Department of Mental Retardation
Individual Support Agreement
For Fiscal Intermediary Services

Recipient Name: _____ DMR #: _____

Address:_____

City: _____ State: _____ Zip: _____

Sponsoring Person: _____

Address: _____

City: _____ State: _____ Zip: _____

DMR Region: _____ Case Manager/Broker: _____

As the sponsoring person for Self Directed Services, I agree to the following:

Individual Plan and Budget

- To participate in the development and implementation of the Individual Planning Process.
- Funds received under this agreement can only be used for items, goods, supports, or services identified in the service recipient's individual plan and authorized individual budget.
- The Department of Mental Retardation must approve any changes to the goods, supports, or services identified in the service recipient's individual plan.
- To actively participate in the selection and ongoing monitoring of supports and services
- To authorize payments for services provided to the recipient according to the individual plan and budget.

Individual Allocation

- To work with my DMR Case Manager/Broker to develop an individual budget within the allocation provided by DMR.
- Any expenditure above my authorized allocation requires prior authorization by the Department.

Fiscal Intermediary

- To enter into an agreement with a fiscal intermediary that is under contract with the Department of Mental Retardation.
- To enter into an agreement with the provider agency/agencies or individual support worker(s) I hire. The agreement is outlined in the Individual Family Agreements with Vendors and Employees and identifies the type and amount of supports and services that will be provided.
- The fiscal intermediary will assist me to complete any required employer forms or documents and to make any required payments for mandatory employment benefits such as FICA, FUTA, and Unemployment Compensation if I hire an employee with funds provided by the Department of Mental Retardation
- To submit timesheets, receipts, invoices, expenditure reports, or other documentation on the required forms to the fiscal intermediary on a monthly basis or within the agreed upon timeframe.
- To review the fiscal intermediary expenditures reports made under this agreement.
- Any funds held by the fiscal intermediary that are not expended under the terms of this agreement and within the authorized budget period are returned to the department.

Cost Standards

- To follow the DMR Cost Standards and Costs Guidelines for all services and supports purchased with the DMR allocation.
- To get prior authorization from the DMR if I intend to purchase supports, services, or goods from a party that is related to me through family, marriage, or business association.
- To seek and negotiate reasonable fees for services and reasonable costs for items, goods, or equipment, and to obtain three bids for purchases of items, equipment, or home modifications over $2,500.
- That 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 activity at such time as there is a change of residence or day services or supports.

Waiver Requirements

- To enroll in the appropriate DMR Waiver.
- To participate in the department's quality review process.
- To use qualified vendors enrolled by DMR.
- To follow training and qualification requirements for individuals that I hire and to submit documentation to the Fiscal Intermediary to verify that the staff I hire meet the training and qualification requirements.
- To notify my case manager/broker when I am no longer able to meet the responsibilities for self directed services.
- I acknowledge that the authorization and payment for services which are not actually rendered could subject me to fraud charges under state and/or federal law.

Signed: _____ Date:_____/_____/_____
Recipient

Signed: _____ Date:_____/_____/_____
Sponsoring Person