Assurance Agreement
Providers Subcontracting for Nursing Supports

The following assurances are made by Subcontracting Provider:

_____

(Print Contracting Provider Agency Name)

Assurance ***The provider subcontracting for Nursing Supports will be referred to as "Contracting Provider" in this document.*** **The Contracting Provider will:**	**Check each statement**
Will meet all applicable federal and state regulations	☐
Maintain primary responsibility for the oversight of all supports and services	☐
Will protect the confidentiality of the individual and family's information	☐
Meet all DDS required qualifications and training for the service(s) provided	☐
Will bill only for services that are provided and accept payment from DDS as payment in full. Will submit billing documents after service is provided and within 60 days.	☐
Allow state and federal offices responsible for program administration and audit to review service records and have access to program sites	☐
Will sign a provider agreement with the individual and/or family	☐
Will observe and report all changes which affect the individual to key people withing the individual's circle of support. Obtain adequate information necessary to meet the needs of the individual	☐
Have read, understand and will follow all applicable DDS policies and procedures, including but not limited to: State of Connecticut Ethics Protocols DDS Nursing Standards and Associated Nursing Guidelines HCBS Waiver Manual Abuse and Neglect Policy and Procedures of the Department Incident Reporting Procedure of the Department Behavior Modifying Medications Policy and Procedures of the Department Program Review Committee Policy and Procedures of the Department Mortality Review and Reporting Policy and Procedures of the Department End of Life Policy and Procedures of the Department Medication Administration Regulations of the Department False Claims Policy and Procedures of the Department	☐
Will ensure each nurse holds current licensure as an RN or LPN in the state of Connecticut	☐

Assurance	**Check each statement**
Will notify the Operation Center immediately if the nursing support staff is arrested or convicted of a crime, in treatment for a substance abuse disorder, and will notify DDS if his/her clinical license is under review, suspension or revoked by the Connecticut Department of Public Health upon hire and if disciplinary action is invoked. If a nurse does not follow the nursing protocols, the Administrator or designee will review the nature of his/her behavior, evaluate the potential for harm to the health or safety of individual's services and notify the DDS Director of Nursing immediately. The Contracting Provider: • Will refer their employees to the Department of Public Health whenever there are significant concerns regarding a nurse's performance. • Will notify DDS at the time of such referral. • Must have a procedure on the handling of disciplinary actions, such as not utilize the nurse to provide services to individuals supported by DDS.	☐
Will carry professional liability insurance and will provide annually upon request	☐
The Contracting Provider's Executive Director will agree to CT State Police Fingerprinting, DDS Abuse & Neglect Registry Check, CT Sex Offender Registry, and federal exclusion databases i.e., Office of Inspector General (OIG) and System for Award Management (SAM)	
By mutual consent or without cause, either party can cancel this agreement with a 30-day notice	☐

_____ Date _____

* Name of Person Submitting this form

*Certification: I attest that the information provided is true. If any statements are willfully false, I realize I am subject to perjury/false statements. I herby certify that I am authorized to submit this document on behalf of the organization.

7/2020 dl