 hours per month, regardless of the number of PCA agencies I may work for.
 - Work no more than 16 hours a day; this is for the health and safety of the DSP as well as the PCA Recipient. DSPs are only paid for the time services are being provided. Compensation for "sleep time" is not allowed.
5. Work the scheduled times as determined by the PCA Recipient, notifying the PCA Recipient of changes as early as possible to arrange for backup assistance. If I am unavoidably going to be late for a scheduled work shift, I will make every attempt to notify the PCA Recipient in a timely manner.
6. Be present when working with the PCA Recipient in their service environment (PCA Recipient's residence) and leave only when the shift is complete.
7. Communicate respectfully and directly to the PCA Recipient regarding services.

8. Prior to providing any transportation services for the PCA Recipient, ensure that the PCA Recipient has been approved for transportation through SEMCIL by contacting the PCA Recipient's QP. *Failure to do this may result in disciplinary action, up to and including termination of employment.* When assisting with the transportation of the PCA Recipient, ensure that seatbelts are used properly and consistently.
9. Call the Nurse Hotline about my work related injuries or accidents immediately and follow up with SEMCIL and the PCA Recipient or Responsible Party accordingly.
10. I understand that if I have not worked in 90 or more consecutive days as a DSP, I will be inactivated as an employee by SEMCIL. I will not be allowed to provide services and be paid until I have successfully completed the DHS background check process again and completed any new hire paperwork required by SEMCIL. It is my responsibility and the responsibility of the PCA Recipient to notify SEMCIL if I intend to take a break in service and then return to work.
11. Give the PCA Recipient, and SEMCIL, a minimum of two (2) weeks' notice before terminating my employment as a DSP.

Acknowledgment of Agreement

My signature below indicates that I have read and understand the Memorandum of Agreement for both the PCA Recipient and Direct Support Professional and will comply with all the provisions set forth in this agreement as well as all State and Federal rules and regulations related to PCA Choice. Failure to comply with any of the document provisions may result in disciplinary action, including termination of services or employment.

Further, I understand it is a federal crime to provide false information on PCA billings for Medical Assistance payment. Submitting the documentation verifies the time and services identified are accurate and that the services were performed as specified in the PCA Care Plan.

PCA Recipient Name

Responsible Party Name (If applicable)

PCA Recipient or Responsible Party Signature

Date

DSP Name

DSP Signature

Date