

Agency Assurance Agreement To the Department of Developmental Services

The following assurances are made by:

Name: _____

Title: _____

Agency Name: _____

Assurance	Check each statement
Will meet all applicable federal and state regulations	<input type="checkbox"/>
Understands and will follow all applicable DDS policies and procedures	<input type="checkbox"/>
Will protect the confidentiality of the individual and family's information	<input type="checkbox"/>
Will bill only for services that are actually provided	<input type="checkbox"/>
Will submit billing documents after service is provided and within 60 days	<input type="checkbox"/>
Will accept payment from DDS as payment in full	<input type="checkbox"/>
Will submit a financial report on forms or software provided by DDS.	<input type="checkbox"/>
Will submit an audited financial report if receiving more than \$100,000 from DDS.	<input type="checkbox"/>
Will retain financial and statistical records for six years from date of service provision.	<input type="checkbox"/>
Understands and will follow all Waiver requirements detailed in the HCBS Waiver Manual.	<input type="checkbox"/>
Will provide the False Claims Act to all staff, including new hires.	<input type="checkbox"/>
Will allow state and federal offices responsible for program administration and audit to review service records and have access to program sites	<input type="checkbox"/>
Will comply with State of Connecticut Ethics Protocols	<input type="checkbox"/>
When transporting a consumer as part of the service: The vehicle in which the transportation is provided must have valid license plates and at a minimum the state of CT required level of liability insurance Vehicles must be maintained in safe working order Consumers with special mobility needs shall be provided transportation in a vehicle adapted to those needs as required to facilitate adequate access to services If the vehicle is used to transport consumers in wheelchairs, it should be equipped with floor mounted seat belts and wheel chair lock downs for each wheel chair it transports	<input type="checkbox"/>
Will not require a participant to sign an agreement that they will not change agencies as a condition of providing services	<input type="checkbox"/>
Will make information about staff qualifications and training records and Direct Service staff's time and attendance records available to DDS	<input type="checkbox"/>
Will participate in individual's person centered planning	<input type="checkbox"/>
Will obtain adequate information necessary to meet the needs of the individual	<input type="checkbox"/>
In the delivery of services, specific service related activities as well as staffing are: Available and provided at any time as specified in the individual's Individual Plan. Delivered in a manner that takes into consideration the primary language of the consumer and their representatives as well as cultural diversity issues	<input type="checkbox"/>
Will not sub-contract services	<input type="checkbox"/>
Will participate in DDS training on Individual Support Procedures and self-advocacy prior to providing the service.	<input type="checkbox"/>
Contractor will establish a secured email account using a secured program from the State of Connecticut software.	<input type="checkbox"/>

Assurance	Check each statement
Principal of the Entity, the Connecticut Administrator, other principals or owners will notify the Operation Center immediately if arrested or convicted of a crime.	<input type="checkbox"/>
By mutual consent or without cause, either party can cancel this agreement and qualified status with a 30 day notice.	<input type="checkbox"/>
<p>In accordance with Special Act 18-5, contractor will:</p> <ul style="list-style-type: none"> i. increase the minimum wage for all employees funded by DDS to fourteen dollars and seventy-five cents (\$14.75) per hour no later than January 1, 2019 and, ii. increase wages based on the plan submitted and approved by DDS for all employees who earn not less than fourteen dollars and seventy-six cents per hour and not more than thirty dollars per hour not later than January 1, 2019, and iii. upon request of the Department provide documentation that such funds were used for increasing and maintaining the minimum wage of employees to not less than fourteen dollars and seventy-five cents (\$14.75) per hour, increasing wages based on the plan submitted and approved by DDS for all employees who earn not less than fourteen dollars and seventy-six cents per hour and not more than thirty dollars per hour, and the payment of payroll taxes and benefits associated with the increased wages. 	<input type="checkbox"/>

_____ Date _____
 * Name of Person Submitting Application

*Certification: I attest that the information provided is true. If any statements are willfully false, I realize I am subject to perjury/false statements.

Revised 12/2018