

**HCBS-Waiver Self-Directed Services
Paid Neighbor Agreement**

Participant's Name: _____ **CIN:** _____, is an individual who has chosen to Self-Direct the supports and services they receive through OPWDD, and has a desire to live independently in a non-certified residential setting. The Program Participant (PP) has decided (with their respective Planning Team/COS) that the best option to increase safety and independence is to include a Paid Neighbor in their life. The purpose of the Paid Neighbor is to ensure the PP's wellbeing as well as assisting them with any emergency that might occur. The purpose of this document is to establish the roles and responsibilities of the Paid Neighbor.

1) The relevant parties for this Paid Neighbor agreement are as follows:

- Program Participant (PP) - _____
Full Name and Address of Program Participant
- Paid Neighbor (PN) - _____
Full Name and Address of Paid-Neighbor
- Independent Support Services (ISS) – Acting as Fiscal Intermediary (FI) with overall oversight and budgetary responsibilities related to the PP.
- Although not bound by this agreement but worthy of mention are the individual PP's Planning Team/COS which may include: The Self-Direction Support Broker, SD Coordinator from ISS, Care Manager, family, and/or friends that PP includes on their team.

2) The Paid Neighbor resides at the address noted above and would make themselves available to the PP when needed especially in the case of any emergency and/or medical concern that may occur. It is understood that the PN cannot be a family member of PP.

3) It is understood by all parties that the Paid Neighbor is to provide a neighboring support, general oversight and a sense of safety. The PP has Com Hab staff to assist them with completing daily household activities and tasks as per Staff Action plan; these are not PN Duties.

4) In the event of a pending environment or property related emergency (major storm, natural disaster, etc.), the Paid Neighbor will check with the PP to ensure they have the basic supplies (water, non-perishable food, batteries, etc.).

5) Should there be an emergency, after checking and ensuring the PP's safety, the Paid Neighbor must contact the following designated member of the Planning Team/COS: _____

6) **Relevant Contact Information:** Please provide the names and phone numbers of the contacts the PP wishes to provide to the Paid Neighbor to ensure the best communication and care.

SD Broker: _____

Care Manager: _____

Parent/Guardian: _____

Other: _____

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- 7) There is a budgeted stipend paid to the PN to be “on-call” to assist a PP who lives independently. If the Paid Neighbor is called upon to provide direct services, they are paid an hourly wage for the delivery of Self-directed Staff Com Hab services.
- 8) As part of accepting this position, the Paid Neighbor agrees to perform the specific duties and responsibilities defined in this agreement, and in compensation for these services the PN will receive a monthly stipend of \$ _____.00.
- 9) When the PP interacts with the Landlord, Building Super, Utility company workers (cable, phone, etc.), town employees (Police, Fire Dept. etc.), or others, the Paid Neighbor can accompany the PP for communication purposes.
- 10) When Com Hab staff are not readily available, the PP might require assistance from the Paid Neighbor with various community activities.
- 11) When Com Hab staff are unable to work and the PP needs assistance with goals or activities associated with valued outcomes, the PN could provide the support and should complete a Com Hab Timesheet including days and hours worked as well as activities supported. Com Hab Staff and Paid Neighbor involve different and distinct responsibilities.
- 12) When the Paid Neighbor performs Com Hab duties, they will receive compensation at \$ _____ /hour, the rate established in the SD Budget for a Self-hired Com Hab.
- 13) Should the PP be absent due to circumstances such as a hospitalization lasting more than a month, or circumstances where the cost cannot be reimbursed by the FI, the Paid Neighbor will not receive the monthly stipend.
- 14) The Paid Neighbor agrees to complete the required documentation and meet all HR requirements including trainings that would be required of a Com Hab staff person.
- 15) It is agreed by all parties that 4 weeks’ notice must be given prior to the termination of this agreement.
- 16) This agreement is effective on: _____ and it must be reviewed at the Life Plan review, or once a year from the effective date of this agreement.

My signature below attests that I understand the role of the Paid Neighbor and agree to provide these services until the termination of this agreement by either party.

Paid Neighbor

Date

Program Participant

Date

Independent Support Services

Date