



Participant Direction Option (PDO) Consent Form

I, _____, choose to participate in the Participant Direction Option (PDO). I know that I will be responsible for the following:

Please write your initials on each line below to show that you have read and understand each item. If enrollee/participant is unable to initial each line, someone else can check each item off for them.

- _____ 1. I have the PDO Participant Guidelines. The guidelines tell me how the PDO works and my responsibilities. I will read the guidelines. I am responsible for following the guidelines.
- _____ 2. I will get in touch with my Care Coach if I need help.
- _____ 3. I will tell my Care Coach if I wish to choose a representative.
- _____ 4. I agree that I am responsible for interviewing, hiring, training, supervising, and firing (if needed), my direct service worker(s).
- _____ 5. I will hire a qualified direct service worker(s). The qualifications for direct service workers are in the PDO Participant Guidelines. I should hire a direct service worker(s) who is trained in CPR, universal precautions and HIPAA privacy standards.
- _____ 6. I will create a list of job duties and a work schedule for my direct service worker(s). The list of job duties and work schedule must be written on the Participant/Direct Service Worker Agreement.
- _____ 7. I will make sure that my direct service worker(s) does not work more hours than approved on the Participant/Direct Service Worker Agreement.
- _____ 8. In the event that I have more than 40 hours of services per week under PDO, I will have more than 1 Direct Service Worker.
- _____ 9. I know that I can get more training if I want/need it. I will contact my Care Coach if I want/need more training.
- _____ 10. I know that my direct service worker's timesheets submitted through the EVV (electronic visit verification) system must be correct.

- _____ 11. I will ensure my direct service worker’s EVV timesheets are submitted to the Fiscal/Employer Agent. The timesheets must be sent in by the date on the payroll schedule. If I have any problems with my EVV timesheet I will tell my Care Coach or F/EA .
- _____ 12. I will give my direct service worker schedule to my Case Manager/Health plan.
- _____ 13. I will tell my Care Coach if I decide to fire my direct service worker(s).
- _____ 14. I will create an Emergency Back-up Plan so I will know what to do if my direct service worker(s) does not show up to provide my services.
- _____ 15. I will tell my Care Coach if I’m having problems with my direct service worker(s).
- _____ 16. I know that I can stop participating in the PDO at any time. I will tell my Care Coach if I wish to stop participating in the PDO. My Care Coach will make sure that my services will continue to be provided to me. If I stop participating in the PDO my services will be provided to me by a provider in my Plan’s network.
- _____ 17. I will follow the requirements on this Consent Form, my Participant/Direct Service Worker Agreement(s), my Participant Agreement, and the PDO Participant Guidelines. If I do not follow the requirements, my Plan may stop my participation in the PDO. If my Plan stops my participation in the PDO, my Care Coach will make sure that my services will continue to be provided to me by a provider in my Plan’s network.

I have read and understand this PDO Consent Form. I know that my participation in the PDO is voluntary.

Participant Printed Name	Signature	Date
--------------------------	-----------	------

Representative Printed Name (if applicable)	Signature	Date
---	-----------	------

I have explained all the required information for this participant to make an informed decision about participating in the PDO.

Care Coach Printed Name	Signature	Date
-------------------------	-----------	------

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **888-998-7732**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **888-998-7732**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **888-998-7732**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **888-998-7732**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **888-998-7732**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **888-998-7732**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **888-998-7732 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **888-998-7732** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the
U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you.

888-998-7732 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **888-998-7732 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **888-998-7732 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **888-998-7732 (TTY: 711)**.

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **888-998-7732 (TTY: 711)**.