

AGENCY WITH CHOICE: PARTNERSHIP AGREEMENT

Member's Name (*Print or type*): _____

AHCCCS ID #: _____ Date: _____ Next Review Date (*Optional*): _____

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 Support Coordinator 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.

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 Agency with Choice at any time by telling us and your Support Coordinator.

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 case we disagree about something, give the other person an opportunity to learn about the issue and discuss options for resolving the problem.

Signatures:

Member's Signature _____
Date

Individual Representative's Signature (as applicable) _____
Date

Agency Representative's Signature _____
Date

See page 4 for EOE/ADA disclosures

*For purposes of this agreement, the term "Member" means the AHCCCS Member or the Member's Individual Representative

Member's Name (Print or type): _____

AHCCCS ID #: _____ Date: _____ Next Review Date (Optional): _____

Employer Responsibilities	Your Responsibilities	Our Responsibilities
<p>Selecting DCWs <i>Choosing DCWs</i></p>	<p>Identify qualifications, skills and characteristics of a DCW that are necessary to meet your needs. <i>I can't decide if my DCWs don't need to 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></p> <p>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></p> <p>Select a DCW from a pool of workers currently employed by the agency or find someone.</p> <p>Decisions you need to make: <i>How many DCWs do I need? Do I know someone who might be a good DCW?</i></p>	<p>Ensure DCWs meet the minimum qualifications required by AHCCCS, the ALTCS Contractor and the provider agency</p> <p>Hire the DCW</p>
<p>Retention of DCWs <i>Keeping DCWs</i></p>	<p>Decide whether or not I am satisfied with the care provided by the DCW.</p> <p>Decisions you need to make: <i>Is the DCW helping me to achieve my goals? Is he/she listening to me? Is the work that he/she is doing helping me or making me stressed?</i></p> <p>Making the decision to dismiss the DCW</p> <p>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></p>	<p>Support you in dismissing a DCW and developing a transition plan to ensure there are no interruptions in service delivery</p> <p>Fire the DCW</p>
<p>Training of DCWs <i>Training DCWs to meet my unique needs</i></p>	<p>Identify training needs of the DCW that are necessary to meet my unique needs. <i>I can't ask for my DCW to get training that is already required. I can ask that my DCW get additional training if I have a unique need that can only be met if the DCW gets more training.</i></p> <p>Decisions you need to make: <i>Is there something that I need the DCW to do that I can't show him/her how to do, something that would require the DCW to get more training?</i></p>	<p>Provide standardized training to the DCW including training required by AHCCCS, ALTCS Contractors and the provider agency</p>

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Employer Responsibilities	Your Responsibilities	Our Responsibilities
<p>Management of DCWs <i>Making decisions on how my care is provided</i></p>	<p>Orient the DCW to the manner in which I want the services provided.</p> <p>Decisions you need to make: <i>How do I want the DCW to do the tasks? Do I need to show or tell the DCW how to do it the way I like it done?</i></p> <p>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></p> <p>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></p> <p>Notify the agency when a service scheduling change has occurred, or needs to occur, that <u>did/ will not result</u> in a gap in services</p> <p>Decisions you need to make: <i>Did I change the weekly schedule for the worker? Did I tell the agency?</i></p> <p>Keep track of the hours your DCW works and review and sign timesheets of the DCW</p> <p>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 he/she put on the timesheet? Did the DCW put down the right service(s) on the timesheet, the right days and times the services were provided?</i></p>	<p>Complete and file all required payroll documentation</p> <p>Oversee and process DCW timesheets and billing for services</p>
<p>Supervision of DCWs <i>Making sure my care is provided the way I want</i></p>	<p>Monitor and instruct the DCW, as necessary, to ensure quality of care.</p> <p>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 he/she doing it the way I want it done?</i></p> <p>Communicate regularly with the DCW and the provider agency about the DCWs performance.</p> <p>Decisions you need to make: <i>Have I told the DCW if he/she is doing a good job? Did I tell the DCW if they need to improve? Have I told the agency how the DCW is doing or is not doing a good job?</i></p>	<p>Conduct regular supervision visitations required by AHCCCS and ALTCS Contractors</p> <p>Support you to use conflict resolution strategies in the event the member is unsatisfied with the DCWs performance</p>

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We can use this space to write down specific things we have agreed to do while filling out the agreement together.

For example, we can use this space to write down:

- 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

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local

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