

# Community First Choice (CFC) Support and Planning Coach (S&PC) Provider Assurances

CFC S&PC Provider Agency Name: \_\_\_\_\_

Please review each of the assurances described below and check-off that each statement is true.

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**Assurance 1: Each individual staff identified as providing CFC Support and Planning Coach services must complete Person-Centered Training.**

*Verification of each individual staff member who has completed the Person-Centered Training with the Department of Social Services (DSS).*

\_\_\_\_\_ I verify each individual staff member has completed the Person-Centered Planning Training **and** has received a Certificate of Achievement from the Department of Social Services.

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**Assurance 2: Each individual staff identified as providing CFC Support and Planning Coach services must self-attest to meeting the Electronic Visit Verification (EVV) training Requirements.**

*Verification of each individual staff member who has completed the Community First Choice Support and Planning Coach EVV Training Self-Attestation form.*

\_\_\_\_\_ I verify that each individual staff member has completed the Community First Choice Support and Planning Coach EVV Training Self-Attestation form.

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**Assurance 3: Providers have experience of approving time in the Electronic Visit Verification System, or in lieu of, the staff identified as the Supervisor completes Electronic Visit Verification (EVV) training requirements.**

\_\_\_\_\_ I verify that the provider listed on this form has experience of time approval in the Electronic Visit Verification system, or the staff identified as Supervisor will complete training for Electronic Visit Verification.

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**Assurance 4: Staff providing Support and Planning Coach Services will not also provide Personal Care Attendant (PCA) services.**

\_\_\_\_\_ I verify that each individual staff identified as providing Support and Planning Coach Services will not also perform Personal Care Attendant (PCA) services to the same CFC Consumer-Employer.

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**Assurance 5: Providers will maintain accurate and complete staff records related to CFC Support and Planning Coach requirements.**

\_\_\_\_\_ I verify that the provider listed on this form ensures that documents will be kept on record and accurately maintained. The provider will continue to meet the above assurances with each new staff member identified as providing Support and Planning Coach Services.

# Community First Choice (CFC) Support and Planning Coach (S&PC) Provider Assurances

On behalf of the Community First Choice (CFC) Support and Planning Coach (S&PC) provider listed below, I agree to comply with all the procedures set forth in this document and other applicable DSS requirements and guidance for the CFC program. If there are substantial changes to the procedures as set forth in this document, I agree to notify DSS in writing detailing the applicable changes. I verify that the information set forth in this form is true and accurate to the best of my knowledge.

CFC S&PC Provider Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Point of Contact Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Provider Point of Contact Email: \_\_\_\_\_