**DEPARTMENT OF DEVELOPMENTAL SERVICES**
**PLACEMENT SERVICES**
**STATEMENT OF WORK**

| | |
|---|---|
| **DDS REGION/AREA:** | **FISCAL YEAR:** |
| **PROVIDER:** | ☐ **INITIAL SOW** |
| **VENDOR CODE:** VC | ☐ **AMENDMENT NUMBER:** |
| **MASTER AGREEMENT:** DDSPS15(A-E)(F-N)(O-Z)0000000000 | **DOC ID:** |

**This Statement of Work (SOW) is issued under the terms of the Placement Services Master Agreement.**

This Statement of Work is subject to the Placement Services Master Agreement, which includes the Commonwealth Terms and Conditions for Human and Social Services, Standard Contract Form, the RFR and the Provider's Response to the RFR and any clarifications/negotiated terms. Rates and expected expenditures outlined in this SOW and attachments are subject to change by the Department in consultation with the provider. A SOW must be signed by the Provider and the Agency before services can be reimbursed.

1. The Agency will reimburse the Provider for Placement (also called Shared Living) Services, which are rendered in accordance with the Placement Services Master Agreement. DDS billing shall be done through the Virtual Gateway and the Enterprise Invoice Service Management System, in accordance with the Agency's billing guidelines.
2. The provider may bill the Agency for more than the Estimated Expenditure Amount specified in this Statement of Work during the fiscal year, but will only be reimbursed for services provided up to the Estimated Expenditure Amount.
3. The Estimated Expenditure Amount(s) for services outlined in this Statement of Work is a current estimate of the number of units that the Agency anticipates purchasing from the Provider. The actual Expenditure Amount(s) will depend on the number of participants and the number of units that are authorized and used, up to the Estimated Expenditure Amount.
4. All funding for this Statement of work is subject to appropriation. An amended SOW must be completed and filed when: A) there is a material change to the Estimated Expenditure Amount, or B) any revisions substantially alter services as outlined in this SOW. Once signed, the expected expenditure will be entered in the Massachusetts Management Accounting and Reporting System, MMARS. The Department may modify this SOW and the expected expenditure, after consultation with the provider, to address the level of care for clients as deemed appropriate by DDS. All changes to payment levels and rates will be communicated by email to the Contract Manager noted on the Master Agreement contract.
5. Any work done without authorization pursuant to this SOW will be considered in violation of the Placement Services Master Agreement and this SOW.
6. Documents additional to this SOW that are not inconsistent with the terms of the SOW or the Master Agreement may be required by the Agency and will become part of this Statement of Work, including emails from the Agencies documenting approval for minor changes to services or model of care that do not impact the estimated expenditure amount.
7. The terms of service incorporated in this SOW may be terminated by the Agency upon written notice at any time during the life of the Master Agreement contract.
8. This Statement of Work shall cover services starting on: _____, and shall terminate on: _____.

Department of Developmental Services
Placement Services
Statement of Work

| Provider Information<br>**Doc ID:** | Department Information |
|---|---|
| **Provider Name:**<br>**Provider Address:** | **Department Name:** Dept. of Developmental Services<br>**Billing Address:** |
| **Provider's Contact Person for this Statement of Work:** | **Department's Contact Person for this Statement of Work:** |
| **Telephone:**<br>**Email:** | **Telephone:**<br>**Email:** |

**Check and attach one of the following to this SOW:**

☐ **Attachment A: Estimated Expenditure Amount(s)**
**Expected Expenditure Amount for FY: $** **Rate: $**

☐ **Attachment B: Blended rate worksheet if SOW covers more than one placement**
**Expected Expenditure Amount for FY: $** **Rate: $**

**Additional specifications agreed to between the Agency and the Provider:**

☐ **Check if start-up costs included. Attach Attachment 3 Budget Form**

☐ **Check if capital costs included. Attach 6 Capital Budget Form**

**Acceptance**

The Parties hereby acknowledge the terms of this Statement of Work.

| **Name of Provider Authorized Signatory:** | **Name of Agency Authorized Signatory:** |
|---|---|
| **Signature:** | **Signature:** |
| **Title:** | **Title:** |
| **Date:** | **Date:** |