

Consumer /Designated Representative  
Acknowledgement of the Roles and Responsibilities for Receiving  
Consumer Directed Personal Assistance Services

I agree that Consumer Directed Personal Assistance Services (CDPAS) allows chronically ill and/or physically disabled members receiving home care services greater of choices in getting such services.

In order to get CDPAS , I know the roles and responsibilities of the consumer and the \_\_\_\_\_  
\_\_\_\_\_ Health Plan (Health Plan).

RESPONSIBILITIES OF THE HEALTH PLAN

The Health Plan will:

1. Find out whether the member is on the most current Plan Roster.
2. Provide the member asking for personal care services with information about how to be eligible for CDPAS and other community based long term care services.
3. Provide the member with written educational materials outlining the roles and responsibilities for the member/designated representative if member expresses an interest in CDPAS.
4. Review whether the member is eligible to receive home care or personal care services.
5. Find out if the member is able and willing to take on all responsibilities associated with receiving the service, or has a designated representative or other identified adult, able and willing to act on the member's behalf.
6. Find out if the member is eligible to receive CDPAS.
7. Review and write down the member's health patient centered care plan to assure enough supports are available to meet the member's needs.
8. Allow the type, amount and level of services needed by the member.
9. Develop a plan of care with the member, outlining the tasks to be completed by the personal assistant. The plan of care record will be kept by the Plan and a copy will be given to the member.
10. If it is determined that the member is no longer eligible to continue receiving CDPAS, or Plan ends the member's receipt of CDPAS the MCO will review on an ongoing basis whether the member requires personal care, home health care or some other level of service.
11. Give the member correct notices including a notice of fair hearing for reduction, termination of the level and amount of services or determining that the member is not eligible or no longer eligible to receive CDPAS.

RESPONSIBILITIES OF THE MEMBER

The Member/Designated Representative (Member) will:

- 1. Review the information provided by the Plan about CDPAS and understand the roles and responsibilities of the Plan, the fiscal intermediary and the Member.
2. Be in charge of finding, hiring, training, supervising, scheduling and terminating the personal assistant(s) of the member's choosing in enough numbers to meet the needs of the member.
3. Keep up an appropriate home environment for the safe delivery of care required by the member.
4. Train the personal assistant(s) to implement the plan of care.
5. Comply with labor laws, providing equal employment opportunities as written in the agreement between Member and the Fiscal Intermediary (FI).
6. Inform the Plan and the FI of any change in status or condition including but not limited to: hospitalizations, address and telephone number changes, vacations within 5 business days.
7. Make certain the accurate and timely submission of the personal assistant's required paper work to the FI including time sheets, annual worker health assessments, and required employment documents.
8. Develop and maintain a contingency plan to make certain enough supports are available to meet the member's needs.
9. Review and sign the personal assistant's timecards assuring that the hours reflect the actual number of hours worked within the weekly authorized hours.
10. Work with the Plan and agree to comply with Medicaid Managed Care Program requirements including but not limited to availability for required reassessments.
11. Report and return to MCO any overpayment or wrong payments from the Medicaid program made to Consumer Directed Personal Assistants.

I have read and understand the roles and responsibilities of the Plan and me in order to receive CDPAS.

Sign: \_\_\_\_\_ Date \_\_\_\_\_
Print: \_\_\_\_\_
Member/ Designated Representative

Sign: \_\_\_\_\_ Date \_\_\_\_\_
Print: \_\_\_\_\_
Witness

October 1, 2012