

Employer's Information & Responsibilities

EMPLOYER (APPLICANT) INFORMATION	
Full Name	ID/Last 4 of SSN

As an Employer of Record, you must agree to the following terms:

- Maintain accurate records and provide such records to authorized parties as requested, as well as adhere to all program rules and regulations, including Palco's Privacy Policies.
- Controls the training and management, evaluation, scheduling, and termination of the employee.
 - Any terminations of Employees or vendors must be reported to Conduent.
- The employees that are employed are not employed or retained by Palco, program/state administrators, or any other state or federal governmental agency. The employee is not an independent contractor.
- I must adhere to all federal, state, local, program, and employment related (including all Department of Labor, United States Citizenship and Immigration Services, Internal Revenue Service, and state law and unemployment agency) laws, regulations, and requirements, as well as program rules and policy.
- To report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.
- Assume responsibility for managing the risk and liability of any incidence(s) of work-related injuries or illnesses and for any negligent acts or omissions in the workplace. Neither Palco, nor program/state administrators, are responsible or liable for any negligent acts, work-related injuries, or omissions by the employer, participant, employee, service providers, or other authorized parties.

EMPLOYEE(S)

I am the sole employer for all support employees providing services to the participants. You are responsible for:

- Providing necessary training and orientation to employees.
 - Certificates and rosters of all training completed by Employees (Individual/Vendor) must be provided to Conduent upon completion.
- Ensuring all enrollment documentation is completed for the Employee(s).
 - Reporting any changes from any Employee including changes in my background history or qualifications required to perform services under this program.
 - Agreeing on a specific set of job duties or services to be provided. Any changes must provide an updated form to Conduent. Refer to Employee Agreement.
 - Submitting a Provider attestation form **annually** to Conduent to remain compliant with the HCBS Setting Rule requirements.
 - Employees must comply with all laws, rules and regulations of the New Mexico corporation Commission for Telecommunications and Security Systems; and comply with all laws, rules, and regulations from the Federal Communications Commission for telecommunications.
 - Employees providing transportation services, must provide a valid New Mexico driver's license, a copy of the no chargeable (at fault) accidents within the previous two years, a copy of no driving while intoxicated convictions within the previous two years, and possess and maintain current insurance policy and registration for each vehicle.
 - Confirming that this information is updated and current.

- Reporting critical incidents, and reporting suspected fraud, waste, abuse, neglect, or exploitation.

VENDOR(S)

- Ensuring all documentation are filled out completely for the Vendor(s).
 - Agreeing on a specific set of job duties or services to be provided. Any changes must provide an updated form to Conduent. Refer to Vendor Agreement.
 - Submitting a Provider attestation form **annually** to Conduent to remain compliant with the HCBS Setting Rule requirements.
- Is Responsible to ensure payments are made to provider agencies/vendors/contractors for services provided.
- Understands that at any time, the provider agency/vendor/contractor can change their preference of payment from check to direct deposit subject to the processes and timelines outlined in the Direct Deposit Agreement and associated instructions.
- Understands that if there is a conflict about the services provided, including, but not limited to type, quantity or duration, it is the responsibility of the Employer to resolve this directly with the provider or service following New Mexico laws governing such conflicts.

BUDGET PLAN

- Both the employer and employee have individual and joint responsibilities to be accountable for the funds spent through the program. These Funds that are utilized to pay for services provided by the employee are from public sources, and financial accountability and liability applies to the use of the funds. You are responsible for:
 - Ensuring that the Budget is being managed according to the funds available for the Participant.
 - Any new rate increases, the new rate must be approved in the member's Budget.
 - Revising timesheets and Vendor Payment Request are filled out completely and the correct documentation is submitted (such as invoices).
 - Timesheets and Vendor Payment Request must be submitted in a timely manner referred to in the Payment Schedule.
 - Any timesheets and Vendor Payment Requests that are received Late will NOT be paid until the following scheduled payment issue date.
 - Employee(s) will not be paid for any work performed over the amount authorized and documented in the budget to the Employee.
 - Understand that submitting false or fraudulent timesheets or submitting requests for payment of goods or services provided, other than those approved on the authorized service budget, will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
 - In the case of insufficient funds to cover program expenses, as the employer, you are responsible for payment to the employee or service provider under state and federal laws.

By signing below, you acknowledge that you have read this agreement and accept responsibility as an Employer of Record. You understand your responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement will result in termination.

Employer Printed Name

Employer Signature

Date