

Participant and Vendor/Provider Services Agreement Form

Participant Name: _____ **Palco ID:** _____

Vendor/Provider Name: _____

The Participant authorization for services is as follows for Adults on the CIH waiver:

Service	Authorized Frequency	Price Per Session
Acupuncture (97810 U1 SC)		\$68.95 per 60 minutes (4 units)
Massage Therapy (97124 U1 SC)		\$71.33 per 60 minutes (4 units)
Chiropractic (98942 U1 SC)		\$44.37 per 30 minutes (2 units)

The Participant authorization for services is as follows for Children on the CwCHN and CES waivers:

Service	Authorized Frequency	Price Per Session
Massage Therapy (97124 U1 SC)		\$71.33 per 60 minutes (4 units) Eligible for 24 hours or a max of 96 units per service plan year

Participant must complete the authorized frequency column based on the case manager's authorization for services. If a service listed here is not approved or is not applicable to this provider, write "N/A."

As a Participant of the Chanda Center for Health Remote Services program, I understand that I am responsible for recruiting and engaging all Vendors/Providers providing services to me. I understand I must manage scheduling in collaboration with my chosen vendor/provider and receive services in accordance with the authorized frequency set by my Case Manager and documented via my care plan.

Funds to pay for services provided by the worker are from public sources, and financial accountability and liability apply to the use of the funds. Both the Participant and Vendor/Provider have individual and joint responsibilities to be accountable for the funds spent through the program and understand that submitting false or fraudulent invoices or submitting requests for payment of goods or services provided, other than those approved and authorized will be reported to the appropriate authorities for investigation and possible prosecution as fraud. The vendor/provider agrees to be paid the "Price Per Session, based on the current approved reimbursement rates. As rates increase or decrease, both the participant and vendor/provider will be informed in advance of any change. In the case of insufficient funds to cover program expenses, the participant will be responsible for payment to the vendor/provider under state and federal laws. The participant must maintain accurate records

and provide such records to authorized parties as requested, as well as adhere to all program rules and regulations, including Chanda Center & Palco's Privacy Policies.

The program cannot pay for missed sessions, so all parties should review and communicate individualized cancellation policies. The Chanda Center for Health/Palco will not pay for any treatments received by the provider(s) or facilitate any collection of payments between the participant and vendor/provider after allocated funds have been depleted. The best way to avoid this is to follow the authorized frequency of services as outlined above. Any balance due for payment will be the responsibility of the participant.

The Provider agrees to the following:

- Participate in a fee for service system which results in a list of providers qualified to render support and services to individuals with individualized authorization service allocations for self-directed supports ("the recipient") this remote program. Chanda Center for Health/Palco will process payments in accordance with the service recipient's budget, funds, and authorized services for the program. Chanda Center for Health/Palco is not authorized to pay any request that exceeds the service recipient's budget and funds for the program.
- Maintain status as a qualified vendor/provider of services and by complying with all applicable federal, state, and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities. Should any credentials be suspended or placed on probation, or experiences changes in contact person or business information, Palco will be notified within five (5) days. Qualification does not guarantee a contract, funding, or a particular fee for the provision of services to the recipient or others.
- Comply with fraud and mandatory abuse provisions of the state, as well as the False Claims Act and the Anti-Kickback Statute.
- Not subcontract any of the services committed to the recipient, as this agreement is not transferrable or assignable.
- Provide only the service outlined in the service description as well as adhere to the specified start date, end date, and unit of service as noted in the request for payment.
- Accept the reimbursement schedule for services rendered as set forth by the program as payment in full.
- Submit invoices/payment requests within 6 months of the date of service.
- Follow Chanda Center for Health/Palco instructions for submission of invoices and requests for payment.
- Maintain adequate financial, medical, and administrative records to fully justify and describe the nature and extent of all goods and services provided to the recipient for a minimum of seven (7) years and make available to Chanda Center/Palco when requested and protect confidentiality and security of all information in accordance with HIPAA and HITECH.
- Hold Chanda Center for Health/Palco harmless for all negligent acts of the provider and its agents, representatives, and assignees.
- Understand and acknowledge that Palco is NOT the vendor/provider's employer or contract holder and you are a contractor of the Chanda Center for Health.

By signing below, all parties attest that they have read, understand, agree, and attest to the above.

Printed Participant Name

Vendor Name

Participant/Legal Guardian Signature

Vendor Signature

Date

Date