QUALIFIED SERVICE PROVIDER (QSP) SERVICE AGREEMENT - LIVE IN PAID CAREGIVERS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES
SFN 1654 (3-2024)

Clear Fields

Provider Name (First, Last)	QSP Number
Service Type	
Eligible Individual Name (First, Last)	

Scope of Service
This agreement covers the services provided under **Family Home Care, Family Personal Care, Waiver Daily Rate Personal Care, SPED Daily Rate Personal Care, or Medicaid State Plan Daily Rate Personal Care**. Under these programs, the provider is a family member or household member with a pre-existing close personal relationship with the eligible individual.

The Fair Labor Standards Act (FLSA) recognizes the unique nature of programs in which the care provider and the eligible individual live together and have pre-existing family ties or a pre-existing shared household. There is both a familial or household relationship and an employment relationship. Under these programs, the services to be provided and the number of hours of paid services are described in the plan of care, which is based on an assessment of the services the eligible individual requires and the eligible individual's existing circumstances, such as unpaid assistance provided by family or household members (“natural supports”). The person-centered plan of care covers the scope of the employment relationship, the services paid under the Medicaid program. Additional services that are provided because of the familial or household relationship are unpaid natural supports.

QSP agrees to provide the services described, for the number of hours of care that are authorized each day, in the eligible individual's plan of care based on the comprehensive assessment.

Compliance
QSP agrees to comply with all requirements described in the Medicaid Program QSP Agreement, SFN 671.

Compensation
QSP agrees to a daily rate, which is determined by the case manager's assessment based on the individual's needs and allowable service tasks. QSP is authorized for up to _____ hours a day at a daily rate of $_____.

Does this QSP provide other HCB services to this eligible individual?
☐ Yes ☐ No

Overtime
If you are authorized for and provide services for a number of hours that exceeds 40 hours per week, you will receive overtime pay. Aging Services defines a work week as the seven-day period starting on Saturday at 12:00 a.m. and ending the following Sunday at 11:59 p.m. The hours that exceed 40 hours per week are paid at a rate of one and one-half times the regular rate of pay. The daily rate payments cover all hours at the regular rate of pay. The additional pay required for the overtime hours (the additional one-half times the regular rate of pay) is paid in a separate overtime payment. Overtime payments are issued once per month and are deposited into your account. See Qualified Service Provider (QSP) Overtime Policies and Procedures for additional information about overtime payments.

Person-Centered Plan of Care, Authorization to Provide Services and Rates
Once an individual is determined eligible for the program and a QSP has been chosen and approved as their QSP, the HCBS Case Manager will provide an Authorization to Provide Services or Service Authorization valid for up to six months.

- The daily rate you are authorized to bill for care provided to the eligible individual will be included in your Authorization.
- QSPs must have current Authorization for the eligible individual before providing services and be eligible for payment by HHS.
- The Authorization describes the tasks you must provide to receive payment. You can only bill for days of service for the dates on the Authorization.
- You must complete the tasks marked on the Authorization; you cannot assign someone else to do them.
- Services can only be provided when the eligible individual is present. Do not bill if the eligible individual is out of the home for example, they are hospitalized, in the skilled nursing facility etc.

Record Keeping
QSP agrees to keep documentation of the services provided to the eligible individual. These records are necessary and required to support your payment request. Written or electronic documentation of the services provided daily must be kept.

Records must be kept for 42 months from September 30 of the year the service was provided, even if your status as a QSP is stopped or the eligible individual passes away and you no longer provide care.

For daily rates, your records must include:

- Name of the client/member
- Name of the provider (QSP)
- Date of the service
- Tasks performed (use task name as listed on the Authorization)

Billing
QSPs will receive an authorization to provide services from the HCBS Case Manager. Payment for service will not begin until you have received and acknowledged your service authorization.

Effective Date of Agreement
This Agreement is effective when signed by the QSP and may be updated if the care needs change or the rate is adjusted. The Department must approve any change to the effective date.

I have read this Agreement, understand it, and agree to its terms and conditions. I also agree that violation of any of the terms or conditions of this Agreement constitutes sufficient grounds for termination of this Agreement and may be grounds for other actions.

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury, that I am the individual completing this agreement and that I have provided accurate information.

Signed by the QSP	Signature Date	Effective Date

- The effective date of the agreement and daily rate is the day the services are initially authorized, any future changes in service hours or the daily rate will be effective the first day of the following month.
- This agreement is in effect until the number of hours and rate changes or for other good cause.