PALCO
Empowering Independence
PO Box 13260
Maumelle, AR 72113

Program: Michigan

Participant/Employer Referral & Intake

Complete this form entirely to begin the enrollment process with Palco. All information on this form is required to enroll. Services should not begin until you receive a notification from Palco that enrollment is approved.

PARTICIPANT/CLIENT INFORMATION			
First Name	Last Name	Agency: ☐ Summit Pointe ☐ Van Buren	Medicaid ID
Social Security Number	Date of Birth (mm/dd/yyyy)		Gender ☐ Male ☐ Female
Mailing Address			
City	State	Zip	County
Physical Address (Street Address, including Apt #, if different from mailing)			
City	State	Zip	County
Email	Phone	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone/Voicemail	

By participating in the Consumer Directed Care program, the participant/client or someone over the age of 18 who the participant/client elects (the "surrogate") will manage and direct these services and funds provided under the budget. This responsibility is known as the employer of record.

Who will be serving as the Employer of Record?

☐ Myself (The Participant/Client)

☐ A surrogate individual. (If you selected this, please provide their information below.)

EMPLOYER INFORMATION (if different from above)			
First Name	Middle Name	Last Name	
Social Security Number	Email		Date of Birth (mm/dd/yyyy)
Relationship to Participant: ☐ Parent ☐ Spouse ☐ Child ☐ Legal Guardian ☐ Power of Attorney ☐ Other non-relative ☐ Other: _____			
Mailing Address			
City	State	Zip	County

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Phone	Preferred Method of Communication ☐ Email ☐ Mail ☐ Phone/Voicemail		

Palco has a fully online enrollment process that is quick and easy. The Employer of Record will receive login instructions from Palco via email within 3-5 business days. Once you receive the email, complete your enrollment right away to avoid any delays.

☐ *Check this box If you are unable to complete Palco's online enrollment process and an enrollment specialist will contact you for further assistance.*

The employer does not receive monetary compensation for directing care on the participant/client's behalf in the course of the consumer-directed program. Employers cannot provide direct support services to the participant/client. Employees must have no convictions involving exploitation, abuse, or assault on another person and must be fully capable of the responsibilities associated with managing support staff and handling financial aspects of the consumer-directed program, including proper utilization of the budget and verifying the accuracy of reports provided by Palco.

By completing this form and signing below, all parties agree that the individual named herein shall accept the responsibilities of the employer of record. The employer consents to complete enrollment electronically and has provided an email address and Social Security Number that belongs to him and her. The employer understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The employer has read and agrees to Palco's Notice of Privacy Practices and the Terms and Conditions of Palco's online enrollment system and agrees to receive information, notifications, and other correspondence electronically to the email address provided in this document. Such correspondence may contain Personal Health Information as defined at 45 CFR 160.103 and other personally identifiable information. The employer accepts all risks associated with the transmission of such information via those channels. The employer understands that his or her consent is in effect until Palco is notified in writing that the employer withdraws such consent.

_____ _____

Employer Printed Name **Participant/Client Printed Name**

_____ _____

Employer Signature **Participant/Client Signature**

_____ _____

Date **Date**

Please return this form to Palco via email: enrollment@palcofirst.com
or via fax to 1.877.859.8757

SELF-DIRECTED SERVICES AGREEMENT

The Self-Directed Services (SDS) Agreement is a contract that defines the roles and responsibilities of the parties of the PIHP/CMHSP (Southwest Michigan Behavioral Health (SWMBH) and Van Buren Community Mental Health (VBCMH)) and an individual using self-directed services. For the purpose of this contract VBCMH will be used to indicate the CMHSP and individual will be used to indicate the customer.

This agreement is made on between VBCMH and , the individual.

VBCMH authorizes services and supports to individuals receiving mental health specialty services and supports and the individual in using self-directed services to access those supports. These arrangements include using the person-centered planning (PCP) process to determine the appropriate service and supports, develop an Individual Plan of Service (IPOS), and authorize an individual budget.

The purpose of this agreement is to define the responsibilities of the parties using self-directed services. This agreement may be changed only through a written agreement by both parties. Termination of this agreement does not affect the individual's right to access services and supports through VBCMH. The individual has the right to the local dispute resolution processes provided by VBCMH.

Funds in the individual budget are the responsibility of VBCMH and must be used consistently with Medicaid requirements. Providers must meet provider requirements and sign a Medicaid Provider Agreement with VBCMH. The authority over control and direction of the funds is delegated by VBCMH to the individual to enable the individual to use their services and supports in a way that best meets their needs as identified in their IPOS and within parameters of their individual budget.

The budget will be administered by the financial management service (FMS) HR Alliance 734-513-2731, which will be responsible for completing and submitting paperwork for billing, payment for services when authorized by the individual, and handling the employer agent function. The FMS will provide a monthly spending report to the individual and VBCMH.

Article I— VBCMH's RESPONSIBILITIES

VBCMH agrees to the following responsibilities:

1. Fund services and supports in the IPOS and the individual budget.
2. Inform the individual of the Medicaid requirements for providers (such as age, and relationship to individual, etc.).
3. If needed, assist the individual with obtaining required agreements from each provider.
4. Provide information on the documentation and reporting requirements for services and supports obtained through self-direction.
5. Provide monthly assistance in monitoring expenditures and reviewing financial reports.
6. Provide the individual with information on applicable dispute resolution procedures.
7. Work with the individual to develop an IPOS and an individual budget through a person-centered planning process.

8. Work with the individual to develop a back-up plan for essential services in case of worker absences, emergencies, or unforeseen circumstances.

Article II—INDIVIDUAL'S RESPONSIBILITIES

The individual agrees to:

1. Directly manage all, or a portion of, their services and supports.
2. Directly hire or contract with employees or providers who meet provider requirements.
3. Use services and supports consistent with the goals in the IPOS.
4. Provide VBCMH and/or FMS with all necessary documentation supporting expenditures of funds authorized in the individual budget.
5. Manage the use of funds so that expenses over the course of the year do not go over the individual budget.
6. Let VBCMH know of a change in circumstance or an emergency that may require a change in the IPOS or the individual budget.
7. When requested to do so, the individual agrees to provide feedback to the FMS or VBCMH to enable them to improve upon services.

VBCMH and _____, the individual agrees to the terms and conditions of this agreement.

_____ _____

Individual Date

_____ _____

Parent/Guardian Date

_____ _____

SDS Coordinator Date