

HELPING HANDS

Consumer Directed Personal Assistance Program-CDPAP CONSUMER/FISCAL INTERMEDIARY AGREEMENT

This agreement is between _____ (Consumer/Representative) and Helping Hands HSCI Inc. (Fiscal Intermediary) with principal office at 130 Main Street, Northport, NY 11768.

Definitions:

Consumer: means a medical assistance recipient who a social services district has determined eligible to participate in the consumer directed personal assistance program.

Consumer Directed Personal Assistant: means an adult who provides consumer directed personal assistance to a consumer under the consumer's instruction, supervision and direction or under the instruction, supervision and direction of the consumer's designated representative. A consumer's spouse, parent or designated representative may not be the consumer directed personal assistant for that consumer; however, a consumer directed personal assistant may include any other adult relative of the consumer who does not reside with the consumer or any other adult relative who resides with the consumer because the amount of care the consumer requires makes such relative's presence necessary.

Designated Representative: means an adult to whom a self-directing consumer has delegated authority to instruct, supervise and direct the consumer directed personal assistant and to perform the consumer's responsibilities and who is willing and able to perform these responsibilities. With respect to a non self-directing consumer, a "designated representative" means the consumer's parent, legal guardian or, subject to the social services district's approval, a responsible adult surrogate who is willing and able to perform such responsibilities on the consumer's behalf. The designated representative may not be the consumer directed personal assistant or a fiscal intermediary employee, representative or affiliated person.

Fiscal Intermediary: means an entity that has a contract with a social services district to provide wage and benefit processing for consumer directed personal assistants and other fiscal intermediary responsibilities

Responsibilities of the Consumer/Representative

1. Managing the plan of care including recruiting and hiring a sufficient number of individuals to provide authorized services that are included on the consumer's plan of care; training, supervising and scheduling each personal assistant; and assuring that each consumer directed personal assistant competently and safely performs the personal care tasks, home health aide tasks and skilled nursing tasks that are included on the consumer's plan of care; terminating the personal assistant's employment;
2. Timely notifying the social services district of any changes in the consumer's medical condition or social circumstances including, but not limited to, any hospitalization of the consumer or change in the consumer's address, telephone number or employment;

3. Timely notifying the fiscal intermediary of any changes in the employment status of each consumer directed personal assistant;
4. Attesting to the accuracy of each consumer directed personal assistant's time sheets;
5. Forward required signed consumer directed personal assistant's time sheets Helping Hands.
6. Timely distributing each consumer directed personal assistant's paycheck
7. Arranging and scheduling substitute coverage (if needed) when a consumer directed personal assistant is temporarily unavailable for any reason.

Responsibilities of the Fiscal Intermediaries

1. Processing each consumer directed personal assistant's wages and benefits including establishing the amount of each assistant's wages; processing all income tax and other required wage withholdings; and complying with worker's compensation, disability and unemployment insurance requirements;
2. Ensuring that the health status of each consumer directed personal assistant is assessed prior to service delivery pursuant to 10 NYCRR § 766.11(c) and (d) or any successor regulation;
3. Maintaining personnel records for each consumer directed personal assistant, including time sheets and other documentation needed for wages and benefit processing and a copy of the medical documentation required pursuant to 10 NYCRR § 766.11(c) and (d) or any successor regulation;
4. Maintaining records for each consumer including copies of the social services district's authorization or reauthorization;
5. Monitoring the consumer's or, if applicable, the consumer's designated representative's continuing ability to fulfill the consumer's responsibilities under the program and promptly notifying the social services district of any circumstance that may affect the consumer's or, if applicable, the consumer's designated representative's ability to fulfill such responsibilities;
6. Complying with the Department 's regulations at 18 NYCRR §504.3, or any successor regulation, that specify the responsibilities of providers enrolled in the medical assistance program;
7. Entering into a contract with the social services district for the provision of fiscal intermediary services; and
8. Sharing information with the consumer or, if applicable, the consumer's designated representative, regarding their respective responsibilities and requirements under the CDPAP.

I the Consumer/representative,

Have read and understand my responsibilities and have chosen to participate in the Consumer Directed Personal Assistance Program, and

Understand that failure to carry out my responsibilities shall be considered in determining continued appropriateness for the program, and

Understand the fraud relating to the receipt of services shall result in the reconsideration of the Consumer's ability to participate in the Directed Personal Assistance Program, and

Agree to inform the Managed Care Plan or the Department of Social Services, as well as Helping Hands HSCI Inc. should I decide to no longer participate in the Consumer Directed Personal Assistance program. I am aware that transferring to a traditional home care program does not guarantee immediate availability of service.

Consumer Name

Consumer Signature

Date

Representative Name

Representative Signature

Date

**Helping Hands-HSCI
Name**

Signature

Date