



KRC Vendor Packet Checklist

Did you include the following information?

Vendor Name: _____

Enclosures:

- V1 - Vendor Application (DS 1890)
- V2 - Vendor Applicant Information (KRCVedorAppInfo.RevCM10022013)
- V3 - Abuse and Special Incident Reporting (SIR)
- V4 - Zero Tolerance Policy and Acknowledgement
- V5 - Applicant/Vendor Disclosure Statement (DS 1891)
- V6 - Medicaid Integrity Disclosure Certification
- V7 - Home and Community Based-Services Provider Agreement
- V8 - W-9 (Use Social Security Number if individual/Sole Proprietor. Partnerships, non-profit agencies, or Corporations use only Employer Tax ID Numbers.)
- V9 - Independent Contractor Verification Form (KRCICVF.RevCM10022013)
- V10 - KRC Insurance Policy Requirements and Sample
- V11 - Usual & Customary Fee Schedule Form, if applicable
- V12 - Financial Statement/Cost Statement, if applicable
- V13 - E-Billing Enrollment Forms

Provide the following:

- Copy of California Driver's License (CDL) and/or California ID
- Copy of Tax Identification Number (TIN) and/or Social Security Card
- Copy of Website print out from http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp and <http://exclusions.oig.hhs.gov> that shows individual in your organization are not part of the exclusion list.
- Provide Description of barriers to vendorization, if needed.
- Copy of Articles of Incorporation must be submitted for partnerships and corporations (Print out Secretary of State Business Entity Detail)
- Copy of a business license
- Copy of Organizational Chart
- Provide a Printout from the of Secretary of State (California) website of Corporate or LLC Status
- Copy of the incorporation papers for non-profit
- Copy of any academic degree required
- Copy of any license, credential, registration or permit required
- Copy of any certificate verifying experience or qualifications, (resume) if available
- Copy of CPR/ First Aid Certificate, if required
- Proof of fingerprint submission
- Proof of required insurance General and/or Professional liability/Workman's Comp and Sexual Abuse/Molestation coverage
- The proposed program design and staff qualifications and duty statements for applicants seeking vendorization as an in-home respite services agency or community-based day program **OR**
- Proposed Program Design
- Rate information for Usual & Customary: Copy of Fee Schedule

(KRC use only)	
<input type="checkbox"/> Printed VSN _____	<input type="checkbox"/> _____
Initial of QA Specialist/Date	Date Rec from Vendor
<u>Comments/Notes:</u>	

Signature or Quality Assurance Staff Date

Signature of QA Program Manager and/or QA Director Date

VENDOR APPLICATION

DS 1890 (Rev. 07/2011) (Electronic Version)

Applicant Name					Federal Tax ID or SSN *
Name of Governing Body or Management Organization					
Mailing Address	(Street)	(City)	(State)	(Zip)	(County)
Service Address	(Street)	(City)	(State)	(Zip)	(County)
<i>(If different than mailing address)</i>					
Applicant (owner or executive director)				Telephone number ()	
Type of Service to be Provided				Facility Capacity	
Identification of the type of consultants, subcontractors and community resources to be used by the vendor as part of its service					

CERTIFICATION

I hereby certify to the best of my knowledge and belief, this information is true, correct, and complies with Title 17, Section 54310(a).

Applicant's Signature ▲	Date
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INSTRUCTIONS

Please read the Department of Developmental Services California Code of Regulations, available from the regional centers, prior to completing this form. Type or print this form. Mail to the regional center serving your area.

Attach applicable information outlined in Title 17, Section 54310(a)(10)

- (A) Any license, credential, registration or permit required for the performance of the service or operation of the program, or proof of application for such document;
- (B) Any academic degree required for performance or operation of the service;
- (C) Any waiver from licensure, registration, certification, credential, or permit from the responsible controlling agency;
- (D) The proposed or existing program design as required in Section 56712 and Section 56762, if applicable, for applicants seeking vendorization as community-based day programs;
- (E) The proposed or existing staff qualifications and duty statements as required in Sections 56722 and 56724 for applicants seeking vendorization as community-based day programs;
- (F) The proposed or existing design as required in Section 56780 for applicants seeking vendorization as in-home respite services agencies;
- (G) The proposed or existing staff qualifications and duty statements as required in Section 56792 for applicants seeking vendorization as in-home respite services agencies;
- (H) The signed Home and Community-Based Services Provider Agreement with the Department of Health Services, if required.

* "Except for the Federal Tax ID or Social Security Number, all information provided by you on this form may be released to a member of the public pursuant to the Public Records Act, Section 6250 et seq. of the California Government Code."

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KRC VENDOR APPLICANT SERVICE INFORMATION AND CERTIFICATION
Send to KRC with Vendor Application (DS 1890)

Applicant's Name: _____
Site Address: _____
City & Zip: _____
Administrator/Contact Person: _____
Administrator/Emergency #: _____
Cell #: _____
Fax#: _____
E-Mail Address: _____

CONFLICT OF INTEREST

1. According to Title 17 Regulations, Section 54314, the following individuals and entities shall not be vendored:
- (1) Any officer or employee of the State of California;
 - (2) Any applicant in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103, except as permitted by Public Contract Code, Section 10430(g), effective January 1, 1992;
 - (3) Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Sections 54522 through 54525;
 - (4) Any applicant in which the regional center employee or board member has a relationship which creates a conflict of interest pursuant to Title 17, Section 54500 through 54252, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Section 54522 through 54525;
 - (5) Regional Center Clients to provide services for, or to, themselves except to provide transportation or serve as their own Supported Living Service Vendor.
 - (6) Except as specified in Section 54318 of these regulations, any applicant located outside the state.
 - (7) Any applicant that has been determined to be an excluded individual or entity as defined in Section 54302(b)(1).

I have read the above information and declare:
 No present or potential barriers to becoming a vendor exist.
 A current or potential barrier to becoming a vendor exists. (Please explain below.)

If yes, please complete the following:

Name of individual: _____
Relation to Applicant: _____
Occupation: _____

**Please use a separate page, if necessary.

Instructions: Please complete the following information and include with your vendor application. Use other side or attachments as needed.

2. Have you ever been vendored by any other Regional Center? No Yes. If yes, complete the following:

Vendor Name	Vendor Number	Name of Regional Center
Vendor Name	Vendor Number	Name of Regional Center

3. I certify that I have never been convicted of a crime (excluding minor traffic violations) and that I will not knowingly hire any individual convicted of a crime Yes No. If no, please attached a statement indicating the nature and circumstances of the crime.

I hereby certify to the best of my knowledge and belief that all information given to Kern Regional Center during the vendorization process is true and correct. I understand vendor information is public information that is shared with other Regional Centers, clients and the Department of Developmental Services. If I become a vendor, I understand I must comply with all applicable State and Federal requirements.

Applicant's Signature _____ Date _____

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Reporting Acknowledgement Form

Abuse & Special Incident Reporting Requirements for Vendors

CHILD ABUSE REPORTING

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, nonmedical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possibly by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

ELDER AND ADULT ABUSE REPORTING

Section 15630 of the California Welfare and Institutions Code requires any elder or dependent adult care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has observed an incident that reasonable appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse shall be reported even if the report has doubts about whether abuse has actually occurs, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse had occurred, shall report the known or suspected instance of physical abuse to an adult protective services agency or to a local law enforcement agency immediately or as soon as practically possibly by telephone and to prepare and send a written report thereof within two working days of receiving the information concerning the incident.

I understand that as a vendor for Kern Regional Center, California Law requires that I report known or suspected instances of abuse. Failure to make such a report is treated as a misdemeanor.

Initial _____

Special Incident Report (SIR) Requirements for Vendors CCR Title 17, Section 54327

Who Must Report

- All vendors
- All long-term health care facilities
 - (ICF/DD-H, ICF/DD-N, and SNF)

Initial Report Timelines to KRC

- Immediately but not more than 24 hours after learning of incident
- By phone, FAX or electronic mail

Written Report Timelines to KRC

- A written report must be submitted within 48 hours of the occurrence of the special incident
- May be submitted by FAX, electronic mail, or mail

Where to Report

- To the Regional Center (RC) with case management authority
- Also to the vendoring RC, if not the same

KRC Reports

- Case manager
- Officer of the Day (Sarah Swanlund)
 - sswanlund@kemrc.org
 - 661.852.3237
 - 661.324.5060 (fax)

Content of Report for Vendors

- The vendor or long term health facility's name, address and phone number
- The date, time and location of the special incident
- The name(s) and date(s) of birth of the client(s) involved
- A description of the special incident
- A description of the alleged perpetrator, if applicable
 - Age, height, weight, occupation, relationship to client
- The treatment provided to the client, if any
- Names and addresses of witnesses
- Actions taken by the vendor, the client or any other individuals in response to the SI
- Agencies notified
 - Law enforcement, licensing, protective services
- Family member or authorized representative notified

Special Incidents That Occur While Client is Receiving Services

- Client is missing and report filed with a law enforcement agency
- Reasonably suspected abuse/exploitation including;
 - Physical;
 - Sexual;
 - Fiduciary;
 - Emotional/mental; or
 - Physical and/or chemical restraint.

- **Reasonably suspected neglect including failure to:**
 - Provide medical care for physical and mental health;
 - Prevent malnutrition or dehydration;
 - Protect from health and safety hazards;
 - Assist in personal hygiene or the provision of food, clothing or shelter; or
 - Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or dependent adult.

- **A serious injury/accident**
 - Lacerations requiring sutures or staples;
 - Puncture wounds requiring medical treatment beyond first aid;
 - Fractures;
 - Dislocations;
 - Bites that break the skin and require medical treatment beyond first aid;
 - Internal bleeding requiring medical treatment beyond first aid;
 - Any medication errors
 - Medication reactions that require medical treatment beyond first aid; or
 - Burns that require medical treatment beyond first aid.

- **Any unplanned unscheduled hospitalization due to the following conditions:**
 - Respiratory illness, including but not limited to, asthma, tuberculosis and chronic pulmonary disease;
 - Seizure-related;
 - Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
 - Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;
 - Diabetes, including diabetes-related complications;
 - Wound/skin care, including but not limited to, cellulitis and decubitus;
 - Nutritional deficiencies, including but not limited to, anemia and dehydration; or
 - Involuntary psychiatric admission.

Special Incidents To Report Regardless of When or Where Occur

- **Death of any client, regardless of cause**

- **Client is a victim of crime**
 - Robbery, including theft using a firearm, knife or cutting instrument or other dangerous weapons or methods that force or threaten a victim.
 - Aggravated Assault, including a physical attack on a victim using hands, fist, feet, or a firearm, knife or cutting instrument or other dangerous weapon.
 - Larceny, including the unlawful taking, carrying, leading or riding away of property, except for motor vehicles, from the possession or constructive possession of another person.
 - Burglary, including forcible entry, unlawful non-forcible entry and attempted forcible entry of a structure to commit a felony or theft therein.
 - Rape, including rape and attempts to commit forcible rape.

Denial of Rights (Title 17, Section 50530)

Report all denial of client's rights in accordance with Title 17, Section 50530-50536

Other Considerations

- Community Care Facilities must send copies of any SIR sent to Community Care Licensing to KRC
- Long-term health facilities must send copies of incident reports sent Department of Health Services Licensing to KRC

- Adult Family Home Agencies (AFHA) have additional SIR requirements (Title 17, Section 56093)

Tips for Written Reports

- Who, what, where, when, why and how
- If you use names, be sure it is clear to reader who they are
- Clear and concise
- Factual and free of opinions
- Complete per regulations
- Legible!

Staff Training

It is not enough for the licensee or administrator to know what constitutes a Special Incident and how to proceed. All staff must receive on-going training on identifying and reporting Special Incidents. If staff fails to report, the Vendor is still responsible.

Follow-up

After you have made sure the client is safe and has received all needed assistance, you should review what happened and determine what steps to take to prevent a reoccurrence of the special incident. Be sure to take those steps. Document your actions.

Abuse Reporting

Vendors are reminded that reporting suspected abuse or neglect to KRC does not absolve them of the responsibility to report those events to the proper authorities.

I have read and understand the provisions of Section 15630 (Elder & Adult) of the California Welfare and Institutions Code, Section 11166 (Child) of the Penal Code, and California Code of Regulations Title 17, Section 54327 for Abuse and Special Incident Reporting and will comply with their provisions.

Applicant (Agency) Name – Please Print

Applicant Signature

Date

Please be sure to include your Vendor Number and Service Code on all reports to KRC!

MEMORANDUM

Date: March 2014

To: All Applicants for Vendorization

Re: Zero Tolerance Policy and Acknowledgement

The State of California requires each Regional Center to have a 'Zero Tolerance Policy'. It also requires all vendors and long-term health care facilities be informed of this policy. Kern Regional Center's (KRC) 'Zero Tolerance Policy' is posted on the website at www.kernrc.org for your review.

Please be advised that all vendors serving clients of KRC are required to abide by the terms of KRC's 'Zero Tolerance Policy', and it is our expectation that they do so. In addition, all vendors and long-term health care facilities are required to fully inform their respective employees of KRC's 'Zero Tolerance Policy' upon hire and annually thereafter. Proof of this notification must be kept in the employee's personnel record.

The 'Zero Tolerance Policy' reminds us that we are all mandated reporters of suspected child or dependent adult abuse, that abuse of children or dependent adults is not acceptable and is not tolerated, and that anyone suspecting abuse shall report it to the appropriate licensing and/or investigating body as appropriate, as well as to the regional center. Failure to report suspected abuse has consequences that are detailed in law [see WIC 15630 for adults and Penal Code 11166 for children] and may result in devendorization.

.....

By signing below I acknowledge that I have:

- Reviewed the KRC's 'Zero Tolerance Policy' as posted on the KRC website.
- Agree to abide by the terms and conditions set forth in the KRC 'Zero Tolerance Policy.'
- Developed a policy and procedure to inform all of my/our employees of the 'Zero Tolerance Policy'
- Agreed to maintain proof of employee notification in personnel records.

Vendor/Long-Term Care Facility Name

Signature of Applicant/Vendor

Date Signed

V4

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION

FACILITY NUMBER

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both. [PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE

Effective: January 1, 2005

Welfare & Institutions Code § 15610.63. Physical abuse

“Physical abuse” means any of the following:

- (a) Assault, as defined in Section 240 of the Penal Code.
- (b) Battery, as defined in Section 242 of the Penal Code.
- (c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
- (d) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
- (e) Sexual assault, that means any of the following:
 - (1) Sexual battery, as defined in Section 243.4 of the Penal Code.
 - (2) Rape, as defined in Section 261 of the Penal Code.
 - (3) Rape in concert, as described in Section 264.1 of the Penal Code.
 - (4) Spousal rape, as defined in Section 262 of the Penal Code.
 - (5) Incest, as defined in Section 285 of the Penal Code.
 - (6) Sodomy, as defined in Section 286 of the Penal Code.
 - (7) Oral copulation, as defined in Section 288a of the Penal Code.
 - (8) Sexual penetration, as defined in Section 289 of the Penal Code.
 - (9) Lewd or lascivious acts as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code.
- (f) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
 - (1) For punishment.
 - (2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
 - (3) For any purpose not authorized by the physician and surgeon.

Effective: January 1, 2013

Welfare & Institutions Code § 15630. Mandated reporters; known or suspected abuse; telephone or Internet reports; failure to report; impeding or inhibiting report; penalties

(a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(b)(1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential Internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days:

(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, and no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon his or her training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.

(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the federal Patient Protection and Affordable Care Act (Public Law 111-148), Section 1418.91 of the Health and Safety Code, and Section 72541 of

Title 22 of California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.

(B) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, or any other law, the department may implement subparagraph (A), in whole or in part, by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action.

(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.

(D) With regard to abuse reported pursuant to subparagraphs (A) and (C), the local ombudsman and the local law enforcement agency shall, as soon as practicable, except in the case of an emergency or pursuant to a report required to be made pursuant to clause (v), in which case these actions shall be taken immediately, do all of the following:

(i) Report to the State Department of Public Health any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day program, as defined in paragraph (2) of subdivision (a) of Section 1502 of the Health and Safety Code.

(iii) Report to the State Department of Public Health and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

(v) Report all cases of known or suspected physical abuse and financial abuse to the local district attorney's office in the county where the abuse occurred.

(E) If the suspected or alleged abuse occurred in a state mental hospital or a state developmental center, the report shall be made to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.

(i) Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

(ii) Mandated reporters of the State Department of Developmental Services shall immediately report suspected abuse to the Office of Protective Services or to the local law enforcement agency.

(F) If the abuse has occurred any place other than one described in subparagraph (A), the report shall be made to the adult protective services agency or the local law enforcement agency.

(2)(A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(B) This subdivision shall not be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse if he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency.

(C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.

(3)(A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident if all of the following conditions exist:

(i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect.

(ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

(B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.

(4)(A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident if all of the following conditions exist:

(i) The mandated reporter is aware that there is a proper plan of care.

(ii) The mandated reporter is aware that the plan of care was properly provided or executed.

(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).

(iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

(B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Public Health determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.

(c)(1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Public Health and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of State Hospitals or the State Department of Developmental Services or to a local law enforcement agency. Except in an emergency, the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) If two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and there is agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report or Internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder's or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.

(g)(1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.

(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

(i) For purposes of this section, "dependent adult" shall have the same meaning as in Section 15610.23.

Effective: January 1, 2012

Welfare & Institutions Code § 15633. Confidentiality of reports; disclosure

(a) The reports made pursuant to Sections 15630, 15630.1, and 15631 shall be confidential and may be disclosed only as provided in subdivision (b). Any violation of the confidentiality required by this chapter is a misdemeanor punishable by not more than six months in the county jail, by a fine of five hundred dollars (\$500), or by both that fine and imprisonment.

(b) Reports of suspected abuse of an elder or dependent adult and information contained therein may be disclosed only to the following:

(1) Persons or agencies to whom disclosure of information or the identity of the reporting party is permitted under Section 15633.5.

(2)(A) Persons who are trained and qualified to serve on multidisciplinary personnel teams may disclose to one another information and records that are relevant to the prevention, identification, or treatment of abuse of elderly or dependent persons.

(B) Except as provided in subparagraph (A), any personnel of the multidisciplinary team or agency that receives information pursuant to this chapter, shall be under the same obligations and subject to the same confidentiality penalties as the person disclosing or providing that information. The information obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(c) This section shall not be construed to allow disclosure of any reports or records relevant to the reports of abuse of an elder or dependent adult if the disclosure would be prohibited by any other provisions of state or federal law applicable to the reports or records relevant to the reports of the abuse, nor shall it be construed to prohibit the disclosure by a financial institution of any reports or records relevant to the reports of abuse of an elder or dependent adult if the disclosure would be required of a financial institution by otherwise applicable state or federal law or court order.

Welfare & Institutions Code § 15633.5. Information given to investigator; reporting person's identity; confidentiality Effective: January 1, 2003

(a) Information relevant to the incident of elder or dependent adult abuse may be given to an investigator from an adult protective services agency, a local law enforcement agency, the office of the district attorney, the office of the public guardian, the probate court, the bureau, or an investigator of the Department of Consumer Affairs, Division of Investigation who is investigating a known or suspected case of elder or dependent adult abuse.

(b) The identity of any person who reports under this chapter shall be confidential and disclosed only among the following agencies or persons representing an agency:

(1) An adult protective services agency.

(2) A long-term care ombudsperson program.

(3) A licensing agency.

(4) A local law enforcement agency.

(5) The office of the district attorney.

(6) The office of the public guardian.

(7) The probate court.

(8) The bureau.

(9) The Department of Consumer Affairs, Division of Investigation.

(10) Counsel representing an adult protective services agency.

(c) The identity of a person who reports under this chapter may also be disclosed under the following circumstances:

(1) To the district attorney in a criminal prosecution.

(2) When a person reporting waives confidentiality.

(3) By court order.

(d) Notwithstanding subdivisions (a), (b), and (c), any person reporting pursuant to Section 15631 shall not be required to include his or her name in the report.

APPLICANT/VENDOR DISCLOSURE STATEMENT

GENERAL INSTRUCTIONS

Every applicant or vendor must complete and submit a current Applicant/Vendor Disclosure Statement, DS 1891 (disclosure statement) as part of a complete application packet for vendorization or upon request of the vendoring regional center. The following instructions are designed to clarify certain questions on the form. Instructions are listed in order of question for easy reference. See 42 CFR 455.101 for additional definitions.

Overall Authority: Code of Federal Regulations (CFR), Title 42, Part 455; California Code of Regulations, Title 17, Section 54311. Welfare and Institutions Code, Section 4648.12.

Important:

- **IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.**
- **Parents and consumers of Vouchers, Participant-Directed Services, or Purchase Reimbursements:** Complete Part 1 on page 2 and Part 3 on page 3, then proceed to Applicant/Vendor Signature on page 4 to sign and date.
- Failure to disclose complete and accurate information will result in a denial of enrollment and/or may be cause for termination of vendorization.
- • Read **ALL** instructions when completing the disclosure statement.
- • Type or print clearly in ink.
- • If applicant or vendor must make corrections, please line through, date, and initial in ink. Do not use correction fluid.
- Answer all questions as of the current date.
- If additional space is needed, attach a sheet referencing the part and question being completed.
- Return this completed statement with the complete application package to the regional center to which you are applying.

Part 1: Identifying Information

- A. Specify name of the applicant or vendor, agency, facility or organization, vendor number and service code, business address, and telephone number of applicant or vendor submitting the vendor application.
- B. Specify in what capacity the applicant or vendor is doing business. For example: The name of the corporation under which they are doing business. This name must match the license name, if applicable.
- C. List the National Provider Identifier, of the applicant or vendor, if any.
- D. List the Social Security Number, Date of Birth, and/or the Federal Employer Identification Number (EIN) of the applicant or vendor, if any. Enter Vendor's nine-digit EIN assigned by the IRS in the following format: XX-XXXXXXX.
 - An EIN is used to identify the accounts of employers and certain others who have no employees.
 - For more information about an EIN, please check <http://www.irs.gov> for "Employer Identification Numbers" or "EIN". Whenever this Disclosure Statement requests an EIN about an individual or entity, it has the same meaning.
- E. Check the entity type that best describes the structure of your organization.

Part 2: Ownership and Control Interests. Use the following definitions to identify the individuals you should enter in A, B and C of this section. See 42 CFR 455.101 for additional definitions.

- "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in the applicant or vendor. This term includes an ownership interest in any entity that has an indirect ownership interest in the applicant or vendor;
- "Managing Employee" means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, agency or business entity;
- "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of the applicant or vendor.
- "Person with an Ownership or Control Interest" means a person or corporation that:
 - A) Has an ownership interest totaling 5 percent or more in an applicant or vendor;
 - B) Has an indirect ownership interest equal to 5 percent or more of an applicant or vendor;
 - C) Has a combination of direct or indirect ownership interests equal to 5 percent or more in an applicant or vendor;
 - D) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the applicant or vendor if that interest equals at least 5 percent of the value of the property or assets of the applicant or vendor;
 - E) Is an officer or director of an applicant or vendor that is organized as a corporation; or
 - F) Is a partner in an applicant or vendor that is organized as a partnership.
- "Significant Business Transaction" means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of an applicant or vendor's total operating expenses.

- "Subcontractor" means an individual, agency, or organization to which an applicant or vendor has contracted or delegated some of the management functions or responsibilities of providing services.
- "Wholly Owned Supplier" means a supplier whose total ownership interest is held by an applicant or vendor or by a person, persons, or other entity with an ownership or control interest in an applicant or vendor.

Part 3: Excluded Individuals or Entities. (See page 3. Must be disclosed if applicable.)

"Excluded Individuals or Entities" means those individuals and entities that have been placed on either the U.S. Department of Health and Human Services Office of Inspectors' General (OIG) List of Excluded Individuals/Entities or the Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List of persons, or individuals and entities that have been convicted of a criminal offense related to involvement in any program under Medicare, Medicaid or the Title XX services program, or those individuals and entities that meet the criteria included in Title 17, Section 54311(a)(6).

**Title 17, California Code of Regulations, Section 54311(a)(6)
(Criteria for Excluded Individuals or Entities)**

The name, title and address of any person(s) who, as applicant or vendor, or who has ownership or control interest in the applicant or vendor, or is an agent, director, members of the board of directors, officer, or managing employee of the applicant or vendor, has within the previous ten years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

PLEASE FILL OUT

Part 1. Applicant/Vendor Information

A. Name of applicant or vendor, entity, agency, facility, or organization as reported to IRS:

Vendor Number and Service Code: _____

Business Address: _____

Telephone number (with area code): _____

B. Name registered with California Secretary of State, if any: _____

C. National Provider Identifier (NPI), if any: _____

D. Social Security Number (SSN), Date of Birth (DOB), and/or Federal Employer Identification Number (EIN), if any: _____

E. Check the entity type that best describes the structure of the applicant or vendor individual, business entity, agency, facility or organization: Check only one box:

Parent or Consumer for Vouchers, Participant-Directed Services, or Purchase Reimbursements (Complete Part 1 above and Part 3 on page 3, then proceed to Applicant/Vendor Signature on page 4 to sign and date).

Sole Proprietor (Unincorporated)

General Partnership Limited Partnership Limited Liability Partnership

Limited Liability Company: State of formation: _____

Governmental

Corporation: Corporate number: _____ State incorporated: _____

Nonprofit – Check One: Unincorporated Association Religious/Charitable

Corporation Other (specify): _____

Part 2. Ownership, indirect ownership, and managing employee interests (If not applicable, please indicate.)

A. List the name(s), title(s), address(es), SSNs, and DOBs of individuals for organizations having direct or indirect ownership interests, and/or managing employees in the applicant/vendor (see instructions for definitions). Also list all members of a group practice. Attach additional pages as necessary to list all officers, owners, management and ownership individuals and entities.

Name	Title	Address	SSN	DOB

B. List those persons named in 'A' above or 'Part 4. A' below, that are related to each other as spouse, parent, child, or sibling.

Name	Relationship	Address

C. List the name, address, vendor number and service code, SSN, NPI and/or EIN of any other applicant or vendor in which a person with an ownership or controlling interest in the applicant or vendor also has an ownership or control interest of at least 5 percent or more. For example: Are any owners of the applicant or vendor also owners of Medicare or Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Name	Address	Vendor Number and Service Code	SSN, NPI and/or EIN

Part 3. Excluded Individuals or Entities (If not applicable, please indicate.)

List the name, title, and address of any person, as applicant or vendor, or entity with an ownership or control interest, any agent, director, officer, or managing employee of the applicant or vendor who is an excluded individual or entity, as defined on page 2.

Name	Title	Address

Part 4. Subcontractor (If not applicable, please indicate.)

A. List the name, title, address, SSN, NPI and/or EIN of each person or entity with an ownership or control interest in any subcontractor in which the applicant or vendor has direct or indirect ownership of 5 percent or more. State percentage.

Name	Title	Address	Percentage	SSN, NPI and/or EIN

B. List the name, title, address, SSN, NPI and/or EIN of each subcontractor or wholly owned supplier in which the applicant or vendor has had any significant business transactions within 5 years of the application or request.

Name	Title	Address	SSN, NPI, and/or EIN

APPLICANT/VENDOR SIGNATURE

Knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become vendored, or if the service provider already is vendored, a termination of its vendorization.

By signing this disclosure statement, you hereby certify and swear under penalty of perjury that (a) you have knowledge concerning the information above, and (b) the information above is true and accurate. You agree to inform the vendoring Regional Center, in writing, within 30 days of any changes or if additional information becomes available.

Name of Applicant/Vendor or Authorized Representative	Title
Signature	Date

Recordkeeping and Access to Records

Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, any State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.

Privacy Statement

All information requested on the application and the disclosure statement is mandatory with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by the authority of Welfare and Institutions Code, Section 4648.12 and Title 17, California Code of Regulations, Section 54311. The consequences of not supplying the mandatory information requested are denial of vendorization as a regional center vendor or termination of vendorization. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or licensing programs in other states.

**KERN REGIONAL CENTER
MEDICAID INTEGRITY DISCLOSURE CERTIFICATION**

I certify that no one in my organization has been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of any elder or dependent adult or child, or in connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse, or that has been found liable for fraud or abuse in any civil proceeding, or that has entered into a settlement in lieu of conviction for fraud or abuse in any government program, within the previous 10 years.

Pursuant to Senate Bill 74, Section 11 and Welfare and Institutions Code 4648.1 -- 4648.12, Kern Regional Center cannot consider your request to be vendored until you certify that you are eligible to provide Medicaid services. **Please access the following websites, provide a printout as proof of your clearance and submit with this form.**

The State of California Suspended and Ineligible Provider List can be found at:
http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp

The Federal Office of Inspector General "exclusions database" can be found at:
<http://exclusions.oig.hhs.gov>

Agency Name: _____

Signature: _____ Date: _____

Print Name / Title

**HOME AND COMMUNITY BASED-SERVICES
PROVIDER AGREEMENT**

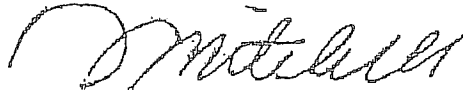
Name of Service Provider <i>(Please type or print)</i>		
Address		
Telephone	Vendor Number	Service Code

CERTIFICATION STATEMENT

The Provider agrees and shall certify under penalty of perjury that all claims for services provided to regional center clients have been provided to the clients by the Provider. The services were, to the best of the Provider's knowledge, provided in accordance with the client's written Individual Program Plan. The Provider shall also certify that all information submitted to the regional center is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. The Provider agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

THE PROVIDER AGREES TO INCLUDE WITH EACH CLAIM SUBMITTED TO THE REGIONAL CENTER A CERTIFICATION STATEMENT TO THE ABOVE TERMS AND CONDITIONS WHICH SHALL BE PRINTED ON THE REVERSE SIDE OF EACH PROVIDER OF CARE CLAIM FORM.

I certify that the undersigned will be A PARTICIPATING provider of Medi-Cal home and community-based services upon SUBMISSION OF THIS AGREEMENT TO THE REGIONAL CENTER and satisfaction of all vendorization requirements pursuant to Title 17, California Code of Regulations, and compliance with the requirements for providers of service set out in Welfare and Institutions Code, Division 9, Part 3, and in California Code of Regulations, Title 22.



Department of Health Services

Signature of Service Provider	Date
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	Social security number																		Employer identification number																	
Social security number																																					
Employer identification number																																					
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																																					

Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

INDEPENDENT CONTRACTOR VERIFICATION FORM

I believe that I qualify as an independent contractor according to the requirements of the Employment Developmental Department of the State of California. The category under which I qualify as an independent contractor is:

Check applicable category:

- Corporation:** A body formed and authorized by law to act as a single person although constituted by one or more persons and legally endowed with various rights and duties, including the capacity of succession. The corporation pays all employment taxes on all employees.
- Legal Partnership:** A legal relationship existing between two or more persons contractually associated as joint principals in business. The partnership pays all employment taxes on all employees.
- Employer with Employees:** An individual doing business as sole owner, who has no employees and pays all employment taxes as required by law.
- Self-Employed Individual:** An individual doing business as sole owner, who has no employees but who does pay Federal Self-Employment Tax in addition to income taxes on earnings.

I certify that I, my employees, or agents performing under this Contract shall act in an independent capacity and are not acting as an officer, agent, or employee of KRC or the State of California. I am solely responsible for the manner of operation of my business except to the extent as limited by the parties to this Contract. I will not hold myself out as, nor claim to be an officer, agent, or employee of KRC or of the State of California, including but not limited to Worker's Compensation coverage, Unemployment Insurance benefits, Social Security benefits, State Disability Insurance benefits, or retirement membership or credit.

If, in the course of events, I serve only regional center eligible consumers, I agree that it is because of the selection process I make in offering my services, and it is not an exclusive contract with Kern Regional Center.

I also affirm that I make full tax disclosures of these earnings according to Federal and State law. If I am declaring my status as a Self-Employed Individual, I will also file Self-Employment Tax as required.

Applicant (Agency) Name ³² Please Print

Signature

Date

KRC INSURANCE POLICY REQUIREMENTS FOR ALL VENDORS

Policy:

Kern Regional Center shall require General, Professional, Abuse and Auto Liability Insurance from all vendors of no less than \$1,000,000 limit per occurrence.

Operating Policy:

Vendor shall provide Certificate of Insurance as a condition of vendorization or, unless there is a legal waiver, placement of regional center consumers for services.

Procedure:

1. Providers shall submit certificates of insurance upon vendorization and upon insurance renewal thereafter.
2. KRC will be unable to vendor and/or fund if a facility or business is sold or a vendor moves to a new address and there is no insurance coverage in place.

The certificate you provide must:

1. List all subsidiaries or DBA's covered by the certificates provided
2. List all sites covered by insurance policy.
3. Provide at least thirty (30) days notice of cancellation.
4. List KRC as additional insurance against loss or liability caused by or connected with Vendor's performance or nonperformance of its services for KRC.

The Certificate of Insurance must be completed in its entirety and signed.

Binders are NOT acceptable.

REQUIRED COVERAGE

All non-parent vendors shall include but may not be limited to at least the following coverage and policy limits:

1. All service providers who have hired one (1) or more employees shall maintain Workers Compensation Insurance for their employees.
2. Commercial General Liability Insurance coverage with coverage amounts not less than one million dollars (\$1,000,000); and,
3. Automobile liability coverage, which shall include a minimum combined single limit of not less than one million dollars (\$1,000,000). Coverage includes vendors who own or lease vehicles and any sort of transportation of consumers.
4. Professional Liability covering any damages caused by an error, omission, or any negligent act of not less than one million dollars (\$1,000,000) for those vendors who provide direct care or support to consumers.
5. Abuse or Molestation Liability that is not covered by malpractice and/or professional liability, of not less than one million dollars (\$1,000,000) for those vendors who provide direct care or support to consumers.
- 6: All service providers that have access to consumer assets shall maintain Bond insurance that provides sufficient coverage for the amount of the consumers' assets the service provider has control over.

Commercial General Liability with Kern Regional Center as additional insured

And

Professional Liability with Kern Regional Center as additional insured

Please mail, fax or e-mail the Certificate of Insurance to:
KRC, Attention: Community Services, 3200 N Sillect Ave, Bakersfield, CA 93308
FAX: 661-873-4540/ E-Mail: ksodergren@kernrc.org



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability						Each Occurrence \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Abuse and Molestation Coverage

CERTIFICATE HOLDER	CANCELLATION
Kern Regional Center 3200 N Sillect Ave Bakersfield, Ca 93308	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

KERN REGIONAL CENTER

**Usual and Customary Rate Declaration
In accordance with CCR Title 17, Section 57210(a)(19)
FEE SCHEDULE MUST BE ATTACHED**

Applicant Name: _____

Contact Person: _____

Telephone Number: _____

Service Code/Description: _____

Pursuant to California Code of Regulations (CCR) Title 17, Section 57210(a)(19) Usual and Customary Rate means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the two rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans with Disabilities Act. New programs applying for vendorization shall provide a written declaration to the vendoring regional center that it is their intent to comply with this subsection, and will be allowed up to the 12 months to achieve compliance. The vendoring regional center may audit a vendor's records to determine compliance with this subsection and, if the vendor is found not to be in compliance, shall revoke the vendor's usual and customary rate and negotiate a rate pursuant to Section 57300:

A fee schedule that includes the rate for the proposed service is attached. This fee schedule reflects the charges made to the general public. Vendor may not charge Kern Regional Center a higher rate than is charged to the general public.

I certify under penalty of perjury that at least 30% of the recipients of this service are not regional center consumers or their families.

Signature of Vendor Authorized Representative

Date

Print Name of Vendor Authorized Representative

VII

**VENDOR/APPLICANT
COST STATEMENT**

TO: Vendor/Applicants Affected by Welfare and Institutions Code Section 4629.7

SUBJECT: Statutory Requirement for Service Providers in which rates are determined by negotiations that not more than 15 percent of Regional Center funds be spent on Administrative Costs.

Welfare and Institutions Code Section 4629.7 requires that all regional center contracts or agreements with Service Providers in which rates are determined through negotiations between the regional center and the Service Provider expressly require that not more than 15 percent of regional center funds be spend on administrative costs. A complete text of W&I Code Sec 8. Section 4629.7 is enclosed.

In order to ensure that Service Provider Administrative Costs do not exceed 15 percent of funds received from regional center, all negotiated rate vendors are required to submit a Vendor Cost Statement. This requirement does not apply to vendors whose rates are not negotiated, such as Usual & Customary, DDS or SMA rates. Vendor/Applicants will be required to submit an initial 12-month estimated Cost Statement for your specific proposed program/service to project all associated costs. An additional Cost Statement is required for all vendors to reflect actual costs of your first fiscal year of providing services. Contract renewals will be based on review and approval of actual costs per the statutory requirement. All vendors must submit a new Cost Statement with 30-day prior written notice of any changes or as requested by the regional center. Failure to do so may result in termination of vendorization.

Vendor/Applicants can download the Cost Statement from the Kern Regional Center Website. To download:

- Go to www.kernrc.org
- Click on "Service Providers" button
- Click on "Vendor Forms" button
- Click on "Vendor Cost Statement"

The Vendor Cost Statement is a nine page excel file. The accountant/bookkeeper for your agency can assist on the completion of this Cost Statement. A Cost Statement is required for each program /vendor number.

Submission to KRC:

Please mail/deliver a hard copy of the cost statement to:

Kern Regional Center
3200 N. Sillect Ave
Bakersfield, CA 93308
Attn: Tammie Inman

*Please ensure that the certification page is included with an original signature.

If you have any questions regarding the cost statement or difficulties downloading the cost statement, please contact Community Services Specialist, Tammie Inman at (661) 852-3305 or tinman@kernrc.org

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4629.7. (a) Notwithstanding any other provision of law, all regional center contracts or agreements with service providers in which rates are determined through negotiations between the regional center and the service provider shall expressly require that not more than 15 percent of regional center funds be spent on administrative costs. For purposes of this subdivision, direct service expenditures are those costs immediately associated with the services to consumers being offered by the provider. Funds spent on direct services shall not include any administrative costs. Administrative costs include, but are not limited to, any of the following:

- (1) Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the entity, including, but not limited to, directors and chief executive officers.
- (2) Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, and facility management.
- (3) Facility and occupancy costs, directly associated with administrative functions.
- (4) Maintenance and repair.
- (5) Data processing and computer support services.
- (6) Contract and procurement activities, except those provided by a direct service employee.
- (7) Training directly associated with administrative functions.
- (8) Travel directly associated with administrative functions.
- (9) Licenses directly associated with administrative functions.
- (10) Taxes.
- (11) Interest.
- (12) Property insurance.
- (13) Personal liability insurance directly associated with administrative functions.
- (14) Depreciation.
- (15) General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

(c) Consistent with subdivision (a), service providers and contractors, upon request, shall provide regional centers with access to any books, documents, papers, computerized data, source documents, consumer records, or other records pertaining to the service providers' and contractors' negotiated rates.

(Added by Stats. 2011, Ch. 9, Sec. 8. (SB 74) Effective March 24, 2011.)

ENROLLMENT PROCESS

Regional Center Provider Electronic Billing Agreement Form

1. CLAIMS ACCEPTANCE AND PROCESSING

The regional center agrees to accept from the enrolled Provider electronic invoices. The Provider hereby acknowledges that he or she has received and read and understands and agrees to abide by the EB provider manual and its contents, and agrees to read and comply with all EB provider manual updates and provider bulletins relating to electronic billing.

2. CLAIMS CERTIFICATION

The Provider agrees and shall certify under penalty of perjury that all claims for services provided to regional center consumers have been provided to the consumers by the Provider. The services were, to the best of Provider's knowledge, provided in accordance with the consumer's written Individual Program Plan. The Provider shall certify that all information submitted to the regional center is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider agrees to keep for a minimum period of five years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the consumer. The Provider agrees to furnish these records and any information regarding payments claimed for providing the services, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

I certify that the consumer(s) submitted through the electronic process were provided the services as authorized for the stated periods, and that no additional charges were made to other parties. These claims are submitted under penalty of perjury in accordance with the Medi-Cal program Provider Agreement Claim Certification.

3. VERIFICATION OF CLAIMS WITH SOURCE DOCUMENTS

The Provider agrees to retain personal responsibility for the development, transcription, data entry, and transmittal of all invoice information for payment. The Provider shall also assume personal responsibility for verification of submitted invoices with source documents. The Provider agrees that no invoice shall be submitted until the required source documentation is completed and made readily retrievable in accordance with Medi-Cal statutes and regulations. Failure to make, maintain, or produce source documents shall be cause for immediate termination of electronic billing privileges.

4. CHANGE IN ELECTRONIC BILLING STATUS

The Provider and the Regional Center agree that any changes in Provider status which might affect eligibility to participate in electronic billing pursuant to federal and state law shall be promptly communicated to each party.

5. PROVIDER REVIEWS

The Provider agrees that agents of the Regional Center, the Department of Developmental Services, the Department of Health Services, the Office of the State Controller, the Department of Justice, or any other authorized agent or representative of the State of California or any authorized representative of the U.S. Department of Health and Human Services may, from time to time, conduct such reviews as are necessary to ensure compliance with state and federal law and with this agreement. In particular, the Provider agrees to make available to such agent or representative

all source documents necessary to verify the accuracy and completeness of invoices submitted electronically.

6. EFFECTIVE DATE

This agreement shall become effective upon approval of the Regional Center.

7. TERMINATION

The Department, Regional Center or Provider may terminate this agreement with or without cause by giving seven days prior written notice of intent to terminate, and the Provider has no right to appeal such termination by the Department or Regional Center. The Department or Regional Center may, however, terminate this agreement immediately upon determination that the Provider has failed or refused to produce or retain source documents in accordance with federal and state laws or this agreement or has violated other provisions of the provider agreement.

8. PROVIDER TO HOLD REGIONAL CENTER AND STATE OF CALIFORNIA HARMLESS

The provider agrees to hold the Regional Center and the State of California harmless for any and all failures performed by billing software, or other features of electronic billing which do not occur with (hard copy) paper billing. The provider agrees that the provider is assuming any and all risks that accompany electronic billing and that the provider is not relying upon the evaluation, if any, that the State of California or Regional Center has made of the electronic billing system or software the provider is using.

9. CONFIDENTIALITY OF RECORD

The Provider agrees to provide adequate precautions to protect the confidentiality of Consumer information in accordance with Welfare and Institutions Code section 4514, Health Insurance Portability and Accountability Act (HIPAA), and all other applicable state and federal statutes and regulations regarding confidentiality of consumer information.

Provider Signature Information

Full Printed Name

Title

Provider Signature

Telephone

Date

Regional Center Approval of Enrollment

Full Printed Name

Title

Approver's Signature

Telephone

Date

Return Provider Agreement to the Regional Center

ENROLLMENT PROCESS

Regional Center Provider Electronic Billing Agreement Form

A separate agreement form must be completed for each Service Provider Number (SPN).

Service Provider Name

Service Provider Number

Name of Governing Body or Management Organization

Mailing Address

(Street)

(City)

(State)

(Zip)

Service Address

(Street)

(City)

(State)

(Zip)

(If different than
Mailing Address)

Telephone Number

Email Address

To be completed by Regional Center Staff

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P) ★

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P) ★

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P) ★

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P) ★

★	Checkbox	Calendar	Type	
	Y		Y	Monthly Residential Services
	Y		N	Monthly Non-Residential Services
	N		N	Units Calendar
	N		I	In & Out Times/Hrly rate
	N		P	Purchases

ENROLLMENT PROCESS

Provider EFT/EB/EA Information

Provider Name

Service Provider Number

Bank Name (Primary Account)

Bank Name (P & I Account)*

Bank Routing Number (Primary Account)

Bank Routing Number (P & I Account)

Account Number (Primary Account)

Account Number (P & I Account)

Account Type (Checking or Savings: Primary Account)

Account Type (Checking or Savings: P & I Account)

Mail check remittance advice? (Yes or No)**

Mail check remittance advice? (Yes or No)**

Starting date for EFT processing

Start date for EB Processing

Approved at Regional Center by

Date

*Second Bank Account, for P & I, should be used by Residential Facilities for the purpose of receiving Personal & Incidental funds for the customers.

**If you want a printed copy of your detail EFT transactions, answer yes to Mail Check Remittance Advice.

Please submit a voided check and a W-9 form with this request.

ENROLLMENT PROCESS

Service Provider Administrator User Security Information

Provider Name

Service Provider Number

User Name

(First)

(Last)

(MI)

User ID

User Password (at least 6 characters in length, numbers and characters ok) *

* Note – Password must be reset upon initial logon to eBilling

Provider Signature

Telephone

Date

(Regional Center use only)

Updated by RC Administrator

Date

**AGREEMENT FOR ELECTRONIC ATTENDANCE REPORTING
DS 2086 (New 03/2005) (Electronic Version)**

As a provider of services (Service Provider) to persons with developmentally disabilities as authorized by a regional center, I hereby have read, understand and agree to the following terms and conditions regarding electronic transmission of attendance (EA) as required for reimbursement for services provided. I understand that the authority to submit electronic attendance data is conditional upon compliance with the following terms and conditions:

1. To submit EA only from the authorized users and email addresses specified in this agreement or as modified per the terms of this agreement;
2. To review the list of authorized email addresses, at least annually or as needed to ensure compliance with the terms and conditions of this agreement;
3. To notify the regional center, in writing, of any changes to the authorized email addresses set forth in this agreement. Prior written notification is required before a new authorized email address may be used;
4. To use appropriate password protection when submitting EA files;
5. To follow EA notices, bulletins and/or directives provided by a regional center;
6. To submit a Statement of Certification with each EA that certifies, under penalty of perjury, that the information submitted is true and in accordance with the consumer's written Individual Program Plan (IPP);
7. To retain all information that supports and verifies that the submitted EA information is true and correct and to retain such documentation for a minimum of five (5) years;
8. To furnish EA information as well as all information identified in Item 7 to the regional center, California Department of Health Services, California Department of Developmental Services, California Department of Justice, Office of State Controller, US. Department of Health and Human Services, and any other state or federal entity authorized to inspect such information or their duly authorized representatives;
9. To offer and provide services without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
10. To verify that no additional charges were made to other parties except those noted in the DS 1964 which provides for payment from other regional centers and/or the Department of Rehabilitation;

11. To not submit EA documentation until the required supporting documentation is completed and retrievable;
12. To comply with Welfare and Institutions Code Section 4514 and all other applicable statutes and regulations of the State of California regarding confidentiality of consumer information;
13. To defend and hold harmless the regional centers, DDS and the State of California from any liability or damage related to or in connection with the terms and conditions of this agreement.

I understand that this agreement and the authority to provide EA is conditional and may be terminated immediately by an authorized regional center with or without cause.

I understand and agree that this agreement shall be effective upon signing and by signing this agreement, I assume the responsibility and liability for all EA submitted on behalf of my business.

Date: _____

Name of Service Provider: _____
(Please Print)

Name of Business: _____
(Please Print)

Mailing Address: _____
(Address)

(City) (State) (Zip Code)

Vendor #: _____

Service Provider Signature: _____

AUTHORIZED USER AND EMAIL ADDRESSES

User Name: _____
(Please Print)

User Email Address: _____
(Please Print)

Password: _____
(Please Print)

User Name: _____
(Please Print)

User Email Address: _____
(Please Print)

Password: _____
(Please Print)

User Name: _____
(Please Print)

User Email Address: _____
(Please Print)

Password: _____
(Please Print)

**CERTIFICATION STATEMENT FOR ELECTRONIC ATTENDANCE - MONTHLY
DS 2087 (03/2005)(Electronic Version)**

As a provider of services (herein referred to as the Provider), the Provider hereby certifies that the consumer(s) listed on an Electronic Attendance form were provided services for the stated period, and that no additional charges were made to any other parties (with the exception of other regional centers or for the Department of Rehabilitation on a DS 1964). These claims are submitted under penalty of perjury in accordance with the terms and conditions listed in the DS 2086, the Agreement for Electronic Attendance Reporting. The Provider also certifies to the statements below:

1. All claims for services provided to regional center consumers have been provided to the consumers by the Provider.
2. Services were, to the best of the Provider's knowledge, provided in accordance with the consumer's current written Individual Program Plan.
3. All information submitted to the regional center is accurate and complete.
4. All records necessary to substantiate the services furnished to the consumer will be kept for a minimum period of five (5) years from the date of service.
5. Supporting records and any information regarding payments claimed for providing the services, will be furnished upon request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.
6. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

In addition, the Provider understands that payment of these claims will be from federal and/or state funds, and any falsification or concealment of a material fact may be prosecuted under federal and/or state laws.

Vendor Number _____ Month and Year of Service (MM/YY) _____

RC #		RC #		RC #		RC #		RC #		Grand Total	
Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$

Date File was emailed _____

Authorized Personnel Title Date

Using eAttendance Vendor Certification

Two forms have been created to meet the certification requirements for the eAttendance process. They are the DS 2086, Agreement for Electronic Attendance Reporting, and the DS 2087, Certification for Electronic Attendance - Monthly. Both forms are available on the AST web site.

Vendors who will be using the eAttendance (Electronic Attendance) process must sign the DS 2086. A separate agreement should be completed for each vendor number used the agreement addresses such issues as retention of documentation and password protection and includes a place for the vendors to provide the names and email addresses of individuals who are authorized to submit EA forms. A minimum of one name and email address is required.

Once the vendor has signed the DS 2086, a completed DS 2087 is submitted with each electronic transmission of the attendance data. The DS 2087 contains the statements that are normally included on paper invoices. The DS 2087, emailed to the regional center, will be accepted as a signed document of verification. If a vendor fails to include the form in the email, they may fax or mail the signed form to the regional center in lieu of electronic transmission. The regional center will need to verify that the person transmitting the DS 2087 is properly authorized on the DS 2086 form. Regional centers will work with the vendors to ensure that they complete the EA forms correctly, passwords protect the forms before emailing, and that the vendors submit the required certification.

GENERAL REQUIREMENTS FOR REGIONAL CENTERS

In order for a regional center to offer a service provider the option of providing attendance information via electronic transmission, the regional center must:

1. Provide the service provider with a written explanation of the procedure to implement monthly Electronic Attendance.
2. Require the vendor to read, sign and return the Agreement for Electronic Attendance Reporting (DS 2086) to the regional center.
3. Require the vendor to complete and submit the DS 2087 either as part of the electronic submission or signed and faxed/mailed separately.

GENERAL REQUIREMENTS FOR SERVICE PROVIDERS

Vendors are required to:

1. Have access to electronic mail (email).
2. Have access to Excel Software that is a useable version of Excel 2003 or 2007.
3. Password protects the files they submit.

4. The forms contain the attendance data for each day the consumer attends the program or, if applicable, the number of hours attended each day.
5. Submit their attendance information in one of the prescribed formats:
 - a. The DS1964: for Group Habilitation Services;
 - b. Turn around invoice (TAI): for all other services; or
 - c. The Data file: for vendors who use a customized billing system.