

**Participant Direction Option (PDO)**

**Representative Agreement**

**Registration Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as the representative for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is participating in the Participant Direction Option (PDO). I know that I will be responsible for the following:

*Please initial each line below to show that you have read and understand each item.*

\_\_\_\_\_\_\_\_1. I have received a copy of the *PDO Guidelines*. I will read the guidelines; it tells me how the PDO works and explains my responsibilities.

\_\_\_\_\_\_\_\_2. I will reach out to the participant’s case manager if I need help or have questions.

\_\_\_\_\_\_\_\_3. I will involve the participant as much as they wish to be involved with any PDO decisions made.

\_\_\_\_\_\_\_\_4. I agree that I am responsible for interviewing, hiring, training, and supervising the participant’s direct service worker(s).

\_\_\_\_\_\_\_\_5. I agree that I will hire a qualified direct service worker(s). The qualifications for direct service workers are in the PDO Guidelines. I should hire a direct service worker(s) who is trained in universal precautions, HIPAA privacy standards, CPR and First Aid when possible.

\_\_\_\_\_\_\_\_6. I will create a list of job duties and a work schedule for the participant’s direct service worker(s). The list of job duties and work schedule must be written on the Participant/Direct Service Worker Agreement.

\_\_\_\_\_\_\_\_7. I will make sure that the participant’s direct service worker(s) does not work more hours than approved on the Participant/Direct Service Worker Agreement. I will also make sure that if more than 40 hours per week of a service are authorized, that there are more than one direct service worker for the participant. I also agree to only request services that are specified in the Participant/Direct Service Worker Agreement.

\_\_\_\_\_\_\_\_8. I know that I can get more training if I need it. I will contact the participant’s case manager if I want more training on the PDO.

\_\_\_\_\_\_\_\_9. I know that the direct service worker’s EVV time entries must be correct and electronically acknowledged by me.

\_\_\_\_\_\_\_\_10. I will submit the direct service worker’s timesheets to the participant’s Plan. The timesheets must be sent in by the date on the payroll schedule.

\_\_\_\_\_\_\_\_11. I will tell the participant’s case manager if I think termination is necessary for a direct service worker. I will not terminate a worker without talking to the case manager.

\_\_\_\_\_\_\_\_12. I know that I will not be paid to be the representative for the participant. This is a voluntary position.

\_\_\_\_\_\_\_\_13. I know that I cannot be a direct service worker for the participant.

\_\_\_\_\_\_\_\_14. I will create an Emergency Back-up Plan so I will know what to do if the participant’s direct service worker(s) is unable to report to work or provide direct services.

\_\_\_\_\_\_\_\_15. I know that I have the option to stop being the representative at any time. I will tell the participant and the participant’s case manager if I wish to stop being the representative. The case manager will help the participant choose another representative.

\_\_\_\_\_\_\_\_16. I will follow the requirements on this Representative Agreement, the PDO Consent Form, the Participant/Direct Service Worker Agreement, the Participant Agreement, and the PDO Guidelines. If I do not follow the requirements, the participant’s Plan may not allow me to continue to be the representative. If the Plan does not allow me to be the representative, the participant’s case manager will help the participant choose another representative.

*Please sign on the line below to show that you have read and understand each item in this agreement. If you have questions, please ask the participant’s case manager to help you.*

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| Representative’s Printed Name Signature Date |
| Participant’s Printed Name Signature Date |
| Case Manager’s Printed Name Signature Date |