



Work Opportunities Reward Kansans (WORK)

Consumer Agreement Form

Participation: (Choose and sign one box)

I, _____, choose to participate in the
Consumer/Representative

Work Opportunities Reward Kansans (WORK) program. I understand my participation in WORK is completely voluntary. I further agree to follow the program policies within the WORK Program Manual. The most current version of the WORK Program Manual can be found at www.workinghealthy.org.

Signature

Date

I, _____, **do not** choose to participate in
Consumer/Representative

the Work Opportunities Reward Kansans (WORK) program. I understand my participation in WORK is completely voluntary.

Signature

Date

Self Direction Choice:

I choose to self-direct some or all of my WORK services. I understand that this means that I will be responsible for hiring, training, scheduling, and firing of my staff for which I self-direct.

Signature

Date

I **do not** choose to self-direct all my WORK services. I understand that I will not have the responsibility of hiring, training, scheduling and firing of my staff. I understand that my allocation payment will be mailed directly to the Home Health Agency that is responsible for providing staff.

Signature

Date

Representative:

A representative is a person who assists the WORK beneficiary in an unpaid capacity to make decisions about their services. A person may choose to have a representative or may make decisions on their own.

(Choose and sign one box)

I, choose _____, to act as my personal
Representative Name

representative. This person will help me to make decisions regarding my WORK services in an unpaid capacity.

Signature

Date

I, **do not** choose to have a representative assist me to make decisions regarding my WORK services.

Signature

Date

Independent Living Counseling Choice:

A person may choose to have Independent Living Counseling service to assist them or they may choose to not have an Independent Living Counselor.

(Choose and sign one box)

I choose the following agency to provide Independent Living Counseling

_____ Agency Name

Signature

Date

I, **do not** choose to have Independent Living Counseling services and will provide this service for myself.

Signature

Date

As a consumer in WORK, I consent to the following:

Individualized Budget and Use of the Allocation:

I will receive a monthly allocation in a monthly amount determined by the WORK assessment to buy services and make other purchases related to my need for support for independence and employment. I understand that I will choose services and purchases that will best meet my needs and are cost effective. I understand that I will choose who provides my services and may choose a fiscal manager or provide that service myself.

If I choose to be my own fiscal manager I understand that I will be the employer of record for employees I hire. In addition, I understand and agree to complete required training for fiscal management.

I will develop an Individualized budget and I will decide what I will buy as long as I do not overspend my budget. I understand that if I overspend my budget and no longer have funds in my WORK account, I am responsible for the payment of employees and for purchases. I understand that I am legally required to pay employer-related taxes for the employees that I hire. My WORK allocation must be used to pay for employer-related taxes.

I will get help from my Independent Living Counselor to make sure that my budget is being used correctly. I understand that if I misuse my WORK allocation I will be required to use a fiscal manager.

Beneficiary Signature

Date

Fiscal Management Choice:

(Choose and sign one box)

I, _____, choose to hire a fiscal manager
Consumer/Representative
to spend the WORK allocation for PAS services.

Signature

Date

I, _____, do not choose to hire a fiscal
Consumer/Representative
Manager and will manage the allocation funds myself.

Signature

Date

PCA Background Check:

(Self-direct portion of PAS services only, allocation funds are not available to provide background checks for agency –directed services)

(Choose and sign one box)

I, _____, have chosen to self-direct services and wish to use WORK allocation funds to complete background check (s) for PCA’s providing support in my home. The available Background Checks in Kansas include: KBI, APS, CFS, Nurses Aid Registry, and Kansas Attorney General’s Fraud Registry. I understand that the State of Kansas and the WORK program are not responsible for the personal care attendants that I have chosen, I will accept the risk of choices I have made in exercising my responsibilities of self-direction and the consequences of these choices.

Signature

Date

I, _____, have chosen to self-direct my services and do not choose to use WORK allocation funds to complete background check (s) for PCA’s providing support in my home. I understand that the State of Kansas and the WORK program are not responsible for the personal care attendants that I have chosen, I will accept the risk of choices I have made in exercising my responsibilities of self-direction and the consequences of these choices.

Signature

Date

Consumer Benefits:

If you are receiving SSDI Cash Benefits: I understand that my WORK allocation will not be counted as income or resources for SSDI. I may decide to drop out of WORK at any time. However, if I have unspent WORK allocation funds they will be returned to the State of Kansas. If I am no longer eligible for WORK I give my permission for WORK to release information about my WORK allocation and savings I might have to the Social Security Administration.

If you or someone in your household is receiving food stamps: My food stamp benefits will not change because of my decision to participate in WORK. I understand that WORK allocation funds will not be counted as income or assets for food stamp eligibility. I may decide to drop out of WORK at any time. However, if I have unspent WORK funds, they will be returned to the State of Kansas. If I am no longer eligible for WORK I give my permission for WORK to release information about my WORK allocation and any savings I might have to Kansas Social and Rehabilitation services.

If you are receiving services from a program that is administered by SRS: I understand that my WORK allocation will not affect services I am receiving from programs provided by SRS. These programs include, the State Vocational Rehabilitation Services, State Supported Employment Services Programs, Centers for Independent Living Programs, and Projects with Industry.

If you have or will apply for a post-secondary education loan:

I understand that my WORK allocation may be counted as income or assets for post-secondary loan program eligibility during my participation in this program. These programs include: the Federal Perkins Loan Program, The Federal Work-Study programs, the Federal Supplemental Educational Opportunity Grant Program, The FFEL Program, and the Federal Pell Grant Program. I understand that it is my responsibility to consult with my loan officer to see if my eligibility for post-secondary education loans will be affected by my participation in WORK.

(Initial to show you have read and understood the above information)

Confidentiality:

I understand that all WORK information about me is confidential. I give my permission for WORK to release information about my participation in the program and how I use my allocation to the Centers for Medicaid and Medicare Services, the Social Security Administration, the Kansas Department of Health and Environment, and the Kansas Social and Rehabilitation Services.

This includes information on the forms I fill out and information collected from the Medicaid and Medicare programs about my use of medical services. WORK, Kansas Health Policy Authority, the Social Security Administration, and the United States Department of Health and Human Services will hold my name in confidence to the full extent provided by state and federal law.

I understand that all information obtained in surveys and program records will be reported only for groups of people and will be used for research purposes only.

(Initial to show you have read and understood the above information)

WORK to Waiver:

I understand that I can ask my Independent Living Counselor any questions I have about my rights as a consumer in WORK. If I decide WORK is not right for me, I may return to the Medicaid waiver Home and Community Based Services program or waiting list that I left. I will not be penalized in any way.

(Initial to show you have read and understood the above information)

Signature Page:

I have read and understood this entire choice/consent form. I understand that I get to keep a copy of this choice/consent form.

Consumer Signature

Date Signed

Consumer Name (Printed)

Representative or Guardian Signature
(If applicable)

Date Signed

I have explained all the required information for this consumer or representative to make an informed decision about participating in WORK.

Assessor Signature

Date Signed

Assessor Name (Printed)

Consumer Rights

- Consumers have the right to information that will help them to make an informed choice regarding whether they want to enroll in *Working Healthy* and *WORK*.
- Consumers enrolled in *WORK* have the right to have personal services, inside and outside of the home, at a level that supports employment.
- Consumers have the right to timely enrollment in *WORK*
- Consumers have the right to a person-centered planning process, when developing the *WORK* Assessment, Individualized Budgets, and Emergency Back-Up Plans.
- Consumers have the right to the supports needed to develop their Individualized Budgets, including any or all of the following; a representative, family, friends, or Independent Living Counselor.
- Consumers have the right to self-direct their services, or to choose an agency to direct their services on their behalf.
- Consumers have the right to provide their own fiscal management once they have successfully completed a mandatory Fiscal Management Training program.
- Consumers have the right to all of the services they are entitled to through the Kansas Medical Assistance Program (KMAP).
- Consumers have the right to have personal or program issues reviewed by KDHE and, if necessary, a plan of action by KDHE to correct any problems.
- Consumers have the right to report abuse, neglect, and exploitation to SRS.
- Consumers have the right to file a grievance regarding *WORK* or appeal actions taken by KDHE, the Contractor, or a provider.

Consumer Responsibilities

- Consumers have the responsibility to obtain the necessary information that will help them to make an informed choice whether they want to participate in *WORK*.
- Consumers have the responsibility to ensure that their *WORK* assessment and Individualized Budget includes the supports necessary to ensure that they can live and work safely in their home and community.
- Consumers have the responsibility to ensure that the services and costs listed on their Individualized Budget reflect what is included in their Assessment.
- Consumers have the responsibility to complete an Emergency Back-Up Plan that ensures adequate coverage in the event that their employees do not come, and indicates that they have made provisions for their safety in the event of a natural or any other form of disaster.
- Consumers have the responsibility to pay a premium monthly in a timely manner, and to keep abreast of their payments at all times.
- Consumers have the responsibility to complete their six-month eligibility desk review, providing their Eligibility Worker with all necessary paperwork in a timely manner
- Consumers choosing to manage their attendants will be responsible for the following:
 - becoming familiar with, and being able to complete, all required paperwork;
 - deciding whether to obtain a background check for attendant(s);
 - determining reimbursement rates and benefits;
 - pay, or hire a Fiscal Management Service to pay attendant wages, applicable taxes, unemployment insurance, workers' compensation, benefits, and any other withholdings required by State or Federal government;
 - reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to SRS Adult Protective Services (see K.S.A. 39-1430); and
 - bringing to the attention of KDHE staff or an Independent Living Counselor any concerns they have regarding the quality of their attendants and/or services.
- Consumers have the responsibility to budget their allocation in a way that meets their individual needs, to spend the funds only on those services and/or goods that are consistent with independence and employment and within the parameters established by KDHE.
- Consumers choosing to assume fiscal management will be responsible to maintain a separate checking account for *WORK* funds, and will provide a monthly report to KDHE which includes the following;
 - funds received;
 - payments made to each attendant;
 - taxes, unemployment insurance, worker's compensation, and other benefits withheld;
 - funds spent on alternative purchases;
 - total funds disbursed;
 - amount of monthly allocation not disbursed;
 - checking account balance; and
 - savings account or IDA balance for approved purchase(s).
- Consumers have the responsibility to request the permission of KDHE to use unexpended funds from their allocation to establish an Individualized Development Account.
- Consumers have the responsibility **not** to spend their allocation on anything prohibited by KDHE or KMAP.
- Consumers have the responsibility to report and account for any unexpended funds from their allocation.
- Consumers have the responsibility to return any unexpended funds to KDHE if they dis-enroll from *WORK*.
- Consumers have the responsibility to inform their Eligibility worker when they are no longer employed, and to contact their Benefits Specialist to set up an Employment Plan if they want to remain in *WORK* during the "grace" period.
- Consumers have the responsibility to inform KDHE or their Independent Living Counselor in a timely manner if they wish to return to an HCBS waiver or waiver waiting list.

Civil Rights

No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of or be subject to discrimination under any program or activity of the Department of Social and Rehabilitation Services or Kansas Health Policy Authority.