



ICF/DD Services During the Day Option Agreement

The parties to this Agreement agree to comply with the requirements of the Code of Federal Regulations, Title 42CFR 447.10 regarding who may receive payment.

County agrees to:

- Initiate this agreement after approval from DSD and prior to beginning of Services During the Day.
- Develop Individual Service Plan (ISP) which pertains to directing the implementation of activities and goals directly to the amount, duration and scope of the Services During the Day Option.
- Coordinate the development and monitor the implementation of the person's ISP.
- Identify and monitor with the provider the Services During the Day Option outcomes of service.
- Assign accountability for each expected outcome.
- Monitor the delivery of services and assure changes occur in a timely manner if outcomes not met.
- Review and approve if appropriate, any changes in the person's Individual Service Plan.

Provider agrees to:

- Implement the Services During the Day Option as stipulated in the ICF/DD manual.
- Incorporate the goals and objectives of these services assuring active treatment.
- Assure that any payments made are used directly for the person for whom this service is billed.
- Notify the case manager of any change in the person's status, including but not limited to eligibility for Medical Assistance, medical conditions, medications, special diets and behavior.
- Accept responsibility for the accuracy and legitimacy of bills it authorizes for submission to the DHS for reimbursement.
- Provide any audit information requested by DHS.

This Agreement is between:

COUNTY OF FINANCIAL RESPONSIBILITY:		
CASE MANAGER:	PHONE NUMBER:	
E-MAIL ADDRESS:		
CASE MANAGER SIGNATURE:	DATE SIGNED:	
PROVIDER: NAME OF ICF/DD FACILITY:		
AUTHORIZED SIGNATURE:	DATE SIGNED:	
ADDRESS:	MA PROVIDER NUMBER:	
CITY:	STATE:	ZIP:

NAME OF PERSON TO RECEIVE SERVICES DURING THE DAY OPTION:
PMI NUMBER:

Complete the entire form, print two copies. Original, authorized signatures are required on each copy. One copy is for the county case manager and one copy is for the ICF/DD