IF Client Request for Direct Payment to Mycare's Support Worker Payment Service

To   *(Individualised Funding Host)*

Person receiving funding Name:

Agent Name (if applicable):

Date:

IF Host Client Code (If Applicable):

Direct Payment Request and Authorisation

I am using Mycare to manage and pay support workers. Mycare operates an online platform which provides me with worker management and payment services. I pay my support workers at Mycare on a weekly basis. So, I can do this so I don't have to first pay the workers myself, and then claim back from my IF Budget, I request you, as my Individualised Funding (IF) Host, to please act on the following basis:

1. <u>I request you to make payments directly to Mycare</u> for the support workers I manage through Mycare. This request is made with reference to clause 8 of the MoH Service Specification (Individualised Funding) under your contract with the Ministry of Health which states: *"The Host Provider must pay the Support Provider or the Person (as agreed with the Person) for the Support Services delivered to the Person"*.

2. <u>I have authorised Mycare to submit expense claims directly to you</u> so I can use my IF budget to pay my support workers at Mycare. Mycare will send expense claims to you on my behalf. These expense claims will contain the information required under the relevant *Guideline for Verification of Supports Within Hosted Funding Schemes* ("Verification Guidelines") document issued by the Ministry of Health. I have authorised provision of this information to you to use for the purposes of providing Individualised Funding Host Services under your contract with the Ministry of Health.

3. <u>I confirm</u> that for each expense claim made on my behalf by Mycare for my support worker payments:

    1.1. each service payment will have been approved by me and by the relevant support worker before being included in the expense claim;

    1.2. I retain at Mycare, full records relating to the services described in the expense claim;

    1.3. I authorise the Ministry of Health to access and review my records retained at Mycare relating to these expense claims.

4. <u>Authorisation for Mycare to deal with you:</u> I authorise Mycare to contact you directly and to manage issues with you relevant to any expense claim made by Mycare on my

behalf, including payment amounts or timing, information supplied, and other issues relevant to this direct payment request.

5. <u>I may request a Float</u>: In order for me to pay my support worker for the first time (and so I do not need to pay this myself and then claim it back), I request a float payment from my IF budget which is calculated as up to 3 weeks of initial support worker costs. This float will be detailed in an expense claim from Mycare to you once I have a written agreement with the relevant support worker(s). I confirm this float payment is to be paid directly to Mycare as for other expense claims.

If I wish to revoke this direct payment request at any time, I will do so in writing to you (including email), and revocation will only apply to any expense claims after the date you get that notice.

Thank you,

(Client or Agent name)