

Central New York – Individual Support Services (ISS) – Participant Agreement

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| ISS Provider Agency: | |
| Individual's Name: | |
| TABS ID: | |
| Care Manager Name: | |
| CM email and phone: | |
| CM supervisor name: | |
| CM supervisor e mail: | |

Plan Narrative

Briefly describe the individual's present situation and current supports/services. Include/list the relationship of all those living at the residence.

Briefly describe what specific ISS supports are needed. Specify both on-going and transition/start-up needs.

Participant/Advocate Responsibilities:

1. Apply for and use all generic benefits and funding that are available for expenses of daily living and housing including, but not limited to, Social Security, public assistance, Section 8/subsidized housing, etc.
2. Allow visits to the home for Quality Assurance Checklist completion to ensure that reasonable standards of health, safety, and welfare are maintained.
3. Use approved funds as outlined in the plan and take responsibility for maintaining household expenditures, including, but not limited to, payment of rent/mortgage not covered by the ISS subsidy, utilities, etc.
4. Notify care manager and/or ISS provider agency immediately if there are any changes to income and/or housing costs, changes to who is living at the residence, or when planning to move to another location.

Care Manager Responsibilities:

1. Complete all required forms and provide required documentation to ISS provider agency in the time frame requested.
2. Advise individual and/or landlord of monthly stipend once approved and advise that individual is responsible for all other household expenses, including remaining rent/mortgage and utilities.
3. Provide updates to ISS provider agency immediately upon learning of change of income, housing costs, household composition, safety issues, and when the individual is planning to move to another location.
4. Immediately notify ISS provider agency and/or CNYISS program coordinator if an individual applies for a Self-Direction plan so that duplicate stipend payments can be avoided once the plan is approved.
5. Assure arrangements for routine and emergency medical care have been made, including necessary medication and equipment, so the highest possible degree of independence, health, and safety can be maintained.
6. Assure an emergency evacuation plan has been reviewed with the individual, including how to access emergency services.
7. Assure all services, including all generic government and community resources, have been pursued prior to applying for ISS. ISS is the funding of last resort and all other resources must be exhausted first.

Agency Responsibilities:

1. Review and modify, as needed, the Individual Support Services Plan with the individual and/or Care Manager with the outlined services for the contract period.
2. Review and sign the Quality Assurance checklist. Address any concerns with individual and/or Care Manager prior to submission to CNY ISS Program Coordinator.
3. Provide ISS template, Participation Agreement, Quality Assurance Checklist and Agency Documentation Attestation form to the CNY ISS Program Coordinator for all individuals enrolled in the ISS program at the time of initial application, annual renewal, and when any changes in income, housing costs, or housing composition exist.
4. Notify care manager and/or individual of monthly ISS stipend amount that will be paid to the landlord or mortgage provider and advise that the individual is responsible for all other housing costs.
5. Complete the DDP-1 for any individual being newly enrolled or terminated from the Individual Support Services program.

We agree to the responsibilities described in this Participation Agreement.

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| _____ Participant/Advocate Signature | _____ Date |
| _____ Care Manager Signature | _____ Date |
| _____ ISS Provider Agency Representative Signature | _____ Date |