

**HCBS-Waiver Self Directed Services Live-In Caregiver Agreement
LIC and Individual Annual Review**

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 continue to live independently in their residence, a non-certified residential setting in the community, with the support of Live-In Caregiver, _____. The purpose of this document is to verify that the roles, responsibilities, and duties of the Live-In Caregiver (LIC) are being reviewed on an **annual basis**.

1. **RELEVANT PARTIES** for this live-in caregiver agreement remain the same.
(Note - if the LIC is not the same person as approved on the last LIC Agreement on file, a new LIC Agreement will be required. This form cannot be utilized.)
2. **SCHEDULE WAS REVIEWED**
 - Including the days and times the LIC is required to be in the home.
 - If there is a change to the LIC's schedule an updated copy of the plan must be submitted to the FI with this form.
3. **ROLES/RESPONSIBILITIES AND BACK UP PLAN WERE REVIEWED**
 - It is the Planning Team responsibility to coordinate and activate the backup plan to support PP during LIC's absence.
 - If there is a new Backup plan or changes to the Roles/Responsibilities an updated copy of the plan must be submitted to the FI.
4. **ACKNOWLEDGEMENT OF SAFEGUARDS REVIEWED**
 - It is agreed by all parties that the LIC is expected to keep ISS and PP's Planning Team/COS members fully informed on a regular basis, as well as, on an as-requested basis.
 - The LIC must review and have knowledge of the Com Hab, SEMP, and Life plans along with the associated Valued Outcomes and Safeguards as defined in the Life Plan and Staff Action Plan.
5. **QUALITY ASSURANCE INCIDENT REPORTING WAS REVIEWED**
6. **HOSPITALIZATIONS POLICY AND NOTIFICATION WAS REVIEWED**
 - Should the PP be absent due to circumstances such as hospitalizations greater than a month, or circumstances where the cost cannot be reimbursed by FI, the PP must immediately notify Independent Support Services so that ISS Inc. can assist with possible solutions.

Check here if ALL lines have been reviewed and there are NO changes being made to the original agreement at this time. (Any changes to the original agreement must be submitted with this form. Use additional pages as necessary.)

NOTES - Next Review Date _____;

Live-In Caregiver

Date

Program Participant

Date