Agency with Choice

Authorized Hours Acknowledgment Form

As an individual participating in the New Jersey’s Division of Developmental Disabilities Fee for Service environment with a Self-Directing Employee, you are expected to comply with all policies and procedures outlined in the Supports Program or Community Care Program Manuals. This includes following the individual budget according to Waiver guidelines.

As the Managing Employer of a Self-Directed Employee (SDE), it is your responsibility to ensure compliance with the Prior Authorized Units that you established in the Individualized Service Plan (ISP). The SDE will only receive payment for rendering services that have been prior authorized on a weekly basis. It is also your responsibility to communicate this to your SDE and obtain their acknowledgement of this agreement. Please return this form to our Customer Service Team at [awccustomerservice@nj.easterseals.com](mailto:awccustomerservice@nj.easterseals.com) or by fax at 1-888-525-0415.

According to the Supports Program and the Community Care Program Manuals:

“The SDE can only receive payment for rendering services that have been prior authorized through an approved ISP. Any services, including overtime, exceeding those indicated in the ISP will not be reimbursed through the State. One SDE cannot provide more than 40 hours of service for an individual per week. If an individual requires services that will go beyond those 40 hours in a week, another SDE or a provider agency must be utilized to deliver those additional hours of service. It is the individual’s (Managing Employer’s) responsibility, along with the Support Coordinator and Supports Broker when utilized, to ensure that SDE schedules do not require payment of overtime.”

By signing this form, you are acknowledging that you understand your responsibility in ensuring that your SDE only works up to the weekly prior authorized units and that Agency with Choice will not be responsible for payment of services that exceed the prior authorized amount of hours.

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Name of Consumer

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Name of Managing Employer Signature of Managing Employer Date

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Name of SDE Signature of SDE Date