

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
DDS Qualified Provider Assurance Agreement**

The following assurances are made by:

Name: _____

Title: _____

Provider Name: _____

	Assurance	Check each statement
	As a DDS qualified provider, my agency or organization shall:	
1.	Comply with all applicable federal and state laws and regulations.	<input type="checkbox"/>
2.	Understand and follow all applicable DDS policies and procedures.	<input type="checkbox"/>
3.	Protect the confidentiality of the individual's and his or her family's information.	<input type="checkbox"/>
4.	Bill only for the supports that have been provided to the individual with an approved service authorization up to the maximum allowable units and maintain documentation that the service or services were provided in accordance with an IP approved by the individual's Planning and Support Team (PST) and the DDS documentation guidelines.	<input type="checkbox"/>
5.	Submit billing documents within 60 days after service has been provided.	<input type="checkbox"/>
6.	Accept payment from DDS as payment in full.	<input type="checkbox"/>
7.	Submit a financial report on time on forms or software provided by DDS.	<input type="checkbox"/>
8.	Submit a financial report by October 15th and audit by December 31 st , if the provider receives \$100,000 or more in funding from DDS.	<input type="checkbox"/>
9.	Retain financial and statistical records for six years from the date of service provision.	<input type="checkbox"/>
10.	Understand and follow all Waiver requirements detailed in the HCBS Waiver Manual.	<input type="checkbox"/>
11.	Provide a copy of the False Claims Act to all staff, including new hires.	<input type="checkbox"/>
12.	Allow state and federal employees responsible for program administration and audit to review service records and have access to program sites.	<input type="checkbox"/>
13.	Comply with the State of Connecticut Ethics Protocols.	<input type="checkbox"/>
14.	Ensure that when transporting an individual as part of the service: <ul style="list-style-type: none"> a. Vehicles in which transportation is provided have valid license plates and, at a minimum, have the level of liability insurance required by the State of Connecticut; b. Vehicles are maintained in safe working order; c. Individuals with special mobility needs are provided transportation in a vehicle adapted to those needs as required to facilitate adequate access to services; and d. If the vehicle is used to transport individuals in wheelchairs, it is equipped with floor mounted seat belts and wheelchair lock downs for each wheelchair it transports. 	<input type="checkbox"/>
15.	<u>Not</u> require any individual to sign an agreement that he or she will not change providers as a condition of the individual being provided services.	<input type="checkbox"/>
16.	Make information about staff qualifications and training records and direct service staff's time and attendance records available to DDS.	<input type="checkbox"/>
17.	Participate in an individual's person-centered planning.	<input type="checkbox"/>
18.	Obtain adequate information necessary to meet the needs of the individual.	<input type="checkbox"/>
19.	Provide specific service-related activities and staffing in accordance with the individual's Individual Plan, delivered in a manner that takes into consideration the primary language and culture of the individual and his or her legal representatives.	<input type="checkbox"/>
20.	<u>Not</u> subcontract services provided to individuals.	<input type="checkbox"/>

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Assurance		Check each statement
As a DDS qualified provider, my agency or organization shall:		
21.	Participate in DDS training on Individual Support procedures and self-advocacy prior to providing these services.	<input type="checkbox"/>
22.	Establish a secured email account and have the necessary technology to access secured email from the State of Connecticut and a dedicated general Electronic Visit Verification (EVV) email account.	<input type="checkbox"/>
23.	Notify the DDS Operation Center immediately, if the Principal of the Entity, the Connecticut Administrator, other principals, or owners are arrested or convicted of a crime.	<input type="checkbox"/>
24.	Hire an independent, private investigator, at its own expense, for any abuse or neglect allegations in which the alleged perpetrator is the Principal of the Entity, the Connecticut Administrator, the owner, a partner, a shareholder, the executive director or an equivalent position, or a member of the Board of Directors or immediate relative thereof. Any completed investigation is required to be presented simultaneously to the qualified provider and the DDS Director of Investigations.	<input type="checkbox"/>
25.	Agree that by mutual consent or without cause, either party may cancel this agreement and the provider's qualified status with 30 days notice.	<input type="checkbox"/>
26.	As a DDS qualified provider of services to Connecticut residents funded by the Department of Developmental Services (DDS), comply with the staff minimum wage and wage increase requirements as allocated in Special Act No. 21-15 and outlined in the letter dated October 25, 2021 from OPM Secretary Melissa McCaw to DDS Commissioner Jordan Scheff; and agree that this wage increase agreement requires that the qualified provider: <ul style="list-style-type: none"> a. increase the minimum wage for employees in Department of Developmental Services provider settings to \$16.50 per hour and support a 3% increase for those employees already making more than that amount effective July 1, 2021; b. increase the minimum wage for employees in Department of Developmental Services provider settings to \$17.25 per hour and support a 3% increase for those employees already making more than that amount effective July 1, 2022; and c. upon request of the Department of Developmental Services, submit documentation that shows that funding provided by DDS to support these wage increases was used for increasing and maintaining the wages of the provider's employees to the amounts specified in subsections (a) and (b) above, and the payment of payroll taxes and benefits associated with the increased wages has been submitted appropriately; and further agree that: <ul style="list-style-type: none"> d. any revenue allocated in Special Act No. 21-15 and received from DDS that is <u>not</u> specifically allocated to employee wage increases will be cost settled by DDS at 100% at the end of each fiscal year; and e. DDS may require additional documentation and reporting schedules in relation to employee wages and qualified providers shall submit this documentation at the request of DDS or other Connecticut state agencies. 	<input type="checkbox"/>
27.	Enter attendance-related data electronically into an Electronic Visit Verification (EVV) database, if required to do so by Medicaid.	<input type="checkbox"/>

Certification: I attest that the information provided in this assurance agreement is true. If any statements are willfully false, I realize I may be subject to prosecution for perjury or making false statements.

Signature of Person Submitting Application

Date