

NORTH CAROLINA  
HOME CARE INDEPENDENCE PROGRAM  
FISCAL MANAGEMENT SERVICE AGREEMENT

This agreement is between \_\_\_\_\_, a Participant in the Home Care Independence program and \_\_\_\_\_ the Fiscal Management Service (FMS).

Responsibilities of Participant:

1. Determines the personal and/or home management tasks that the Personal Assistant will provide.
2. Establishes an hourly salary rate for the Personal Assistant(s).
3. Acts as the Employer of Record for the Personal Assistant(s).
4. Provides the FMS with the records/forms/information required for payment of salary to the Personal Assistant(s).
5. Provides \_\_\_\_\_, the local provider agency, with the information they require in order to be a Participant in the program of consumer directed care.
6. Trains the Personal Assistant(s) to do the personal and/or home management tasks identified and supervises them in the carrying out of these tasks.

Responsibilities of Fiscal Management Service:

1. Utilizes aging funds for payrolls for Personal Assistants and for vendor services or goods specified in the care plan for services rendered by the FMS.
2. Educates Participants regarding the FMS process for paying Personal Assistants and for payments to community vendors of other goods and services specified in the FMS care plan for services.
3. Assures that all the financial and personal information required by the FMS from the Participant is accurate, updated when necessary, retained as appropriate and available for monitoring purposes by the local agency, the AAA, and the Division of Aging and Adult Services.
4. Works cooperatively with the Participant, the local consumer directed services agency, the AAA, and the Division of Aging and Adult Services in behalf of Participant to assure that Personal Assistants are paid appropriately and that payments to other specified services specified in the care plan of the FMS are made.
5. Be available by telephone or in person to the Participant, the Personal Assistant(s), and/or the Care Advisor in the local community directed service agency to help resolve payroll and vendor services issues.
6. Distribution of state/federal taxes deducted from paychecks and those paid

This agreement will terminate when the Participant no longer is a client of the Home Care Independence program.

\_\_\_\_\_  
Participant or Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant or Representative

\_\_\_\_\_  
Fiscal Management Service Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Fiscal Management Service Representative

Cc: Participant's Care Advisor

Rev.2/1/13