



## Consumer Directed Personal Assistance Service (CDPAS) Intake Form

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referrer: \_\_\_\_\_

Please fax referrals to 718.657.8950 or email AHS-cdpapintake@elara.com.

### CONSUMER

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### INSURANCE

Medicaid #: \_\_\_\_\_ Designated Representative: \_\_\_\_\_

Insurance: \_\_\_\_\_ Contact Information: \_\_\_\_\_

### PERSONAL ASSISTANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Consumer: \_\_\_\_\_

### BACKUP

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  Male  Female

Relationship to Consumer: \_\_\_\_\_

### START OF CARE

Start of Care Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Hours Authorized: \_\_\_\_\_



### Consumer Checklist

Consumer Information (to be completed by the Consumer)	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b> Consumer or designated representative if applicable	
<b>Primary Language:</b>	

I, \_\_\_\_\_, (Consumer or Designated Representative), have been informed by the Fiscal Intermediary, Elara Caring, of my Consumer/Employer responsibilities upon enrollment into CDPAP.

Signature: \_\_\_\_\_

Designated Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Checklist	Consumer or Designated Representative Signature
<input type="checkbox"/> I have received the Consumer Directed Personal Assistant Program Consumer Guide.	
<input type="checkbox"/> I have signed the Consumer Agreement.	
<input type="checkbox"/> I understand the timesheet submission attestation and submission requirements for my PA to be paid on time.	

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



## **CONSUMER'S GUIDE TO THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM**

The Consumer Directed Personal Assistance Program (CDPAP) is a statewide Medicaid program that provides an alternative way of receiving home care services. The program allows people who are Medicaid-eligible to have more control over who provides their home care and how it is provided. Consumers enrolled in the CDPAP program are allowed to manage their own care by recruiting, hiring, training, supervising, scheduling and dismissing their own personal assistants. Instead of a home care agency controlling the personal assistants, the Consumer takes on the role of employer for the personal assistants and may employ as many personal assistants as he/she needs to satisfy the Consumer's needs, keeping within the amount of hours of services the Consumer has been authorized by Medicaid to receive.

This guide will help facilitate your participation in the CDPAP program, specifically, assisting you how to become a Consumer under the CDPAP program, how to hire a personal assistant, how to be an effective employer and how to take responsibility for living independently.

### **WHAT IS CDPAP?**

CDPAP is a Medicaid program. You must be enrolled in the Medicaid program as a Consumer and be approved to receive home care to be eligible for CDPAP. The local Department of Social Services (DSS) or a Managed Care Organization (MCO) makes the eligibility decision and must determine that you are able to direct your own home care or have a personal representative who can do that for you. The DSS or the MCO also determines how many hours of CDPAP services you may receive and, working with you or your designated representative, also determines your plan of care. A plan of care is in effect for six months. The DSS or MCO will review your eligibility for services every six months and make necessary changes to the plan of care.

Once you have been approved for CDPAP, you can begin to interview and hire your personal assistants. After you have decided who your personal assistants will be and how many you need, our job, as the fiscal intermediary, will be to bill the Medicaid program for the CDPAP services your personal assistants provide, handle payroll, payroll taxes and any benefits that your personal assistants may receive, and monitor your participation in CDPAP. As Fiscal Intermediary, we do not participate in your home care in any way. We provide payroll support, but you are the employer of the personal assistants and manage your own home care.

### **WHO IS A CONSUMER?**

A Consumer is a person authorized to participate in the CDPAP program by the DSS or MCO. To be eligible to participate in the CDPAP program as a Consumer, you must:

1. Be eligible for medical assistance (Medicaid);
2. Be eligible for home care services, personal care services or private duty nursing services.
3. Have a stable medical condition; "stable medical condition" means that you are not expected to exhibit sudden deterioration or improvement and do not require frequent medical or nursing evaluation or judgment to determine changes in your plan of care.
4. Be self-directing or, if non self-directing, have a designated representative; "self-directing" means that you are able to: (i) make choices regarding activities of daily living and the type, quality and management of services needed; (ii) understand the impact of those choices; and (iii) assume responsibility for the results of these choices.
5. Require assistance with one or more personal care services, home health aide services or skilled nursing tasks.
6. Participate as needed, or have a designated representative who participates, in the required assessment and reassessment processes.
7. Be willing and able to fulfill the required responsibilities or have a designated representative who is willing and able to fulfill the responsibilities of the CDPAP program.



## **WHO MAY BE A DESIGNATED REPRESENTATIVE?**

A designated representative may be your parent, legal guardian, or any appointed individual who is willing and capable of undertaking the same responsibilities that would otherwise fall to you. The designated representative may not serve as your personal assistant.

## **WHAT ARE MY RESPONSIBILITIES AS A CONSUMER?**

Among other responsibilities outlined in agreements you will sign with Elara Caring and the DSS or MCO, you or your designated representative are responsible to:

1. Manage the plan of care, including recruiting and hiring a sufficient number of personal assistants to provide authorized services, training, supervising and scheduling each personal assistant, and if need be, terminating the personal assistant's employment, and assuring that each personal assistant completely and safely performs the services.
2. Maintain a safe home environment for the delivery of care.
3. Timely notify Elara Caring and the DSS or MCO of any changes in your medical condition or social circumstances and timely notify Elara Caring of any changes in any personal assistant's employment status.
4. Provide equal employment opportunities to all prospective personal assistants regardless of race, creed, color, national origin, sex, disability, marital status, and sexual orientation in all employment decisions.
5. Process the required paperwork for Elara Caring including time sheets, annual worker health assessments and other required employment documents.
6. Distribute paychecks to each personal assistant.
7. Train the personal assistants as to the rights and responsibilities of all involved parties.
8. Arrange and schedule backup coverage when a personal assistant is temporarily unavailable for any reason.

Failure to carry out your responsibilities may result in your termination from the CDPAP program.

You are also fully responsible for any personal injury or loss of property that may result from the action or inaction of your personal assistants.

## **WHAT ARE ELARA CARING'S RESPONSIBILITIES?**

As the Fiscal Intermediary, Elara Caring is responsible to:

1. Process the payroll for each personal assistant, including processing income tax and other required wage withholdings and complying with workers' compensation, disability and unemployment insurance.
2. Pay the personal assistant the wage established for the hours worked for you as indicated on the time sheet and authorized by the DSS or MCO.
3. Review submitted time sheets and prepare and submit claims for Medicaid payment in accordance with the rules of the Medicaid program and any applicable contract with a MCO.
4. Ensure that the health status of each personal assistant is assessed before he or she begins to work for you and annually after that.
5. Maintain records for each personal assistant which include: time sheets, the personal assistant health assessments and the information needed for payroll processing and benefit administration.
6. Maintain Consumer records, including copies of the authorizations, reauthorizations and the agreement between you and Elara Caring and any information regarding your performance of responsibilities under the CDPAP program.
7. Monitor your ability, or the ability of your designated representative, if applicable, to fulfill the responsibilities of a Consumer under the CDPAP program.



## **WHO MAY BE A PERSONAL ASSISTANT?**

A personal assistant must:

1. Be at least 18 years of age;
2. Be eligible to work in the United States;
3. Complete and pass all required health screenings; and
4. Not be excluded from the Medicaid program.

A personal assistant may be a family member, friend, neighbor or any other individual. However, a personal assistant may not be your spouse or your designated representative. A personal assistant who is related to you may not live in the same household as you unless he/she lives with you because the amount of assistance required makes his/her presence necessary.

## **WHAT ARE THE RESPONSIBILITIES OF A PERSONAL ASSISTANT?**

A personal assistant is responsible for:

1. Recognizing your authority as his/her employer and supervisor;
2. Completing all tasks designated in your plan of care;
3. Respecting your person, privacy and property;
4. Authorizing Elara Caring to collect and distribute employment-related information;
5. Complying with applicable policies and practices of Elara Caring.

Personal assistants may perform any task listed in your plan of care. These services may include assisting you with bathing, dressing, toileting, grooming, house cleaning, cooking, laundry and other related personal functions and other activities such as nursing, transportation, transferring, communication assistance, administration of medications and respite services that assists you to be functional. Personal assistants are limited to performing those tasks listed in your plan of care. They cannot perform other tasks and be paid under the CDPAP program. Personal assistants also cannot perform work for other household members. If a task performed by a personal assistant benefits other household members, it is okay, as long as the benefit is incidental.

## **HOW TO ENROLL A PERSONAL ASSISTANT?**

You must inform Elara Caring that the personal assistant has been selected to be hired. Then the personal assistant must provide certain information and complete the necessary payroll forms provided by Elara Caring before he/she may begin working for you.

## **HOW MANY PERSONAL ASSISTANTS MAY I EMPLOY?**

You may hire as many personal assistants as necessary to cover the authorized CDPAP service hours. The number of personal assistants you employ should reflect the number of hours in your plan of care. You should use your judgment and be reasonable with the amount of personal assistants you choose to hire. You are responsible for having backup coverage in case a personal assistant is temporarily unavailable. No single personal assistant should be scheduled to work so many hours that they are unable to receive adequate sleep and personal time.

## **WHAT ARE THE PERSONAL ASSISTANT'S PERSONNEL REQUIREMENTS?**

The following must be completed and submitted to Elara Caring by the personal assistant prior to starting work for you:

1. I-9 form;
2. W4 form including the Notice and Acknowledgment of Pay Rate and Payday;



3. Pre-employment physical (and a health assessment annually as required by Department of Health regulations);
4. Proof of immunizations as required by Department of Health regulations.
5. Hepatitis B form. You should review the Hepatitis B vaccination or declination information with the PA.

We will perform a check of any exclusion from providing services under the Medicaid program and the result will be filed in the personal assistants' personnel file.

### **WHAT ARE TIME SHEETS?**

A time sheet is an official weekly record of the hours worked by the personal assistant. Personal assistants must fill out the time sheets with the time the personal assistants started work for you and the time the personal assistants finished work. You must submit the time sheets to us each week. You should review the information to ensure that each time sheet is complete and all the names and hours worked are correct. Both you and the personal assistants must sign and date the form and attest that the time sheets are accurate. Attesting means that you and the personal assistant are certifying that the time sheets are accurate.

If we find that inaccurate time sheets have been submitted, we may inform you that we will no longer provide fiscal intermediary services to you and we might also report the inaccuracies to the DSS, MCO and/or the appropriate governmental authorities. Deliberately completing inaccurate time sheets is considered fraud.

### **WHEN AND HOW DOES A PERSONAL ASSISTANT GET PAID?**

A personal assistant will get paid every week. The personal assistant will get paid only for the hours actually worked and authorized by the DSS or MCO. If the personal assistant's hours exceed authorized hours in any week or if the personal assistant performs work not covered by the plan of care, those hours are not CDPAP service hours and will not be paid by the CDPAP program. They are your responsibility to pay.

If the personal assistant is enrolled in Elara Caring' Direct Deposit program, the personal assistant's paychecks will be directly deposited in his/her bank account every week. If the personal assistant is not enrolled in our Direct Deposit program, the personal assistant will receive a payroll check every week. The payroll checks will be payable to the personal assistant and will be mailed to their home. assistant.

### **WILL A PERSONAL ASSISTANT BE PAID WHEN I AM HOSPITALIZED OR ABSENT FROM MY HOME?**

CDPAP services cannot be delivered if you are in the hospital or admitted to a higher level of care or otherwise absent from your home. A personal assistant will only be paid for the day of admission and the day of discharge, if the authorization is still active and he/she provided services to you prior to admission or after discharge. If a personal assistant performs CDPAP services during your absence from the home, the hours are your responsibility.

You must inform Elara Caring of any change in your medical condition including the information about your admission to the hospital or higher level of care.

### **WHEN IS THE PERSONAL ASSISTANT ELIGIBLE FOR WORKER'S COMPENSATION?**

If a personal assistant is injured on the job, the personal assistant may be eligible for Worker's Compensation benefits. You and the personal assistant must notify Elara Caring whenever an injury has occurred on the job. We will assist the personal assistant with the completion of the necessary reporting forms and notify the Workers' Compensation carrier.

### **WHEN IS THE PERSONAL ASSISTANT ELIGIBLE FOR DISABILITY INSURANCE?**



A personal assistant unable to work for a continued period of time may be eligible statutory disability benefits. The personal assistant must notify you, and both you and the personal assistant must notify Elara Caring. We will assist the personal assistant with completion of the necessary reporting forms and notify the disability carrier.

## **WHEN IS THE PERSONAL ASSISTANT ELIGIBLE FOR UNEMPLOYMENT INSURANCE?**

You must notify us whenever a personal assistant stops working for you, regardless of whether the personal assistant quit or has been fired. We will review the circumstances with you and determine whether the personal assistant is eligible for unemployment insurance.

## **HOW DO I CONTACT ELARA CARING?**

If you have any questions about the CDPAP program you may contact us during regular business hours: Mon-Fri 9:00am-5:00 pm at 718.689.1205.

## **TIPS FOR RECRUITING, HIRING, TRAINING AND SUPERVISING PERSONAL ASSISTANTS**

### **RECRUITING PERSONAL ASSISTANTS**

Elara Caring does not provide you with personal assistants. It is your responsibility to recruit and screen candidates for employment. You may utilize many different sources to find potential personal assistants. These may include:

1. Colleges and Universities
2. Word of mouth – Family, friends, neighbors, and other people may know individuals who would be interested in working as a personal assistant
3. Career or employment agencies
4. Nursing homes or assisted living facilities – ask the personnel department for an individual who may be interested working as a personal assistant part time
5. Local newsletters/newspapers or job search websites – run small ads that can be specifically structured to your needs.
  1. Contents of an advertisement may include:
    1. A short description of the job
    2. The days and hours of you need someone to work
    3. The salary
    4. Must be at least 18 years of age and eligible to work in the US

You bear all expenses in recruiting personal assistants.

### **HIRING PERSONAL ASSISTANTS**

#### **Telephone Screening:**

Before you set up an in-person interview with an applicant, you may want to screen the applicant over the phone. Screening will save time for both you and the applicant and the screening will assist you in deciding whom you would like to meet in person to interview.

You should describe the job to the applicant, including the hours you will need someone to work, the tasks that must be performed and the expected salary. You should explain the physical demands of the job as well. An applicant needs to know what to expect.

You should ask questions that will immediately help you decide if the applicant will fulfill your needs. The following are a few sample questions that you might ask during the telephone screening.



1. Have you ever been a personal assistant or done similar work?
2. If so, where did you work, what were some of the job tasks? How long did you work at that job?
3. Will you be able to work my scheduled hours?
4. What days are you able to work?
5. Are you willing to assist me with my personal needs (i.e. tasks listed in your plan of care)?
6. How do you feel about housekeeping chores?
7. Are there any household chores you are not willing to do?
8. Can you cook? What dishes do you like to cook?
9. Do you have reliable transportation to get to work?
10. Do you have a driver's license? A vehicle?
11. Are you 18 years of age or older?
12. Have you ever been convicted of a crime?
13. Are you able and willing to carry out the job requirements?
14. Are you eligible to work in the U.S?

These are just a few suggestions for screening an applicant over the telephone. Pay close attention to what the applicant says and try to get a sense of the person's attitude. You should only select people who sound good to you for a formal face-to-face interview. If the applicant appears appropriate, ask him or her to participate in a face-to-face interview.

If possible, we suggest that you do not conduct the interviews in your home. It is better to find a public place, to avoid people having your home address.

#### Face-to-Face Interviewing:

Select the applicants that you liked best from your telephone interviews. Introduce yourself and try to make the applicant feel comfortable. The following are some suggestions of questions you might ask when you begin the interview:

1. Ask the applicant to complete an application form. We have provided a sample form, but you may develop your own.
2. Explain your disability the best you can and describe the job requirements in detail. Be as specific as you can. Review the necessary personal assistant tasks with the applicant.
3. Explain your expectations. It is important for the applicant to know that the tasks listed are required and must be completed in a timely fashion.
4. Ask the applicant why they would like the job. You may get some insight into his or her motivation.
5. Ask the applicant about jobs they have had in the past?

Please keep in mind that certain laws prevent you from asking job applicants about their:

1. Age or their birth date.
2. Race, national origin, sexual orientation, native language.
3. Health, disability, fitness.
4. Marital status.

You may want to ask for personal or employment references. Here are some questions to ask references:

1. Was the applicant dependable?
2. Did the applicant take direction?
3. Can the applicant work independently?
4. Did the applicant get along with co-workers and supervisors?
5. Would the reference recommend the applicant for this position?

By the end of your formal interview, you should have a better sense of whether or not you are interested in hiring the applicant.

#### Hiring the Applicant:





When you discuss hiring the applicant to be your personal assistant, you should agree on the starting date and time the applicant will begin working for you. You should also exchange phone numbers so that each of you may contact the other. You may want to have the applicant sign a Consumer Directed Personal Assistant Acknowledgment Form, outlining their responsibilities as your personal assistant. We have provided you with a sample form, but you may develop your own.

Immediately after hiring the applicant, you should notify the Fiscal Intermediary. Before starting work, the applicant must complete Elara Caring's personnel requirements, which includes:

1. I-9 form;
2. W4 form including the Notice and Acknowledgment of Pay Rate and Payday;
3. Pre-employment physical (and a health assessment annually as required by Department of Health regulations);
4. Proof of immunizations as required by Department of Health regulations.

Once he/she completes the required documents, the personal assistant may begin working for you.

## **TRAINING PERSONAL ASSISTANTS**

You should train your personal assistants how and when you want them to perform the tasks covered by your plan of care.

Below are some suggestions on how to train your personal assistants:

1. Explain your disability in as much detail as possible.
2. Explain any technical terms that the personal assistant may encounter.
3. Explain safety and universal precautions and emergency procedures.
4. Explain how to use all medical equipment that you may need.
5. Give detailed, step-by-step instructions how to do a certain procedure and explain the reasons why you need it done a certain way or at a specific time.
6. Throughout the training sessions, give recaps of your explanations to briefly review what you have already taught.
7. Ask for feedback and encourage questions.
8. Be patient and do not overwhelm the personal assistant with information. Try and be conscious of how best the personal assistant can effectively learn the procedures.
9. Explain the CDPAP program and go over the personal assistants' responsibilities.

## **SUPERVISING PERSONAL ASSISTANTS**

As an employer, you must supervise your personal assistants to ensure that they do all the tasks that you require. You should structure the job duties in a specific way by creating a detailed schedule, so your personal assistants know what you expect and when you expect it during their work day. Whatever the task is, you should communicate your expectations.

You should give your personal assistants both positive and negative feedback. When the personal assistant does a task incorrectly, bring it to his/her attention and remind him/her of the correct way. When the personal assistant does a task correctly, complimenting him/her can reinforce good behavior. If there are any problems with your personal assistants, you should make a record of it since it might prove useful later.

You should remind your personal assistants that they must complete time sheets for their hours work and you must review them and attest to their accuracy. If you detect fraud, you should notify Elara Caring immediately.



**Consumer Directed Personal Assistance Services Personal Assistant**

Week Ending Friday (date): \_\_\_\_\_

Employer (Consumer): _____		Personal Assistant Names: _____				
Employer Address: _____		Personal Assistant ID : _____				
Employer Phone #: _____		Personal Assistant Phone: _____				
<p>I, the Consumer, by signing this timesheet, attest to the accuracy and validity of the hours being reported as worked. I understand that Medicaid funds will be paid to the Personal Assistant on the basis of this timesheet. I understand that deliberately completing inaccurate time sheets can be fraud, which is a crime, and that severe penalties can be imposed for committing fraud.</p>						
Day	Date	Start Time	End Time	Total Hours	Consumer or Designated Representative Signature	Personal Assistant Signature
<b>Saturday</b>		Am Pm	Am Pm			
<b>Sunday</b>		Am Pm	Am Pm			
<b>Monday</b>		Am Pm	Am Pm			
<b>Tuesday</b>		Am Pm	Am Pm			
<b>Wednesday</b>		Am Pm	Am Pm			
<b>Thursday</b>		Am Pm	Am Pm			
<b>Friday</b>		Am Pm	Am Pm			
<b>Total Hours For The Week:</b>						

**Fax: Fax 718.657.8950 / Email: [AHS-cdpapintake@elara.com](mailto:AHS-cdpapintake@elara.com)**

Please remit your time sheet by **Monday 12 noon** on a weekly basis. Time sheets can be mailed or dropped off at the following locations:

<b>Brooklyn</b> 145 East 98 <sup>th</sup> Street Brooklyn, NY 11212	<b>Bronx</b> 2770 Third Avenue Bronx, NY 10455	<b>Queens</b> 70-00 Austin Street Forest Hills, NY 11375	<b>Staten Island</b> 120 Stuyvesant Place Staten Island, NY 10301	<b>Long Island</b> 175 Fulton Avenue Hempstead, NY11550
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## **Consumer Agreement Under The Consumer-Directed Personal Assistance Program**

The parties to this agreement hereby agree that these are their respective responsibilities for the Consumer's participation in the Consumer Directed Assistance Program (CDPAP).

### **Responsibilities of the Consumer/Employer**

The Consumer and/or the Consumer's designated representative shall be responsible to:

1. Manage the plan of care, including recruiting and hiring a sufficient number of CDPAs to provide authorized services as forth in the plan of care; training, supervising and scheduling each CDPA; terminating the CDPA's employment with the consumer; and assuring that each CDPA completely and safely performs the personal care services, home health aide services and skilled nursing tasks included on the plan of care.
2. Notify the Fiscal Intermediary and the Department of Social Services or Managed Care Organization as soon as possible but not later than within 5 business days of any changes in the consumer's medical condition or social circumstances including, but not limited to, any hospitalizations of the consumer or a change in the consumer's address or telephone number.
3. Timely notify the Fiscal Intermediary of the individuals hired as CDPAs and provide any information regarding such individuals as the Fiscal Intermediary requests. Timely notify the Fiscal Intermediary of any changes in the CDPAs' names, addresses and hours worked, including if the consumer terminates the CDPA, if the CDPA resigns or if the CDPA misses a scheduled shift.
4. Monitor and verify that CDPAs have completed the appropriate hiring documentation with the Fiscal Intermediary, including the required health assessment, prior to allowing the CDPA to start work.
5. Process the required paperwork for the Fiscal Intermediary including time sheets, annual worker health assessments and other required employment documents.
6. Obtain and maintain coverage for hours authorized including arranging and scheduling substitute coverage when a CDPA is temporarily unavailable for any reason.
7. Maintain a safe home environment for the provision of care.
8. Set wages and benefits for CDPA in accordance with applicable minimum wage and overtime laws and consistent with the maximum rate developed by the Fiscal Intermediary based upon its Medicaid reimbursement.
9. Ensure that the CDPA completes the required time sheets, attest to the accuracy of the time worked and transmit the time sheets to the Fiscal Intermediary according to its policies and procedures.
10. Timely distribute CDPA's paycheck, if required, or allow the CDPA to participate in a direct deposit distribution system from the Fiscal Intermediary.
11. Meet with registered nurses from the Fiscal Intermediary and/or from the Department of Social Services or Managed Care Organization for required nursing assessments.
12. Cooperate with requirements to maintain Medicaid eligibility in the CDPAP program.
13. Report any violation of Medicaid or CDPAP program rules to the Fiscal Intermediary.
14. Assume full responsibility and liability for the behavior, actions and performance of the CDPAs, and waive liability actions against the Fiscal Intermediary and its officers, directors, employees and affiliates for the consumer's participation in the CDPAP program.
15. Acknowledge that payments for CDPA services cannot be made to the consumer's spouse or designated representative, but may be made to another relative if the other relative is not residing in the consumer's home, or is residing in the consumer's home because the amount of care required by the consumer makes the presence of such relative necessary.
16. Acknowledge and agree that no payments for CDPA services may be made to an individual on the exclusion list maintained by the New York State Office of Medicaid Inspector General.
17. Acknowledge and agree that (1) any person who receives, directly or indirectly, an overpayment from the Medicaid program is obligated to report and return the overpayment within sixty (60) days of the identification of the overpayment. Failure to do so may expose the person to liability under



the False Claims Act, including whistleblower actions, treble damages and penalties and (2) that the Office of the Inspector General, Department of Social Services or the Managed Care Organization may suspend payments to the Fiscal Intermediary and the CDPA, if applicable, pending an investigation of a credible allegation of fraud against the Fiscal Intermediary, the consumer or the CDPA, as applicable; and

18. Comply with applicable labor and employment laws, including, but not limited to, laws prohibiting discrimination based upon race, creed, color, national origin, sex, sexual orientation, disability and marital status.
19. Where a Managed Care Organization is the payer, notify the Fiscal Intermediary and/or Managed Care Organization of any disclosure of information that the Managed Care Organization has taken reasonable measure to maintain as confidential and which derives independent economic value from not being generally know or readily ascertainable by the public ("Proprietary Information"). Proprietary Information includes the compensation arrangements between the Managed Care Organization and the Fiscal Intermediary and the amount the Fiscal Intermediary pays the CDPA and any other information relating to the Managed Care Organization's business that is not public information.
20. Acknowledge that this Consumer Agreement may be reissued based on changes in the requirements or regulations of the CDPAP program.

### **Responsibilities of the Fiscal Intermediary**

The Fiscal Intermediary shall be responsible to:

1. Process each CDPA's wages and benefits including establishing the amount of each CDPA's wages, processing income tax and other required wage withholdings and complying with workers' compensation, disability and unemployment insurance requirements.
2. Review submitted time sheets and prepare and submit claims for Medicaid payment in accordance with the rules of the Medicaid program and any applicable contract with a Managed Care Organization.
3. Ensure that the health status of each CDPA is assessed pursuant to 10 NYCRR § 766.11 (c) and (d) or any successor regulation.
4. Maintain records for each CDPA which shall include, at a minimum: time sheets, the CDPA health assessments and the information needed for payroll processing and benefit administration.
5. Maintain records for consumer, including copies of the authorizations, reauthorizations and the agreement between the consumer and the Fiscal Intermediary and any information regarding the consumer's performance of responsibilities under the CDPAP program.
6. Monitor the ability of the consumer, or the ability of the consumer's designated representative, if applicable, to fulfill the consumer's responsibilities under the CDPAP program and notify the Department of Social Services or Managed Care Organization, as appropriate, promptly in the event that the Fiscal Intermediary becomes aware of any circumstances that may affect the ability of the consumer, or that of the consumer's designated representative, if applicable, to fulfill such responsibilities.
7. Comply with applicable New York State Department of Health regulations regarding the responsibilities of a fiscal intermediary in the CDPAP program.

### **I, the Consumer/Consumer's Designated Representative,**

- Have read and understand my responsibilities. I have been given the opportunity to discuss and ask questions about my responsibilities and about the CDPAP program. I agree to undertake those responsibilities so the consumer may participate in the CDPAP Program.
- Understand that failure to carry out my responsibilities may result in termination of the consumer's participation in the CDPAP program.
- Agree to engage Elara Caring as the Fiscal Intermediary.



- Understand that fraud related to the receipt of services shall result in the reconsideration of my ability to participate in the CDPAP program
- Agree to inform Elara Caring should the consumer decide to no longer participate in the CDPAP program.

Consumer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Representative's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elara Caring Representative's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Fiscal Intermediary Division  
Consumer Post – Onboarding Process**

Dear Consumer,

At Elara Caring, we strive to provide the best in fiscal intermediary services, so we value your input. Please take a moment to complete the survey questions below by using a scale of 1 to 5, with 5 being the most satisfied.

1. How happy were you with the onboarding process from Elara Caring fiscal intermediary division?

1    2    3    4    5

1. Were your roles and responsibility as a Consumer, or Consumer's designated representative, explained to you properly?

1    2    3    4    5

2. Were your CDPAP representatives helpful?

1    2    3    4    5

3. Would you recommend Elara Caring' fiscal intermediary to a friend or relative?

1    2    3    4    5

4. Overall, how would you rate your experience Elara Caring' fiscal intermediary?

1    2    3    4    5

Additional Comments (optional)

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Consumer Name or ID#: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

Your comments will be used to make improvements to the onboarding process to improve our customers' experience. Please fax your completed survey to 718.657.8950 or email [AHS-cdpapintake@elara.com](mailto:AHS-cdpapintake@elara.com).

Regards,

The Fiscal Intermediary Team at Elara Caring