Participant Direction Option (PDO) Consent Form

I, _____, choose to participate in the Participant Direction Option (PDO). I know that I will be responsible for the following:

Please write your initials on each line below to show that you have read and understand each item. If enrollee/participant is unable to initial each line, someone else can check each item off for them.

_____1. I have the PDO Participant Guidelines. The guidelines tell me how the PDO works and my responsibilities. I will read the guidelines. I am responsible for following the guidelines.

_____2. I will get in touch with my case manager if I need help.

_____3. I will tell my case manager if I wish to choose a representative.

_____4. I agree that I am responsible for interviewing, hiring, training, supervising, and firing (if needed), my direct service worker(s).

_____5. I will hire a qualified direct service worker(s). The qualifications for direct service workers are in the PDO Participant Guidelines. I should hire a direct service worker(s) who is trained in CPR, universal precautions and HIPAA privacy standards.

_____6. I will create a list of job duties and a work schedule for my 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 my direct service worker(s) does not work more hours than approved on the Participant/Direct Service Worker Agreement.

8. In the event that I have more than 40 hours of services under PDO, I will have more than 1 Direct Service Worker.

_____9. I know that I can get more training if I want/need it. I will contact my case manager if I want/need more training.

_____10. I know that my direct service worker's timesheets submitted through the EVV (electronic visit verification) system must be correct.

_____11. I will ensure my direct service worker's EVV timesheets are submitted to the Fiscal/Employer Agent. The timesheets must be sent in by the date on the payroll schedule. If I have any problems with my EVV timesheet I will tell my care manager or F/EA .

_____ 12. I will give my direct service worker schedule to my Case Manager/Health plan.

_____13. I will tell my case manager if I decide to fire my direct service worker(s).

_____14. I will create an Emergency Back-up Plan so I will know what to do if my direct service worker(s) does not show up to provide my services.

_____15. I will tell my case manager if I'm having problems with my direct service worker(s).

_____16. I know that I can stop participating in the PDO at any time. I will tell my case manager if I wish to stop participating in the PDO. My case manager will make sure that my services will continue to be provided to me. If I stop participating in the PDO my services will be provided to me by a provider in my Plan's network.

_____17. I will follow the requirements on this Consent Form, my Participant/Direct Service Worker Agreement(s), my Participant Agreement, and the PDO Participant Guidelines. If I do not follow the requirements, my Plan may stop my participation in the PDO. If my Plan stops my participation in the PDO, my case manager will make sure that my services will continue to be provided to me by a provider in my Plan's network.

I have read and understand this PDO Consent Form. I know that my participation in the PDO is voluntary.

Participant Printed Name	Signature	Date
Representative Printed Name (if applicable)	Signature	Date

I have explained all the required information for this participant to make an informed decision about participating in the PDO.

Case Manager Printed Name	Signature	Date