



**TAKING CONTROL – CDPAS
Consumer Roles and Responsibilities
Enrollment Checklist**

I have received an Intake and understand the following policies, practices and procedures:	Consumer / DR Initials
1. I understand the meaning of “Consumer Directed” to be, I am in charge of recruiting, hiring, training, monitoring, evaluating and terminating my owned assistants. That I am the employer of fact and that WNYIL can only reject my chosen assistant if he/she is on the Medicaid fraud/waste/abuse listing, and/or has failed to meet conditions of employment as outlined in NYS and Federal labor law.	
2. I understand the meaning of “Self Directing” to be, that I alone make the decisions that have an impact on my assistant needs. That I choose when and where the assistant will do his/her work, and will not forfeit my self-directing authority to anyone else, otherwise I agree to leave the Taking Control program.	
3. I understand that my main responsibility is to be the consumer/employer for my personal assistants.	
4. I understand that I need to clearly identify with my personal assistants those tasks they are to perform <i>before</i> they start working.	
5. I will make sure that my personal assistants work the number of hours specified by the Care Plan; if there are several personal assistants working for me, I will make sure that my personal assistants only work the number of hours that I have been allotted. Any hours that they work per day or per week above and beyond those that are outlined in the Care Plan, will be my responsibility as the consumer/employer to reimburse them for their time. My personal assistants are not permitted to work beyond 40 hours per week total.	
6. My personal assistants are the only persons allowed to utilize the WNYIL call in/out service, using my phone, to record their working hours.	
7. I understand that I am required to provide a good working telephone for my personal assistants to record their working hours.	
8. I understand that I will jeopardize my services and my personal assistants can be dismissed from CDPAS program, if they share and allow their PIN number to be used by myself, the consumer/employer or anybody else to register the personal assistants time and attendance.	
9. I understand that I must insist that my personal assistants are drug and alcohol free when they work for me and remain drug and alcohol free during the duration of their works hours.	
10. I understand that my spouse or parents cannot be my personal assistants under the Taking Control program.	

**TAKING CONTROL – CDPAS
Consumer Roles and Responsibilities
Enrollment Checklist**

11. I understand that I am expected to make sure, as the consumer/employer, that my personal assistants provide a <i>yearly</i> physical and PPD to WNYIL and agree not to allow them to work beyond their due date.	
12. I understand that I must inform WNYIL when I am admitted into the hospital, respite care or any other institution and provide the name of the institution. I must also inform WNYIL when I am discharged and verify with WNYIL that I have been reauthorized for personal care services before my personal assistants can return to work.	
13. I understand that my personal assistants cannot work for me while I am hospitalized, in respite care or attending a day program.	
14. I understand that my personal assistants cannot start to work for me until all their paperwork is on file with WNYIL, including a criminal background check. A member of the Taking Control staff will contact me and my personal assistant once their paperwork is completed.	
15. I will contact WNYIL if I have any questions or concerns regarding my services.	
16. I understand that WNYIL is the fiscal intermediary after my personal assistant starts working for me as the consumer/employer. I will have my personal assistants call the Accounting Department (exts. 106, 141) with any and all issues regarding their pay.	
17. I understand in all areas of their employment, I am the direct employer to my personal assistants.	
18. I have received a copy of the corporate compliance manual and understand my role and responsibilities under the Corporate Compliance Plan.	
19. I have received a copy of the CDPAS manual and understand the interviewing, hiring and termination process within the program.	
20. I understand that my personal assistant has the right to personally receive their pay for each hour employed without deduction and or contribution to me as the consumer/employer.	
21. I understand that my personal assistant has the right to be treated in a courteous and respectful manner by myself, the consumer/employer, and my family members.	
22. I understand if at any time the work environment becomes unsafe for either my personal assistant or myself, the consumer/employer, that I will immediately report this to WNYIL.	

**TAKING CONTROL – CDPAS
Consumer Roles and Responsibilities
Enrollment Checklist**

23. I understand that my personal assistants will provide services for me, the consumer/employer only when I am present unless my Care Plan allows them to do short errands, shopping or laundry for me.	
24. I understand that I am to have a backup plan in place for when my personal assistants cannot work.	
25. I have been instructed on how to report any accident or incident occurring while my personal assistant is working for me within twenty-four (24) hours.	
26. I have received a blank Accident/Incident form.	
27. I have received a blank Termination/Resignation form.	
28. I understand that I will notify the WNYIL CDPAS whenever I change insurance plans, when I change phone numbers, change addresses, or when I am admitted and/or discharged from the hospital.	
29. I will notify the WNYIL CDPAS Team the month before my 65th birthday because I may have to change to a LTMC-Long Term Managed Care Company to continue my aide services.	
30. At no time is a PA allowed to be a Directing Representative for the consumer/employer they are an Attendant for. A Directing Representative cannot work for the consumer/employer who they are representing at ANY TIME	

The above statements have been reviewed with me by a member of the Taking Control staff.

Consumer/Employer

Date

Taking Control Staff Member

Date