

# Caregiver Compensation Annual Authorization

## Form CC-003 - Annual Authorization

Form: CC-003

Version: 8/2025

**PRIVACY STATEMENT:** *The information provided on this form shall be used to verify the Person's continuing eligibility for receiving caregiver compensation services. The information will only be used by DHHS and, if necessary, by other individuals or parties contracted with DHHS. Without this data, the department cannot offer payment for caregiver compensation services. This data is part of record series: 15376.*

### Participant Information:

**Person's Name:**

**Caregiver(s)' Name(s):**

**PID:**

For any Person receiving caregiver compensation, their support coordinator shall annually verify that the person is eligible and authorized for the program by completing this form. The support coordinator shall answer the following questions truthfully and to the best of their knowledge:

**1. Have the expectations in the SAS Employer Agreement (if applicable) and service codes been explained to the caregiver?**      YES      NO

**2. Does the service being provided meet the requirements of the supported living code description?**      Yes      No

*References for Service Descriptions:*

[Provider Scope of Work \(see article 31\)](#)

[SAS Service Descriptions \(see supported living\)](#)

**3. Did the Person re-declare their informed decision to receive caregiver compensation (as opposed to other service options) within 30 days of this signature?**      Yes      No

**4. Does the caregiver still have the capacity to deliver the service as described in the service codes and do they meet the specific assessed service needs of the Person as identified in the PCSP?**      Yes      No

**5. Does the Person have choice in their activities during the delivery of caregiver compensation?**      Yes      No

**6. Does the service support the Person's independence and community integration?**

**Yes**

**No**

**7. Is caregiver compensation still in the best interest of the person receiving services?**

**Yes**

**No**

**8. What, if any, concerns do you have with the use of caregiver compensation for this specific person or situation?**

**Acknowledgment and Signature**

Please sign and date below to acknowledge that the answers given on this form are true and accurate, to the best of your knowledge.

By my signature, I agree that I have read and answered each question accurately.

Signature of Support Coordinator:

Date: