

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
INDIVIDUAL SELECTION OF CONSUMER-DIRECTED SERVICES**

I have selected _____ (hereafter referred to as “Service Facilitator”) as the approved Services Facilitation provider to coordinate my consumer-directed (CD) services through the Virginia CD Services Programs. The service facilitator has informed me regarding how much control I have over the employees who will provide my personal assistance, respite, and/or companion services. I understand that the waiver will allow me to exercise my right to direct and supervise my CD services in a manner that is consistent with my needs, capacity, and interest in directing my own services.

Individual as the Employer

1. Under the _____ Waiver (insert name of waiver), I choose to employ the attendant(s) who will provide my services. In selecting CD services, I understand that I choose to be the legal employer of the attendants who will provide my services. As their employer, I have the right and responsibility to hire and direct them in the provision of my services and to perform and fulfill the duties of an employer, including recruiting, selecting, hiring, training, supervision, authorization of the payment of wages, and dismissing employees, as necessary. I understand that I can also receive, at my request as needed, assistance from the service facilitator in performing these tasks. I also understand that the Department of Medical Assistance Services or its designated agent will fulfill my payroll and fiscal duties and obligations as an employer by being appointed as my payroll and fiscal agent, to act on my behalf, by signing the necessary forms in the *Employment Packet*.
2. Once I select and hire an attendant, I will notify the CD Service Facilitator. I will have the attendant sign the required forms in the *Employment Packet*, including a Criminal History Record Request. If the attendant has been convicted a crime as specified as a barrier crime for the waiver in which I am enrolled, I agree to dismiss him or her and search for another attendant.
3. I will establish the attendant’s schedule to provide services within the limits established in my service plan.
4. I understand that I have the primary responsibility for making arrangements for back-up services in the event an attendant is unable to work on a regularly scheduled workday. I agree to use family, friends, and neighbors as sources of back-up services where possible.
5. I am responsible for supervising the attendant’s record of hours worked. The attendant’s and my signatures on the time sheet attest that all times submitted for payment are actual and accurate. I understand that the Virginia CD Services Programs will only pay for hours consistent with my service plan.

My signature indicates that I have been informed of and accept my rights and responsibilities as an employer in the Waiver Program in which I am enrolled.

Individual’s/Employer of Record’s Signature

Date

CD Service Facilitator’s Signature

Date

This form must be signed and a copy maintained in the employer’s and the SF’s records.

Revised 0709 (originally in 2005 Consumer-Directed Employer Manual)