

Minnesota HCBS Waiver/AC

Approval-Option Service Authorization

(Use this sample service-authorization template for lead agency-approved waiver-service vendors. For more information, see [CBSM — Waiver/AC service provider overview](#).)

Service vendor (service vendor’s name) agrees to the following in delivering services to Minnesota home and community-based services waiver (BI, CAC, CADI, DD, EW) /Alternative Care (AC) participants through (county or tribal agency/MCO) .

- Deliver the service of (approval-option HCBS waiver/AC service) for participant (participant’s name) at the rate of \$(dollar amount) per (unit of service delivery, e.g., hour, 15-minutes, etc.) .
- Deliver to recipients service of same scope and quality as would be provided to the general public and in compliance with HCBS waiver/AC program guidelines, including service-specific requirements and within the participant’s service plan specifications to include the following: (enter details)

This agreement is effective beginning on (enter date) .

This agreement shall terminate on (date) , or when the vendor’s license, certification, or registration to provide these services expires, is suspended, or revoked; upon the death of the client; or when the client discontinues receiving services from the vendor for any reason.

The vendor is an independent service contractor and nothing herein contained shall be construed to create the relationship of employer and employee between (enter county or tribal agency/MCO) and the vendor.

Please contact the case manager/care coordinator with questions on the terms of this service purchase agreement for the waiver participant specified.

Vendor signature

Date

County or tribal agency/MCO signature

Date