HEARTZ 2 HEART DEVELOPMENTAL LIVING LLC

Subcontractor Compliance Guarantee

Provider Name: Heartz 2 Heart Developmental Living LLC
Medicaid Provider Number: _____
Address: _____
Phone: _____
Effective Date: _____

Purpose

This Guarantee is executed by **Heartz 2 Heart Developmental Living LLC** ("Provider") in accordance with the requirements established by the Division of Developmental Disabilities Services (DDS) regarding the Optional Organized Health Care Delivery System Election pursuant to 42 C.F.R. § 447.10(b).

Heartz 2 Heart Developmental Living LLC acknowledges and agrees to ensure that all subcontractors utilized in the provision of Home and Community-Based Services (HCBS) Waiver Services comply with all applicable federal and state Medicaid

regulations, DDS Certification Standards, policies, procedures, and service requirements.

Provider Guarantee

Heartz 2 Heart Developmental Living LLC hereby guarantees the following:

1. Compliance with Regulations and Standards

Heartz 2 Heart Developmental Living LLC shall ensure that every subcontractor providing services on behalf of the Provider complies with:

1. All applicable Medicaid regulations;
2. DDS Certification Standards;
3. HCBS Waiver requirements;
4. State and federal laws governing the provision of services;
5. Beneficiary rights and protections; and
6. Any additional requirements established by DDS.

2. Assumption of Liability

Heartz 2 Heart Developmental Living LLC accepts full responsibility and liability for any acts, omissions, deficiencies, violations, or non-compliance by its subcontractors related to the provision of services under the HCBS Waiver Program.

3. Direct Service Requirement

Heartz 2 Heart Developmental Living LLC shall provide at least one HCBS Waiver service utilizing its own employees and shall not exclusively rely upon subcontractors for service delivery.

4. Written Subcontract Agreements

Heartz 2 Heart Developmental Living LLC shall maintain a duly executed written subcontract agreement with each subcontractor. Each subcontract shall:

1. Clearly identify the services to be rendered;
2. Define performance expectations and responsibilities;
3. Require compliance with all Medicaid and DDS requirements;
4. Establish documentation and reporting requirements;
5. Require services to be delivered in a timely manner;

6. Ensure services are satisfactory to the beneficiary; and
7. Include provisions for monitoring, corrective action, and termination when necessary.

5. Quality Assurance and Oversight

Heartz 2 Heart Developmental Living LLC shall monitor subcontractor performance on an ongoing basis to ensure quality service delivery and compliance with DDS standards. The Provider understands that DDS Quality Assurance reviews may evaluate compliance with Certification Standards and subcontractor oversight requirements.

6. Financial Accountability

Heartz 2 Heart Developmental Living LLC shall maintain financial accountability for all subcontracted services and shall verify:

1. Services were actually rendered;
2. Services were delivered according to the beneficiary's approved plan of care;
3. Documentation is complete, accurate, and timely;
4. Claims submitted for reimbursement are supported by appropriate records; and
5. Payments made to subcontractors correspond to verified services delivered.

7. Documentation Requirements

Heartz 2 Heart Developmental Living LLC shall ensure subcontractors maintain and submit all required documentation, including but not limited to:

1. Service notes;
2. Attendance records;
3. Progress reports;
4. Incident reports;
5. Billing records; and
6. Any additional documentation required by DDS or Medicaid regulations.

8. Corrective Action

If a subcontractor is found to be non-compliant with applicable regulations or standards, Heartz 2 Heart Developmental Living LLC shall implement corrective action measures

and, when necessary, suspend or terminate the subcontractor's participation in service delivery.

Certification

By signing below, **Heartz 2 Heart Developmental Living LLC** certifies that it understands and accepts all responsibilities associated with subcontracting HCBS Waiver services and guarantees compliance with all applicable Medicaid regulations, DDS Certification Standards, and contractual obligations.

Authorized Provider Representative

I certify that the information contained in this Guarantee is true and accurate and that **Heartz 2 Heart Developmental Living LLC** will comply with all requirements outlined herein.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Witness (Optional)

Witness Name: _____

Signature: _____

Date: _____