



Self-Determination Program Participant–Provider Agreement

This Agreement outlines the understanding between Empowerment Support Solutions (ESS) and the participant/family for the provision of support services under the Self-Determination Program (SDP).

Participant Information

Please complete this section so that ESS and your Financial Management Service (FMS) can accurately process and manage your Self-Determination Program services.

Participant Name:

Regional Center:

Service Coordinator:

Financial Management Service (FMS):

Service Start Date:

Authorized Hours (per week/month):

1. Description of Services

Empowerment Support Solutions (ESS) provides individualized Person-Centered Thinking (PCT) support services to promote independence, empowerment, and community participation.

Services may include:

- Daily living and self-care support
- Household management and organization

- Money management and budgeting
- Health, safety, and wellness routines
- Transportation and mobility training
- Interpersonal communication and relationship skills
- Any other goals identified in the participant's Individual Program Plan (IPP) or Person-Centered Plan (PCP)

All services will align with the participant's IPP and PCP goals approved under the Self-Determination Program.

2. Billing and Payment

- Rate: \$60.00 per hour (subject to Regional Center approval and participant's authorized budget).
- ESS will submit invoices to the participant's Financial Management Service (FMS) under the Bill Payer option.
- Payment will be made directly to ESS by the FMS based on the participant's approved budget.

3. Schedule and Availability

Services are flexible and will be scheduled based on the participant's needs and the hours authorized in the participant's SDP budget. ESS will coordinate directly with the participant/family to determine the schedule.

4. Participant/Family Responsibilities

- Provide access to the home and community settings as needed for services.
- Communicate any schedule changes or cancellations in a timely manner (24-hour notice expected).
- Actively participate in goal-setting and progress review.
- Maintain ongoing communication with ESS management.

5. ESS Responsibilities

- Deliver professional, person-centered services consistent with the participant's IPP goals.
- Employ staff who are trained, reliable, and respectful.
- Ensure all employees have cleared DOJ/FBI background checks (Live Scan) and receive mandated reporter training as required by California law.
- Maintain detailed daily service logs and provide progress summaries as requested by the participant, family, or Regional Center.
- Maintain confidentiality in compliance with HIPAA and Welfare & Institutions Code §4514.
- Uphold all participant rights and safeguard privacy at all times.

6. Cancellation Policy

Participants/families are expected to provide at least 24-hour notice for cancellations. Repeated cancellations without notice may result in review of services.

7. Termination of Agreement

This Agreement may be terminated by either party with written notice. ESS will provide a final invoice to the FMS for services rendered up to the termination date.

8. Liability and Insurance

ESS maintains active **general liability insurance**. ESS and its staff are not liable for accidents, injuries, or damages that occur outside the scope of authorized services or when the participant is not under direct ESS supervision.

9. Emergency and Safety Procedures

In the event of an emergency, ESS staff will follow safety protocols, contact 911 if needed, and immediately notify the participant's designated emergency contact and ESS management.

10. Amendment or Termination

This Agreement may be amended in writing at any time with the consent of both parties and acknowledgment from the FMS.

Either party may terminate this Agreement with written notice. ESS will submit a final invoice to the FMS for services rendered through the termination date.

11. Agreement Signatures

By signing below, both parties acknowledge and agree to the terms outlined above.

Participant/Family Representative:	Signature: _____ Date: _____
Empowerment Support Solutions (ESS):	Signature: _____ Date: _____
Financial Management Service (optional acknowledgment):	Signature: _____ Date: _____
<p>All services are provided under the guidelines of the California Self-Determination Program and applicable Regional Center policies.</p> <p>Contact Information</p> <p>Empowerment Support Solutions (ESS) Jadon Chavez, Director Email: empowermentess@gmail.com Phone: (626) 596-6155 Website: empowermentss.com</p>	