

SELF-DETERMINATION PROGRAM: FMS Self-Directed Supports (099)

Qualifications and Agreement Form

Applicant Name: _____

Email: _____ Phone: _____

Statement of Written Qualifications

Individuals seeking to provide vendored FMS Self-Directed Supports must submit a written qualification statement. To provide FMS Self-Directed Supports you currently must be a regional center FMS for Self-Determination Program participants. **Please provide the following:**

1. My FMS vendor number for providing services to SDP participants is:

2. The vendoring regional center is: _____

Please provide a brief statement about your ability to provide each of the following:

1. Education and coaching/training about employment laws; responsibility for reviewing monthly budget reports, budget expenditures, adjustments to budgets and spending plans and eligible goods and services.
2. Assistance with criminal background checks, verification of proposed services compliance with HCBS, and review and assistance in adjusting individual spending plans to ensure expenditures are based on a sound methodology.
3. Discussions with regional centers about inclusion of spending plan and service authorizations in ebilling and other financial and billing requirements and other topics as need to support a smooth transition.

Service Agreement

As a service provider for FMS Self-Directed Supports needed during a participant's enrollment into the Self-Determination Program (SDP), I agree that I will assist and

provide coaching and/or training in the areas listed below, as appropriate for each participant and/or family I assist:

1. Education and coaching about:

- a. Employment laws, overtime rules, timesheet requirements and responsibilities, insurance requirements.
- b. Reviewing the monthly budget report provided by the FMS and responsibilities for reviewing the individual budget expenditures; requirements for adjustments to the individual budget and spending planning and FMS processes for these.
- c. Eligible goods and services requirements.

2. Process for and assistance with:

- a. Obtaining criminal background checks.
- b. Verification that the proposed services are compliant with Home and Community-Based Services settings requirements.
- c. Review of and assistance in adjusting the individual spending plan to ensure the method for calculating the proposed expenditures are based on reliable costs and service utilization and adjustments, as needed.

3. Discussions with the regional center about:

- a. Inclusion of the spending plan and service authorizations in the ebilling system and other financial and billing requirements, POS processes and regional center processes to support a successful transition into the SDP.
- b. Other topics, as needed, to support a smooth transition into the SDP.

Printed Name: _____

Signature: _____

Date: _____