



Service Agreement for Self-Directed Supports (099)

Participants Name	UCI
Legal Representative Name (If applicable):	
099 Vendor Name:	Vendor #
Service Coordinator:	

Department of Developmental Services (DDS) Directive dated December 22, 2023: [Click Here](#)

Self-Directed (SD) Supports, Service Code 099, is available as a vendored service for potential Self-Determination Program (SDP) participants who need support to transition into SDP once their initial Person-Centered Plan (PCP) has been completed. 099 services are provided through General SD Supports. Regional centers may authorize SD Supports from an 099 vendor for **up to 40 hours** per participant. Additional hours may be authorized on a case-by-case basis.

This Service Agreement must be submitted to and approved by the participant’s Planning Team *prior* to 099 services being provided. Upon completion of 099 services/successful enrollment in SDP, the 099 vendor may bill for services by submitting an invoice ([Click Here for Invoice Template](#)) to sdp@sdrc.org.

This Agreement (“Agreement”) is entered into on _____ (Date), by and between _____ (099 “Vendor”) and _____ (“Participant”/Legal Representative”).

Scope of Services: Vendor agrees to provide (List services/supports)

Term:

This Agreement shall commence on _____ (Starting Date) and terminate on _____ (Estimated End Date), unless earlier terminated by mutual agreement, reasonable cause, or enrollment into SDP.

Compensation:

The San Diego Regional Center (SDRC) will compensate Vendor for services rendered. The total compensation will be calculated based on the total hours of services provided at the DDS-set rate of **\$50.48/hour** (SDRC rate).

Total Hours of Service:

The anticipated service hours are estimated to be _____ hours in total. Accurate records of all rendered service hours will be maintained by the Vendor and submitted for approval via invoice (see link above for Template).

Confidentiality:

Vendor agrees to maintain the confidentiality of all participant information obtained during the provision of services and shall not disclose such information without the explicit consent of the Participant.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Vendor Printed Name	Vendor Signature	Date
Participant/Legal Representative Print Name	Participant/Legal Representative Signature	Date
Service Coordinator Printed Name	Service Coordinator Signature	Date