



REPRESENTATIVE AGREEMENT

Consumer Name _____

- I, (*Name*) _____ have been advised of the requirements of the Consumer-Directed Care Plus Program (CDC+), and have had the opportunity to have any and all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Consumer Notebook and the Fiscal/Employer Agent (FEA) documents.

I voluntarily agree to serve as representative for _____ .

Agreed Upon Terms and Conditions for CDC+Representatives

I understand that:

- the CDC+ consumer will receive a monthly budget, which I will control and manage on behalf of the consumer
- I will not be paid and cannot be paid for being a representative or a consumer's employee
- a consultant will train me on the CDC+ program and provide ongoing consultant services
- the consumer is the employer of record for directly hired employees

I agree to:

- use the monthly budget for long-term care services and supports that meet the consumer's needs
- make purchases in accordance with program guidelines
- act for and in place of the consumer in administering CDC+ monthly budget funds
- maintain a log and cash receipts for all purchases made with cash
- work cooperatively with the FEA
- submit purchasing plan updates and change forms to the consultant as necessary
- obtain background screenings for all directly hired employees and hire employees in accordance with program guidelines
- ensure the consumer's health and safety are not at imminent risk
- comply with state and federal requirements for hiring and employing workers
- only authorize payment to employees for time/hours worked
- keep the consumer's CDC+ information confidential
- accept the decisions of program staff regarding my assignment as Representative.

I understand :

- If I mismanage the consumer's budget, I may be removed as representative or the consumer may be dis-enrolled from CDC+.
- The consumer is legally responsible for paying employer-related taxes and I am responsible

for notifying the FEA of all employees' tax status.

- If I overspend the consumer's budget, and no longer have funds in the consumer's account, I am responsible for paying any outstanding obligations to employees, vendors and other providers from my personal funds.
- CDC+ staff may contact the consumer's providers, vendors, and employees to discuss their provision of services to the consumer.

I agree to provide data as required, including but not limited to surveys. I understand that information gathered will be used in the aggregate and no personal identifying information will be released without my permission. These requests for information will be infrequent.

I agree to hold harmless the State and its agencies, representatives and employees from the consequences of my choices as a representative in the CDC+ program.

_____	_____	_____
Representative Name	Representative Signature	Date

_____	_____	_____
Consumer Name	Consumer Signature	Date

_____	_____	_____
Consultant Name	Consultant Signature	Date