

MEMBER'S NAME	AHCCCS ID #	DATE	NEXT REVIEW DATE (OPTIONAL)
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The purpose of this agreement is to create a partnership between the ALTCS Member (you) and the agency providing your services (us). This agreement will help us identify how we will work together to choose, manage, and supervise your Direct Care Workers (DCWs).

You agree to work together with us to make sure your care is provided in the way you want and need to support you living in your own home. **You** will choose the DCWs who will be providing your care and will make decisions on how your care is provided on a daily basis. This agreement will help you learn and decide how you want to direct your care with our assistance.

We agree to continue to do what we normally do to ensure the quality of your care, but we also have the opportunity to assist you in directing your own care. This agreement will help us learn how involved you want us to be in directing your care and what we can do to help you.

Before signing the agreement, we must check that you:

- Are living in your own home,
- Receiving either attendant care, personal care, homemaker and/or habilitation services,
- Have told the case manager of your decision to choose the agency with choice, member-directed option, and
- Have an Individual Representative if you are unable to direct your care on your own. The Individual Representative cannot serve as the paid DCW.

It is important for you to know:

- You must agree to choose (select) the DCWs who will provide your care and make the decision to dismiss the DCW and choose another DCW if things are not working out. Those responsibilities are already selected on the checklist on the next page. All other responsibilities are optional. You may check off other responsibilities you want to have in directing your care.
- You must treat your DCWs with kindness, fairness and respect as a human who has personal thoughts, values, beliefs, relationships, activities, and a personal life outside of providing services.
- You can change your mind about participating in the Agency with Choice at any time by telling us and your case manager.

By signing below, the two of us agree:

- To our responsibilities listed in the checklist on the next page,
- To talk on a regular basis and ask for support when we need help from one another, and
- To, in the case we disagree about something, give the other person an opportunity to learn about the issue and discuss options for resolving the problem.

_____ <i>PRINTED NAME</i>	_____ <i>RELATIONSHIP TO MEMBER</i>		
_____ <i>ADDRESS</i>			
_____ <i>EMAIL ADDRESS</i>			
_____ <i>PHONE</i>			
_____ <i>MEMBER'S SIGNATURE</i>	_____ <i>DATE</i>		
_____ <i>INDIVIDUAL REPRESENTATIVE'S SIGNATURE</i>	_____ <i>DATE</i>		
_____ <i>PROVIDER'S SIGNATURE</i>	_____ <i>DATE</i>		
_____ <i>MEMBER'S NAME</i>	_____ <i>AHCCCS ID #</i>	_____ <i>DATE</i>	_____ <i>NEXT REVIEW DATE (OPTIONAL)</i>

RESPONSIBILITIES	YOUR RESPONSIBILITIES	OUR RESPONSIBILITIES
<input type="checkbox"/> SELECTING DCWS <i>Choosing DCWs</i>	<ul style="list-style-type: none"> Identify qualifications, skills, and characteristics of a DCW that are necessary to meet your needs. <i>[I can't decide if my DCWs meet minimum qualifications required by AHCCCS, my health plan or the agency. I can identify additional requirements specific to what I want in a DCW.]</i> Decisions you need to make: <i>What do I like in a DCW? What don't I like in a DCW? What do I need in a DCW? What are things my DCW must have versus what are things that would be nice to have in a DCW?</i> Select a DCW from a pool of workers currently employed by the agency or find someone Decisions you need to make: <i>How many DCWs do I need? Do I know someone who might be a good DCW?</i> 	<ul style="list-style-type: none"> Ensure DCWs meets the minimum qualifications required by AHCCCS, the ALTCS Contractor and the provider agency Hire a DCW

RESPONSIBILITIES	YOUR RESPONSIBILITIES	OUR RESPONSIBILITIES
<p><input type="checkbox"/> RETENTION Of DCWS</p> <p><i>Keeping DCWs</i></p>	<ul style="list-style-type: none"> Decide whether or not I am satisfied with the care provided by the DCW Decisions you need to make: <i>Is the DCW helping me to achieve my goals? Is s/he listening to me? Is the work that s/he is doing helping me or making me stressed?</i> Make the decision to dismiss the DCW Decisions you need to make: <i>Do I want to tell the DCW I don't want him/her working for me anymore? Do I want the agency to help me tell the DCW I don't want him/her working for me anymore?</i> 	<ul style="list-style-type: none"> Support you in dismissing a DCW and developing a transition plan to ensure there are no interruptions in service delivery Fire the DCW

RESPONSIBILITIES	YOUR RESPONSIBILITIES	OUR RESPONSIBILITIES
<p><input type="checkbox"/> MANAGEMENT OF DCWS</p> <p><i>Making decisions on when and how my care is provided</i></p>	<ul style="list-style-type: none"> • Determine the schedule for the DCW including determining specific days/times when tasks will be done. • <i>[I can only schedule services and hours for the DCW that are listed on my service plan. I can't decide to change services or add hours to the schedule.]</i> • Decisions you need to make: <i>Do I want the DCW to do some services or tasks on certain days? At certain times of the day?</i> • Notify the agency when a service scheduling change has occurred (or will occur) • Decisions you need to make: <i>Will the DCW be available if I change the schedule? Did I change the weekly schedule for the worker? Did I tell the agency?</i> 	<ul style="list-style-type: none"> • Complete and file all required payroll documentation • Manage Electronic Visit Verification (EVV) and billing for services. Ensure compliance with the Fair Labor Standards Act, including the Companionship Exemption while placing a priority on the preservation of the member's services and service hours and selection of DCW(s) providing their care.

RESPONSIBILITIES	YOUR RESPONSIBILITIES	OUR RESPONSIBILITIES
<input type="checkbox"/> MANAGEMENT OF DCWS	<p>Keep track of the hours your DCW works and review the dates and times the DCW provides the service</p> <ul style="list-style-type: none"> Decisions you need to make: <i>Did the DCW work the right amount of hours for each service? Did the DCW do the work that s/he recorded? Did the DCW record the correct service(s), the correct days and times the services were provided?</i> 	

EMPLOYER RESPONSIBILITY	YOUR RESPONSIBILITY	OUR RESPONSIBILITY
<p><input type="checkbox"/> SUPERVISION of DCWs</p> <ul style="list-style-type: none"> Making sure my care is provided the way I want. 	<ul style="list-style-type: none"> Monitor and instruct the DCW, as necessary, to ensure quality of care. Decisions you need to make: <i>Did I tell the DCW the way I wanted the tasks to be done? Did I give the DCW enough time and chances to learn how I want it done? Is s/he doing it the way I want it done?</i> Communicate regularly with the DCW and the provider agency about the DCWs performance. Decisions you need to make: <i>Have I told the DCW if s/he is doing a good job? Have I told them if they need to improve? Have I told the agency how the DCW is doing or not doing a good job? Do I want the DCW to be there when I am meeting with the provider agency during a supervisory visit?</i> 	<ul style="list-style-type: none"> Conduct regular supervision visitations required by AHCCCS and ALTCS Contractors. Support you to use conflict resolutions strategies in the event the member is unsatisfied with the DCWs performance.

- How often we agree to check in with one another.
- How and when you should let us know you have changed the DCWs schedule.
- When we want to review the agreement.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.