

APPENDIX (I)

Self-Determination Agreement



Self-Determination Agreement

The Self-Determination process requires a self-advocate/guardian to understand and assume certain responsibilities regarding the development of a Life Plan, and the purchase and delivery of services. The following responsibilities are essential to participating in a self-determination process:

1. Developing a Life Plan that meets at least the minimum requirements to secure state and federal funding;
2. Staying within the resource allocation specified in your Individual Budget;
3. Purchasing reimbursable services and supports which are consistent with your Life Plan;
4. Accessing and purchasing services and supports that are delivered within Colorado;
5. Providing ample written notice to a provider when freely choosing to change service providers, and adhering to those conditions identified and agreed to in any agreement with the service provider;
6. Maintaining appropriate documentation to support service provision and providing the required information in a timely manner (e.g. monthly) to your Fiscal/Employer Agent that will facilitate prompt payments to providers;
7. Agreeing to health, safety, program and fiscal reviews by the Division for Developmental Disabilities, or its representatives (Centers for Medicare and Medicaid Services, Colorado Department of Health Care Policy and Financing , Community Centered Boards and DDD’s Contract Auditor);

I acknowledge my understanding of the responsibilities listed above and my opportunity to exercise my choice to self-determine how my Life Plan is developed and implemented, inclusive of those services and supports identified within it. I further acknowledge that if I fail to fulfill my responsibilities as described above, subject to the results of the Dispute Resolution process, that I may forfeit my choice to control my resources and to self-determine my planning activities. I also acknowledge that I have been informed of my role and responsibilities, as well as those of the Community Centered Board, service providers and the Division for Developmental Disabilities regarding the self-determination process, and a copy has been given to me.

Signature of Self-Advocate and/or Legal Guardian Date

I attest that my Community Centered Board has provided the required information to the self-advocate/guardian concerning the self-determination process.

Signature of CCB Representative Date

