

## REPRESENTATIVE AGREEMENT

Participant Name: \_\_\_\_\_ Participant ID # \_\_\_\_\_

I, (*Representative Name*) \_\_\_\_\_  
have received comprehensive training regarding the Consumer Directed Care Plus (CDC+) Program, and have had the opportunity to have all of my questions about CDC+ answered to my satisfaction. I have read and understand the CDC+ Participant 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+ participant will receive a monthly budget, which I will control and manage on behalf of the participant;
- I will not be paid for being a Representative and cannot be a paid employee or be paid for any service provided to the CDC+ participant referenced in this agreement;
- I will be fully trained on the CDC+ program and successfully complete a readiness review before I can officially act as the participant's Representative;
- the CDC+ consultant is not to write the Purchasing Plan for me; and
- the participant is the employer of record for directly hired employees.

***I agree to:***

- use the monthly budget for services and supports that meet the participant's needs and goals that are identified on the participant's support plan;
- make purchases in accordance with program guidelines;
- act for and in place of the participant in administering CDC+ monthly budget funds;
- maintain a log of and receipts for all purchases made with cash;
- maintain all original paperwork documenting time worked and services provided by employees (timesheets), services provided by vendors and independent contractors (invoices), and all purchases for which I have been reimbursed;
- submit purchasing plan updates and changes to the consultant in a timely manner so they can be processed by the necessary effective date;
- obtain background screenings for all directly hired employees and hire employees in accordance with program guidelines;
- submit with the purchasing plan a correctly completed Employee Packet for every

directly hired employee who appears for the first time on that purchasing plan;

- submit with the purchasing plan a correctly completed Vendor Packet for every vendor and independent contractor that appears for the first time on that purchasing plan;
- ensure the participant's health and safety are not at risk;
- comply with state and federal requirements for hiring and employing workers;
- authorize payment to employees only for time/hours worked;
- keep the participant's CDC+ information confidential; and
- accept the decision of CDC+ program staff regarding my assignment as Representative.

***I understand:***

- if I mismanage the participant's budget, I may be removed as Representative or the participant may be dis-enrolled from CDC+;
- the participant is legally responsible for paying the employer's share of employment-related taxes and I am responsible for making sure the necessary forms are completed so that the F/EA is informed of the employees' tax status;
- if I overspend the participant's budget, and no longer have funds in the participant's account, I am responsible for paying any outstanding obligations to employees, vendors and other providers from my personal funds and for reimbursing the participant's CDC+ account for the amount overspent; and
- CDC+ program staff may contact the participant's employees, independent contractors, and agencies to discuss their provision of services to the participant.

I agree to provide data and information as required, including but not limited to responding to surveys from the CDC+ program. I understand that information gathered will be used in the aggregate and no personally identifying information will be released without my permission.

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

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultant Name

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date