

Division of Senior and Disabilities Personal Care Assistance Program Consumer-Legal Representative Agreement Form

Legal Name (Last, First):

Medicaid:

CCAN#:

Service Plan Start Date:

Service Plan End Date:

The Consumer Directed Personal Care Program will allow you, the consumer, or your legal representative, to manage your own personal care services. This includes hiring, training, scheduling and managing your personal care assistant. The Consumer Directed Agency (Provider Agency) selected by you will offer administrative support to your personal care assistant(s) and to you, the consumer. This program also allows you the opportunity to manage specific health maintenance tasks, including urinary system management, bowel treatments, administration of medication, tube feeding, and wound care.

This agreement is made between:

_____ (Provider Agency name)

and

_____ (Consumer or legal representative name)

for the purpose of establishing the relationship, roles, and responsibilities of the parties. The Consumer Directed Agency, under an agreement with the Division of Health Care Services, is authorized to provide administrative tasks and fiscal intermediary tasks related to the personal care services program. The consumer is an individual authorized by the Division of Health Care Services to receive services under the Consumer Directed Personal Care Program.

Consumer

As a consumer of consumer directed personal care services, I understand that I must receive the proper authorizations for the service and I must follow all Medicaid regulations concerning Personal Care Services (7 AAC125.010 through 7 AAC 125.199), and all policies and procedures. I understand that my failure to do so can lead to a Medicaid fraud investigation. If I have additional questions regarding the Consumer Directed Personal Care Program (CDPCA), I understand that I should contact the Division of Senior and Disabilities Services. To participate in the Consumer Directed Personal Care Program, I understand that I, or my legal representative, is responsible for the following:

1. Signing up with a consumer directed agency that will be responsible for tax compliance on my behalf; act as the employer of record for my personal care assistant(s); assist with the necessary paper work; and act as a liaison with the Division of Senior and Disabilities Services and/or Division of Health Care Services on my behalf
2. Demonstrating a capacity for making choices about my activities of daily living, understanding the impact of the choices that I make, and assuming responsibility for those choices
3. Successfully completing recipient training
4. Defining the training requirements and qualifications I require for my personal care assistants
5. Cooperating with the Division's designee in developing my service plan and reviewing my service plan with the consumer directed agency and Division's

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designee at least semi-annually, and at any time that there is a change in my service needs, my living situation, or my capability of making my own choices about my care. My Provider Agency's consumer record must include:

- a. My State approved Personal Care Assistance (PCA) Service Level Authorization for personal care services;
 - b. A description of consultation services, to the extent that they can be anticipated;
 - c. An emergency back up plan, which addresses the process I will follow when my assistant fails to report to work;
 - d. A list of health maintenance tasks with which I require assistance and a training plan for personal care assistants who will be performing those tasks;
 - e. A description of the method(s) I will use to recruit personal care assistants; and
 - f. The formal document identifying my legal representative, if any, and a description of the responsibilities of my legal representative.
6. Reviewing and approving all service delivery records (timesheets) to insure the service plan has been followed, thereby authorizing the consumer directed agency to bill Medicaid for services I receive. I understand that misrepresentation of these documents constitutes fraud. Submitting fraudulent billing to my Provider Agency could result in my loss of eligibility for Medicaid and/or criminal and civil penalties.
7. Cooperating in compliance reviews conducted by the Division of Senior and Disabilities Services and/or the Division of Health Care Services. These reviews are designed to ensure that services are being delivered in accordance with state regulation and policies.
8. Requesting my PCA Service Plan be amended should I choose to no longer manage health maintenance tasks.

Provider Agency

As the consumer directed agency for the above named consumer, the agency agrees to follow all Medicaid regulations, and all personal care regulations (7 AAC 125.010 through 7 AAC 125.199), policies and procedures. The agency understands that failure to do so can lead to a Medicaid fraud investigation. The consumer directed agency agrees to the following:

1. Assist the consumer in developing recruitment, training, and back-up emergency plans as required by state regulation and review these plans according to those requirements
2. Maintain the consumer record that includes items from above #5a. through 5f.
3. Accept responsibility for tax compliance on behalf of the consumer; act as the employer of record for personal care assistant(s); assist with the necessary paper work; and act as a liaison with the Division of Senior and Disabilities Services and/or Division of Health Care Services on behalf of the consumer
4. Assist the consumer in identifying resources for personal care assistants
5. Provide mandatory Consumer Training
6. Advise the consumer regarding program participation

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7. Accept responsibility for all Medicaid billing for personal care services provided to the consumer.

I have read pages 1-2 of the preceding requirements concerning consumer directed personal care and I understand and agree to follow the requirements.

Signatures

Consumer Signature

Date

Witness Signature

Date

I am a legal representative for the consumer named above, I understand that I must be directly involved in the day-to-day care of this consumer, and I assume all of the responsibilities for managing this consumer's care as listed above.

Legal Representative Signature

Date

Witness Signature

Date

Provider Agency Representative Signature

Date