# State of Connecticut Department of Developmental Services

**Self-Directed Support Agreement (SDSA)**
(To be completed at the START of Self-Direction, annually at IP and when waivered services change).

## Individual’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DDS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individual’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sponsoring Person Name (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sponsor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employer of Record (EOR) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EOR Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DDS Region:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager (CM)/Broker Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CM Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CM Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **As an individual receiving Self-Directed Supports and/or the sponsoring person for Self-Directed Supports, I agree to abide by the following Department of Developmental Services requirements:**

1. To enroll in the DDS Home and Community Based Services Medicaid Waiver.
2. To maintain Medicaid eligibility while participating in the DDS Home and Community Based Services Medicaid Waiver. Failure to follow all Waiver rules may result in loss of services.
3. To enter into an agreement with a Fiscal Intermediary (FI) who is under contract with DDS.
4. Funds allocated by the department are only to be used for the direct benefit of the person receiving the allocation and identified in the Individual Plan. Indirect (non-face-to-face) services are not allowed unless specifically identified as an indirect service in the waiver manual or in the Individual Plan. All supports must be provided and recorded on all Direct Support Professional’s (DSP/Employee) timesheets and use of Electronic Visit Verification (EVV) system based on service type.
5. To follow all requirements of the Electronic Visit Verification (EVV) system including completion of EVV training, prior to employment.
6. To complete all documentation required by the department for Self-Directed services including, but not limited to: Individual/Family Support Agreement with DSP, Individual Plan, Medicaid Redetermination, etc.).
7. All Direct Support Professionals (DSPs/employees) must meet the DDS pre-employment requirements prior to their hire date and complete the required DDS (new employee online/CDS) training and the New Hire Orientation within 90 days.
8. I understand that my DSPs must use the EVV system to record time worked and services/tasks completed for required services to be paid with DDS funding.
9. The Employer of Record / Sponsoring Person, guardian/legally responsible person, or parent of a child under 18 receiving services (up to 21 for BSP parents) cannot be paid employees.
10. All supports and /or services provided by a non-legally responsible family member must be reviewed through the Family Hire process. No exceptions shall be made to these restrictions on who may be hired by individuals who self-direct their services.
11. I understand overlapping of Medicaid waivered supports is prohibited. Prior Approval is required for any overlapping DDS funded services/supports.

1. I understand if I hire an Individual Goods and Service Supervisor (IDGS Sup), they can approve all the DSP’s time if so designated, but I am responsible for approving the IDGS Supervisor’s time.
2. I agree to require my DSP staff to cooperate and provide requested information pertinent to any DDS sponsored investigation concerning services and supports being provided through this DDS Self-Directed Support Agreement
3. As an Employer of Record (EOR) I take responsibility to train, inform and ensure DSPs understand and acknowledge that their employment may be terminated for violating identified work rules established by the EOR. These work rules **MAY** include, but are not limited to the following:

* + *Commits any acts of physical, sexual verbal, or psychological abuse or neglect of a persons with disabilities;*
	+ *demonstrates abusive, immoral, indecent, or racially derogatory conduct toward individuals, family members, coworkers, or members of the public;*
	+ *commits any act of discrimination or harassment included but not limited to those based on religion, race, color, ancestry, national origin, sex, age, physical disability, mental disability, or sexual orientation;*
	+ *uses individual’s resources for personal gain;*
	+ *brings illegal drugs or alcohol to work and/or is under the influence of illegal drugs or intoxicating liquors while at work;*
	+ *brings firearms or weapons to work;*
	+ *commits theft of funds or other property from an individual’s family or coworker;*
	+ *is convicted of a felony.*
	+ *Fails to inform all DSPs of their responsibility to notify the DDS/DSS/DCF abuse and neglect hotline (as applicable) for any observed or indicated incidents of suspected abuse or neglect.*
1. As an EOR I understand that I am prohibited to hire anyone on the DDS Abuse & Neglect Registry and/or Office of Inspector General (OIG) list.
2. I agree to stay within the DDS budget allocation established for my supports and services. If for any reason I exceed my DDS budget, I understand I am financially responsible for the overage.
3. I understand that any remaining funds in the individual budget after the budget year will be returned to the Department.
4. Regarding reimbursement, the FI will only make payments for services in the budget authorized by DDS if:
* *Original receipts are provided from vendors for reimbursement for goods and services as authorized in the Individual Plan IP-6 budget, and/or when Prior Approval is authorized.*
* *A Prior approval has been authorized for Third party payments and/or advanced payments.*
1. Budget adjustments should be limited to one time per quarter within the budget period.
2. Any purchase of supports, services, or goods from a party that is related to me through family, marriage, business association or a consensual relationship must receive prior approval by DDS.
3. Any special equipment, furnishings, or items purchased under this agreement are the property of the service recipient and will be transferred to his or her new place of residence or day program should the person move or the item shall be returned to the state when the item is no longer needed.

22. Three bids are required for items, equipment, or environmental and/or vehicle modifications over $2500.

23. Acknowledge that the authorization and payment for services that are not rendered could be subject to Medicaid fraud charges under state and federal law. Breach of any of the above requirements with or without intent may disqualify me from self-directing-services. To agree to review and follow the DDS False Claims Act Policy provided by the FI.

24. To actively participate in the ongoing monitoring of supports and services and to participate in the department’s quality review process, including but not limited to NCI (National Core Indicators).

25. To notify my case manager if I am no longer able to meet the department’s requirements for Self-Direction.

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**\*\*\*You must be able to meet the responsibilities listed on the following page. If you are not able to meet these responsibilities independently, you must have additional supports: Individual Goods and Services Supervisor (IDGS), a Sponsoring Person (SP) or Natural Supports (NS) identified in the Individual Plan and noted below for the areas where support is needed.**

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| --- | --- | --- | --- |
| **Self-Directed Responsibilities of the Employer of Record** | **Does NOT need Assistance** | **Needs Assistance** | **Assistance to be provided by:** |
| 1. To complete all forms provided by the FI that are required by federal and state laws to become the employer of record in a timely manner.
 | **☐** | **☐** |  |
| 1. To participate in the development and implementation and review of the Individual Plan.
 | **☐** | **☐** |  |
| 1. To ensure each candidate who is being considered for employment fills out a standard employment application provided by the FI.
 | **☐** | **☐** |  |
| 1. An DSP/employee shall not begin working until the Criminal History Background Check, Driver’s License Check, DDS Abuse and Neglect Registry and Office of Inspector General (OIG) checks have been completed.
 | **☐** | **☐** |  |
| 1. Any applicant on the DDS Abuse and Neglect Registry or OIG List is automatically disqualified from employment, if already employed current employees must be released from employment.
 | **☐** | **☐** |  |
| 1. To complete the Individual/Family Agreement with the Direct Support Professional (IFA) form which identifies the type of supports the employee will provide, the hourly rate of pay, conditions of employment and training requirements.
* When a current DSP provides a new service it requires a new IFA.
* All IFAs need to be submitted to FI.
 | **☐** | **☐** |  |
| 1. To hire, train and supervise DSPs/employees to meet the outcomes outlined in the Individual Plan.
 | **☐** | **☐** |  |
| 1. To ensure that each DSP hired has read the required training materials and completed any specific training in the Individual Plan prior to working alone with the person.
 | **☐** | **☐** |  |
| 1. To ensure that DSPs hired complete the Department’s internet-based training requirements.
 | **☐** | **☐** |  |
| 1. To ensure that each DSP documents the start and end time for the service provided to the individual. DSP to document the activities/tasks provided for each date worked. Documentation includes EVV and/or paper timesheets.
 | **☐** | **☐** |  |
| 1. To verify and approve time sheets/EVV, receipts, mileage logs, and invoices on the required forms and send to the FI.
 | **☐** | **☐** |  |
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| 1. DSPs hours should not exceed 40 hrs./week across all Medicaid funded services per employer through self-direction. If hours do exceed 40hrs/wks due to extenuating circumstances the Over Time (OT) process needs to be followed.
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 | **☐** | **☐** |  |
| 1. Immediately notify FI of date of termination and follow appropriate steps to terminate a DSP as articulated by the FI.
 | **☐** | **☐** |  |
| 1. To review weekly Payroll to ensure that weekly services and supports took place and were provided by the DSP.
 | **☐** | **☐** |  |
| 1. To review the monthly expenditure reports provided by the FI and notify assigned case manager and FI of any questionable expenditures.
 | **☐** | **☐** |  |
| 1. To ensure there is financial oversight and accountability of the individual’s personal funds and entitlements by someone other than the (DSP).
 | **☐** | **☐** |  |

**\*By signing below, I agree to follow the self-direction requirements and responsibilities in this agreement. Failure to adhere to the self-direction responsibilities and requirements can result in removing the ability for you to participate in self directing your services.**

**\*Individual (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**\*Employer of Record (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**\*Sponsoring Person (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

*DDS contracts with Public Partnerships, LLC (PPL) to provide training information for EORS/IDGS supervisors for “being a good boss” through a referral by their case manager.*

**Revised:** 2/25/2016

1/1/2018

1/1/2020

2/1/2021

3/1/2021

 11/12021