

RFP No: RFP No. HTH 560-CG-FFS-15

Title: Professional Services for Infant & Toddler Development

Applicant: \_\_\_\_\_

## **Section 5**

### **Attachments**

- A. General Conditions
- B. Fee-For-Service Policies and Procedures
- C. Intensive Behavioral Support Credentialing and Supervision Guidelines
- D. Guidelines for Certificate of Insurance, Tax Clearance Certificate, and Notary

# **Attachment A**

## **General Conditions**

**GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS  
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**GENERAL CONDITIONS FOR HEALTH & HUMAN SERVICES CONTRACTS****1. Representations and Conditions Precedent**1.1 Contract Subject to the Availability of State and Federal Funds.

1.1.1 State Funds. This Contract is, at all times, subject to the appropriation and allotment of state funds, and may be terminated without liability to either the PROVIDER or the STATE in the event that state funds are not appropriated or available.

1.1.2 Federal Funds. To the extent that this Contract is funded partly or wholly by federal funds, this Contract is subject to the availability of such federal funds. The portion of this Contract that is to be funded federally shall be deemed severable, and such federally funded portion may be terminated without liability to either the PROVIDER or the STATE in the event that federal funds are not available. In any case, this Contract shall not be construed to obligate the STATE to expend state funds to cover any shortfall created by the unavailability of anticipated federal funds.

1.2 Representations of the PROVIDER. As a necessary condition to the formation of this Contract, the PROVIDER makes the representations contained in this paragraph, and the STATE relies upon such representations as a material inducement to entering into this Contract.

1.2.1 Compliance with Laws. As of the date of this Contract, the PROVIDER complies with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract.

1.2.2 Licensing and Accreditation. As of the date of this Contract, the PROVIDER holds all licenses and accreditations required under applicable federal, state, and county laws, ordinances, codes, rules, and regulations to provide the Required Services under this Contract.

1.3 Compliance with Laws. The PROVIDER shall comply with all federal, state, and county laws, ordinances, codes, rules, and regulations, as the same may be amended from time to time, that in any way affect the PROVIDER's performance of this Contract, including but not limited to the laws specifically enumerated in this paragraph:

1.3.1 Smoking Policy. The PROVIDER shall implement and maintain a written smoking policy as required by Chapter 328K, Hawaii Revised Statutes (HRS), or its successor provision.

1.3.2 Drug Free Workplace. The PROVIDER shall implement and maintain a drug free workplace as required by the Drug Free Workplace Act of 1988.

- 1.3.3 Persons with Disabilities. The PROVIDER shall implement and maintain all practices, policies, and procedures required by federal, state, or county law, including but not limited to the Americans with Disabilities Act (42 U.S.C. §12101, et seq.), and the Rehabilitation Act (29 U.S.C. §701, et seq.).
- 1.3.4 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 1.4 Insurance Requirements. The PROVIDER shall obtain from a company authorized by law to issue such insurance in the State of Hawai'i commercial general liability insurance ("liability insurance") in an amount of at least TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) coverage for bodily injury and property damage resulting from the PROVIDER's performance under this Contract. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.
- The liability insurance shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith.
- A certificate of the liability insurance shall be given to the STATE by the PROVIDER. The certificate shall provide that the STATE and its officers and employees are Additional Insurers. The certificate shall provide that the coverages being certified will not be cancelled or materially changed without giving the STATE at least 30 days prior written notice by registered mail.
- Should the "liability insurance" coverages be cancelled before the PROVIDER's work under the Contract is certified by the STATE to have been completed satisfactorily, the PROVIDER shall immediately procure replacement insurance that complies in all respects with the requirements of this section.
- Nothing in the insurance requirements of this Contract shall be construed as limiting the extent of PROVIDER's responsibility for payment of damages resulting from its operations under this Contract, including the PROVIDER's separate and independent duty to defend, indemnify, and hold the STATE and its officers and employees harmless pursuant to other provisions of this Contract.
- 1.5 Notice to Clients. Provided that the term of this Contract is at least one year in duration, within 180 days after the effective date of this Contract, the PROVIDER shall create written procedures for the orderly termination of services to any clients receiving the Required Services under this Contract, and for the transition to services supplied by another provider upon termination of this Contract, regardless of the circumstances of such termination. These procedures shall include, at

the minimum, timely notice to such clients of the termination of this Contract, and appropriate counseling.

- 1.6 Reporting Requirements. The PROVIDER shall submit a Final Project Report to the STATE containing the information specified in this Contract if applicable, or otherwise satisfactory to the STATE, documenting the PROVIDER's overall efforts toward meeting the requirements of this Contract, and listing expenditures actually incurred in the performance of this Contract. The PROVIDER shall return any unexpended funds to the STATE.
- 1.7 Conflicts of Interest. In addition to the Certification provided in the Standards of Conduct Declaration to this Contract, the PROVIDER represents that neither the PROVIDER nor any employee or agent of the PROVIDER, presently has any interest, and promises that no such interest, direct or indirect, shall be acquired, that would or might conflict in any manner or degree with the PROVIDER's performance under this Contract.

## 2. Documents and Files

- 2.1 Confidentiality of Material.
- 2.1.1 Proprietary or Confidential Information. All material given to or made available to the PROVIDER by virtue of this Contract that is identified as proprietary or confidential information shall be safeguarded by the PROVIDER and shall not be disclosed to any individual or organization without the prior written approval of the STATE.
- 2.1.2 Uniform Information Practices Act. All information, data, or other material provided by the PROVIDER to the STATE shall be subject to the Uniform Information Practices Act, chapter 92F, HRS, and any other applicable law concerning information practices or confidentiality.
- 2.2 Ownership Rights and Copyright. The STATE shall have complete ownership of all material, both finished and unfinished that is developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract, and all such material shall be considered "works made for hire." All such material shall be delivered to the STATE upon expiration or termination of this Contract. The STATE, in its sole discretion, shall have the exclusive right to copyright any product, concept, or material developed, prepared, assembled, or conceived by the PROVIDER pursuant to this Contract.
- 2.3 Records Retention. The PROVIDER and any subcontractors shall maintain the books and records that relate to the Contract, and any cost or pricing data for three (3) years from the date of final payment under the Contract. In the event that any litigation, claim, investigation, audit, or other action involving the records retained under this provision arises, then such records shall be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later. During the period that records are retained under this section, the

PROVIDER and any subcontractors shall allow the STATE free and unrestricted access to such records.

### **3. Relationship between Parties**

- 3.1 Coordination of Services by the STATE. The STATE shall coordinate the services to be provided by the PROVIDER in order to complete the performance required in the Contract. The PROVIDER shall maintain communications with the STATE at all stages of the PROVIDER's work, and submit to the STATE for resolution any questions which may arise as to the performance of this Contract.
- 3.2 Subcontracts and Assignments. The PROVIDER may assign or subcontract any of the PROVIDER's duties, obligations, or interests under this Contract, but only if (i) the PROVIDER obtains the prior written consent of the STATE and (ii) the PROVIDER's assignee or subcontractor submits to the STATE a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER's assignee or subcontractor have been paid. Additionally, no assignment by the PROVIDER of the PROVIDER's right to compensation under this Contract shall be effective unless and until the assignment is approved by the Comptroller of the State of Hawai'i, as provided in section 40-58, HRS.
- 3.3 Change of Name. When the PROVIDER asks to change the name in which it holds this Contract, the STATE, shall, upon receipt of a document acceptable or satisfactory to the STATE indicating such change of name such as an amendment to the PROVIDER's articles of incorporation, enter into an amendment to this Contract with the PROVIDER to effect the change of name. Such amendment to this Contract changing the PROVIDER's name shall specifically indicate that no other terms and conditions of this Contract are thereby changed, unless the change of name amendment is incorporated with a modification or amendment to the Contract under paragraph 4.1 of these General Conditions.
- 3.4 Independent Contractor Status and Responsibilities, Including Tax Responsibilities.
- 3.4.1 Independent Contractor. In the performance of services required under this Contract, the PROVIDER is an "independent contractor," with the authority and responsibility to control and direct the performance and details of the work and services required under this Contract; however, the STATE shall have a general right to inspect work in progress to determine whether, in the STATE's opinion, the services are being performed by the PROVIDER in compliance with this Contract.
- 3.4.2 Contracts with Other Individuals and Entities. Unless otherwise provided by special condition, the STATE shall be free to contract with other individuals and entities to provide services similar to those performed by the Provider under this Contract, and the

PROVIDER shall be free to contract to provide services to other individuals or entities while under contract with the STATE.

- 3.4.3 PROVIDER's Employees and Agents. The PROVIDER and the PROVIDER's employees and agents are not by reason of this Contract, agents or employees of the State for any purpose. The PROVIDER and the PROVIDER's employees and agents shall not be entitled to claim or receive from the STATE any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to state employees. Unless specifically authorized in writing by the STATE, the PROVIDER and the PROVIDER's employees and agents are not authorized to speak on behalf and no statement or admission made by the PROVIDER or the PROVIDER's employees or agents shall be attributed to the STATE, unless specifically adopted by the STATE in writing.
- 3.4.4 PROVIDER's Responsibilities. The PROVIDER shall be responsible for the accuracy, completeness, and adequacy of the PROVIDER's performance under this Contract.

Furthermore, the PROVIDER intentionally, voluntarily, and knowingly assumes the sole and entire liability to the PROVIDER's employees and agents, and to any individual not a party to this Contract, for all loss, damage, or injury caused by the PROVIDER, or the PROVIDER's employees or agents in the course of their employment.

The PROVIDER shall be responsible for payment of all applicable federal, state, and county taxes and fees which may become due and owing by the PROVIDER by reason of this Contract, including but not limited to (i) income taxes, (ii) employment related fees, assessments, and taxes, and (iii) general excise taxes. The PROVIDER also is responsible for obtaining all licenses, permits, and certificates that may be required in order to perform this Contract.

The PROVIDER shall obtain a general excise tax license from the Department of Taxation, State of Hawai'i, in accordance with section 237-9, HRS, and shall comply with all requirements thereof. The PROVIDER shall obtain a tax clearance certificate from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state law against the PROVIDER have been paid and submit the same to the STATE prior to commencing any performance under this Contract. The PROVIDER shall also be solely responsible for meeting all requirements necessary to obtain the tax clearance certificate required for final payment under section 103-53, HRS, and these General Conditions.

The PROVIDER is responsible for securing all employee-related insurance coverage for the PROVIDER and the PROVIDER's employees and agents that is or may be required by law, and for payment of all premiums, costs, and other liabilities associated with securing the insurance coverage.

### 3.5 Personnel Requirements.

3.5.1 Personnel. The PROVIDER shall secure, at the PROVIDER's own expense, all personnel required to perform this Contract, unless otherwise provided in this Contract.

3.5.2 Requirements. The PROVIDER shall ensure that the PROVIDER's employees or agents are experienced and fully qualified to engage in the activities and perform the services required under this Contract, and that all applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of the activities of such employees and agents are complied with and satisfied.

## 4. Modification and Termination of Contract

### 4.1 Modification of Contract.

4.1.1 In Writing. Any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract permitted by this Contract shall be made by written amendment to this Contract, signed by the PROVIDER and the STATE.

4.1.2 No Oral Modification. No oral modification, alteration, amendment, change, or extension of any term, provision or condition of this Contract shall be permitted.

4.1.3 Tax Clearance. The STATE may, at its discretion, require the PROVIDER to submit to the STATE, prior to the STATE's approval of any modification, alteration, amendment, change, or extension of any term, provision, or condition of this Contract, a tax clearance from the Director of Taxation, State of Hawai'i, and the Internal Revenue Service showing that all delinquent taxes, if any, levied or accrued under state and federal law against the PROVIDER have been paid.

4.2 Termination in General. This Contract may be terminated in whole or in part because of a reduction of funds available to pay the PROVIDER, or when, in its sole discretion, the STATE determines (i) that there has been a change in the conditions upon which the need for the Required Services was based, or (ii) that the PROVIDER has failed to provide the Required Services adequately or satisfactorily, or (iii) that other good cause for the whole or partial termination of this Contract exists. Termination under this section shall be made by a written notice sent to the PROVIDER ten (10) working days prior to the termination date that includes a brief statement of the reason for the termination. If the Contract is terminated under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.

- 4.3 Termination for Necessity or Convenience. If the STATE determines, in its sole discretion, that it is necessary or convenient, this Contract may be terminated in whole or in part at the option of the STATE upon ten (10) working days' written notice to the PROVIDER. If the STATE elects to terminate under this paragraph, the PROVIDER shall be entitled to reasonable payment as determined by the STATE for satisfactory services rendered under this Contract up to the time of termination. If the STATE elects to terminate under this section, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.4 Termination by PROVIDER. The PROVIDER may withdraw from this Contract after obtaining the written consent of the STATE. The STATE, upon the PROVIDER's withdrawal, shall determine whether payment is due to the PROVIDER, and the amount that is due. If the STATE consents to a termination under this paragraph, the PROVIDER shall cooperate with the STATE to effect an orderly transition of services to clients.
- 4.5 STATE's Right of Offset. The STATE may offset against any monies or other obligations that STATE owes to the PROVIDER under this Contract, any amounts owed to the State of Hawai'i by the PROVIDER under this Contract, or any other contract, or pursuant to any law or other obligation owed to the State of Hawai'i by the PROVIDER, including but not limited to the payment of any taxes or levies of any kind or nature. The STATE shall notify the PROVIDER in writing of any exercise of its right of offset and the nature and amount of such offset. For purposes of this paragraph, amounts owed to the State of Hawai'i shall not include debts or obligations which have been liquidated by contract with the PROVIDER, and that are covered by an installment payment or other settlement plan approved by the State of Hawai'i, provided, however, that the PROVIDER shall be entitled to such exclusion only to the extent that the PROVIDER is current, and in compliance with, and not delinquent on, any payments, obligations, or duties owed to the State of Hawai'i under such payment or other settlement plan.

## 5. Indemnification

- 5.1 Indemnification and Defense. The PROVIDER shall defend, indemnify, and hold harmless the State of Hawai'i, the contracting agency, and their officers, employees, and agents from and against any and all liability, loss, damage, cost, expense, including all attorneys' fees, claims, suits, and demands arising out of or in connection with the acts or omissions of the PROVIDER or the PROVIDER's employees, officers, agents, or subcontractors under this Contract. The provisions of this paragraph shall remain in full force and effect notwithstanding the expiration or early termination of this Contract.
- 5.2 Cost of Litigation. In case the STATE shall, without any fault on its part, be made a party to any litigation commenced by or against the PROVIDER in connection with this Contract, the PROVIDER shall pay any cost and expense incurred by or imposed on the STATE, including attorneys' fees.

## 6. Publicity

- 6.1 Acknowledgment of State Support. The PROVIDER shall, in all news releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials relating to the PROVIDER's performance under this Contract, acknowledge the support by the State of Hawai'i and the purchasing agency.
- 6.2 PROVIDER's Publicity Not Related to Contract. The PROVIDER shall not refer to the STATE, or any office, agency, or officer thereof, or any state employee, or to the services or goods, or both provided under this Contract, in any of the PROVIDER's publicity not related to the PROVIDER's performance under this Contract, including but not limited to commercial advertisements, recruiting materials, and solicitations for charitable donations.

## 7. Miscellaneous Provisions

- 7.1 Nondiscrimination. No person performing work under this Contract, including any subcontractor, employee, or agent of the PROVIDER, shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.
- 7.2 Paragraph Headings. The paragraph headings appearing in this Contract have been inserted for the purpose of convenience and ready reference. They shall not be used to define, limit, or extend the scope or intent of the sections to which they pertain.
- 7.3 Antitrust Claims. The STATE and the PROVIDER recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the purchaser. Therefore, the PROVIDER hereby assigns to the STATE any and all claims for overcharges as to goods and materials purchased in connection with this Contract, except as to overcharges which result from violations commencing after the price is established under this Contract and which are not passed on to the STATE under an escalation clause.
- 7.4 Governing Law. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties to this Contract, shall be governed by the laws of the State of Hawai'i. Any action at law or in equity to enforce or interpret the provisions of this Contract shall be brought in a state court of competent jurisdiction in Honolulu, Hawai'i.
- 7.5 Conflict between General Conditions and Procurement Rules. In the event of a conflict between the General Conditions and the Procurement Rules or a Procurement Directive, the Procurement Rules or any Procurement Directive in effect on the date this Contract became effective shall control and are hereby incorporated by reference.
- 7.6 Entire Contract. This Contract sets forth all of the contracts, conditions, understandings, promises, warranties, and representations between the STATE and the PROVIDER relative to this Contract. This Contract supersedes all prior agreements, conditions, understandings,

promises, warranties, and representations, which shall have no further force or effect. There are no contracts, conditions, understandings, promises, warranties, or representations, oral or written, express or implied, between the STATE and the PROVIDER other than as set forth or as referred to herein.

- 7.7 Severability. In the event that any provision of this Contract is declared invalid or unenforceable by a court, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining terms of this Contract.
- 7.8 Waiver. The failure of the STATE to insist upon the strict compliance with any term, provision, or condition of this Contract shall not constitute or be deemed to constitute a waiver or relinquishment of the STATE's right to enforce the same in accordance with this Contract. The fact that the STATE specifically refers to one provision of the Procurement Rules or one section of the Hawai'i Revised Statutes, and does not include other provisions or statutory sections in this Contract shall not constitute a waiver or relinquishment of the STATE's rights or the PROVIDER's obligations under the Procurement Rules or statutes.
- 7.9 Execution in Counterparts. This Contract may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one instrument.

## **8. Confidentiality of Personal Information**

### 8.1 Definitions.

8.1.1 Personal Information. "Personal Information" means an individual's first name or first initial and last name in combination with any one or more of the following data elements, when either name or data elements are not encrypted:

- 1) Social Security number;
- 2) Driver's license number or Hawaii identification card number; or
- 3) Account number, credit or debit card number, access code, or password that would permit access to an individual's financial information.

Personal information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

8.1.2 Technological Safeguards. "Technological safeguards" means the technology and the policy and procedures for use of the technology to protect and control access to personal information.

## 8.2 Confidentiality of Material.

8.2.1 Safeguarding of Material. All material given to or made available to the PROVIDER by the STATE by virtue of this Contract which is identified as personal information, shall be safeguarded by the PROVIDER and shall not be disclosed without the prior written approval of the STATE.

8.2.2 Retention, Use, or Disclosure. PROVIDER agrees not to retain, use, or disclose personal information for any purpose other than as permitted or required by this Contract.

8.2.3 Implementation of Technological Safeguards. PROVIDER agrees to implement appropriate “technological safeguards” that are acceptable to the STATE to reduce the risk of unauthorized access to personal information.

8.2.4 Reporting of Security Breaches. PROVIDER shall report to the STATE in a prompt and complete manner any security breaches involving personal information.

8.2.5 Mitigation of Harmful Effect. PROVIDER agrees to mitigate, to the extent practicable, any harmful effect that is known to PROVIDER because of a use or disclosure of personal information by PROVIDER in violation of the requirements of this paragraph.

8.2.6 Log of Disclosures. PROVIDER shall complete and retain a log of all disclosures made of personal information received from the STATE, or personal information created or received by PROVIDER on behalf of the STATE.

## 8.3 Security Awareness Training and Confidentiality Agreements.

8.3.1 Certification of Completed Training. PROVIDER certifies that all of its employees who will have access to the personal information have completed training on security awareness topics related to protecting personal information.

8.3.2 Certification of Confidentiality Agreements. PROVIDER certifies that confidentiality agreements have been signed by all of its employees who will have access to the personal information acknowledging that:

- 1) The personal information collected, used, or maintained by the PROVIDER will be treated as confidential;
- 2) Access to the personal information will be allowed only as necessary to perform the Contract; and
- 3) Use of the personal information will be restricted to uses consistent with the services subject to this Contract.

8.4 Termination for Cause. In addition to any other remedies provided for by this Contract, if the STATE learns of a material breach by PROVIDER of this paragraph by PROVIDER, the STATE may at its sole discretion:

- 1) Provide an opportunity for the PROVIDER to cure the breach or end the violation; or
- 2) Immediately terminate this Contract.

In either instance, the PROVIDER and the STATE shall follow chapter 487N, HRS, with respect to notification of a security breach of personal information.

8.5 Records Retention.

8.5.1 Destruction of Personal Information. Upon any termination of this Contract, PROVIDER shall, pursuant to chapter 487R, HRS, destroy all copies (paper or electronic form) of personal information received from the STATE.

8.5.2 Maintenance of Files, Books, Records. The PROVIDER and any subcontractors shall maintain the files, books, and records that relate to the Contract, including any personal information created or received by the PROVIDER on behalf of the STATE, and any cost or pricing data, for three (3) years after the date of final payment under the Contract. The personal information shall continue to be confidential and shall not be disclosed without the prior written approval of the STATE. After the three (3) year retention period has ended, the files, books, and records that contain personal information shall be destroyed pursuant to chapter 487R, HRS.

# **Attachment B**

## **Fee-For-Service Policies and Procedures**

# Fee-For-Service Policies and Procedures

December 13, 2013

## Subcontracting, Service Authorization, Service Attendance Log, and Invoicing Guidelines and Procedures

### 1. Subcontracting

A written request which includes the subcontractor's qualifications and, if applicable, certification/license, must be submitted to, and approval granted by, the DOH prior to utilizing a subcontractor. All requests shall be submitted through the Contract Supervisor at the Early Intervention Section (EIS).

### 2. Service Authorization Process

Early intervention services are authorized via an Authorization for Service (AFS) form – refer to form **EI-6a**. The child's Care Coordinator initiates the AFS when Early Intervention Section (EIS) staff is unable to provide a specific service. Once the EIS office approves the AFS, it is returned to the Care Coordinator who then forwards the signed AFS to you. Please make sure the child's Care Coordinator provides you with a current, authorized AFS form (hard copy) PRIOR to providing any services. Do NOT provide services until you have received an approved AFS. EIS will NOT pay for any unauthorized services. Late AFS's will NOT be back-dated.

AFS's are approved on a quarterly basis (e.g., July – Sept, Oct – Dec) for all on-going services unless the child turns age three mid-quarter. In that case, the authorization period ends the day before the child turns age three.

Ensure that the frequency and/or intensity (hours) with regard to the service(s) provided **DO NOT** exceed what is on the AFS. For example, if the AFS says 4x/month @ 45 minutes per session, and there are 5 weeks in the month, the service can only be provided 4 times during that month and for 45 minutes each session. If the service is to be weekly, it must state that on the AFS. The invoice shall be returned if the items on the invoice do not match what is on the AFS. **Consult with the Care Coordinator if you feel that revisions are necessary or if anything is unclear.** Revisions must be made PRIOR to providing the service.

### 3. Service/Attendance Log

*Individual* child service/attendance logs must be signed by the child's family/caregiver at the time that any authorized early intervention service is provided – refer to form **EI-6b**. A copy of the child's log must be sent to the child's Care Coordinator within **one (1) week following the end of the previous month**; originals are to be retained in the provider's files/records to support submitted invoices in the event of an audit. Re-authorization of the AFS is dependent on the receipt of the Service/Attendance Log. The only exceptions

that do not need to complete logs are for:

- a. One-time evaluations or assessments;
- b. Hearing aid related activities (e.g., ear mold fitting); or
- c. Transportation providers.

#### 4. **Invoicing Procedures**

Use the attached template and print on your letterhead. **ORIGINAL SIGNATURES** are required on all invoices. **DO NOT SUBMIT PHOTOCOPIES.**

**NO EXCEPTIONS.** *Invoices that do not include the required information, or that are not in the prescribed format, will be considered incomplete and will be returned to the Provider.*

Please refer to **SAMPLE INVOICE, page 1 and notes.** Again, ensure that the frequency and/or intensity (hours) with regard to the service(s) provided and invoiced **DO NOT** exceed what is on the AFS.

EIS does **not** pay for time spent documenting, or for any “No Show”. Please notify the child’s Care Coordinator immediately if an appointment is missed so that the situation can be addressed with the family/caregiver.

**Please refer to the item on the AFS form entitled “Provider To Bill” for the following:**

Per your contract, you are *required to access, with family consent, private insurance whenever possible since the EIS is the payer of last resort.*

For children covered by one of the Quest plans, bill EIS directly for the service(s). EIS will then bill Medicaid and be reimbursed, at the Medicaid rate, for allowable services. You will not be required to bill Medicaid directly. The only exception when you must bill Medicaid directly is for **hearing aid related services**; and the following shall apply:

- a. If the family has given consent to access their Quest Plan, you will not receive an AFS and you are required to bill Medicaid directly.
- b. If the family has not given consent to access their Quest Plan, an approved AFS is required prior to rendering services and you shall bill EIS.

#### 5. **Invoicing for Mileage**

**If** your contract allows mileage, you must submit a **separate invoice** with your monthly service invoice. Your mileage invoice must coincide with your service invoice and follow the same order as your invoice for services and adhere to the format designated by the State. Invoiced mileage **shall not** exceed the authorized mileage indicated on the AFS form - refer to **SAMPLE INVOICE, page 2 and notes.**

Again, **original signatures** are required on all invoices.

**6. Payment Procedure**

When an invoice is received at the EIS office, it is first matched with the approved AFS (based on the authorization number) to confirm the authorization; provider calculations are then checked. After data entry, the invoice is sent to the DOH's Administrative Services Office (ASO) for approval, and then to the Department of Accounting and General Services (DAGS) for check cutting and mailing. The entire process usually takes 6-8 weeks. *Errors or omission of any data, or in the wrong format, shall delay payment as the invoice will be returned to you for correction.*

Please mail the original invoice to: Early Intervention Section  
1350 S. King Street, Suite 200  
Honolulu, Hawaii 96814  
Attention: Fee-For-Service Payments

**7. Personnel List (Certification/Licensure)**

All individuals who may be providing activities/services under your contract are required, when applicable, to have their professional license/certification to practice in Hawaii.

Please refer to the attached Personnel List. Please list all individuals providing activities/services (including yourself), regardless of whether they possess the required licenses/certifications, and their corresponding initials. Return completed form (signed and dated) to:

Early Intervention Section  
1350 S. King Street, Suite 200  
Honolulu, Hawaii 96814  
Attention: Mae Braceros

OR

Email: [mae.braceros@doh.hawaii.gov](mailto:mae.braceros@doh.hawaii.gov)

When you have any personnel changes, you **shall** make the appropriate revisions, sign, date, and re-submit to the above address.

**8. Reports**

The Evaluation Report for the child shall be submitted to the child's Care Coordinator within two (2) weeks following the evaluation. The Report shall include a summary of the child's development and developmental needs.

The Quarterly Report (refer to form **EI-6c**) for each child shall be submitted to the child's Care Coordinator **prior to the end of the authorization period**. Please refer to the example below:

<b>Authorization Period</b>	<b>Reporting Period</b>	<b>Report Due</b>
October – December	October – November	December 15th
January – March	December – February	March 15th

The following types of services require submission of a Quarterly Report:

- a. Aural Rehabilitation
- b. Deaf Educator Consultation/Treatment
- c. Instructional Consultant and Skills Trainers (IBS services)
- d. Nutrition Consultation/Treatment
- e. Psychological Consultation/Treatment
- f. Therapeutic Consultation/Treatment (e.g., OT, PT, SLP, SPIN)
- g. Vision Services

If you have questions, please e-mail: [mae.braceros@doh.hawaii.gov](mailto:mae.braceros@doh.hawaii.gov).





**SAMPLE INVOICE**

(Use Letterhead)

**INVOICE FOR SERVICES**

DATE: August 15, 2010

TO: Early Intervention Section  
1350 South King Street, Suite 200  
Honolulu, HI 96814  
Attn: AFS Payments

SERVICE: OT, PT, Speech/Language Pathology

RATE: \$ 45 /Hr (rate per contract); \$11.25 /Unit (1 Unit = 15 Minutes)

ISLAND: Oahu

SERVICE MONTH: July 2010

Name of Child	AFS No.	Date	Activity Provided	Location of Activity	Provider Initials	Units of Service		Total Cost Per Child
						Units	Unit Rate	
Kalani North	001200	7-2	PT Eval	H		8	\$ 11.25	\$ 90.00
"	002222	7-2	OT Tx	H		4	\$ 11.25	\$ 45.00
<b>Subtotal:</b>								<b>\$ 135.00</b>
Susan South	001112	7-2	PT Tx	H		4	\$ 11.25	\$ 45.00
"	001113	7-16	SLP Tx	H		4	\$ 11.25	\$ 45.00
"	001119	7-25	SLP IFSP Mtg	O		2	\$ 11.25	\$ 22.50
<b>Subtotal:</b>								<b>\$ 112.50</b>
Amy East	005678	7-2	PT Tx	H		4	\$ 11.25	\$ 45.00
<b>Subtotal:</b>								<b>\$ 45.00</b>
<b>Grand Total:</b>								<b>\$ 292.50</b>

I, the undersigned, am an authorized signatory for the above named provider and certify that this invoice is accurate, complete, and truthful to the best of my knowledge.

Original Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** Refer to contract for rates and allowable charges.

1. If you are contracted for multiple service disciplines (e.g. OT, PT, SLP), please specify the discipline and activity rendered.

## SAMPLE INVOICE

2. Location of Activity – The table below lists the allowable codes:

<b>Location of Activity</b>	<b>Code</b>
Home	H
Community/Child care/Preschool	C
Other place of service (non-natural, e.g. office, program)	O

3) Provider initials - the rendering provider's initials must be included on the invoice. Please refer to Personnel List.

**SAMPLE INVOICE**

(Use Letterhead)

**INVOICE FOR MILEAGE CHARGES**

DATE: August 15, 2010

TO: Early Intervention Section  
 1350 South King Street, Suite 200  
 Honolulu, HI 96814  
 Attention: AFS Payments

MILEAGE RATE: \$ 0.50 /Mile (rate per contract)

ISLAND: Oahu

SERVICE MONTH: July 2010

				Authorized Mileage			
Name of Child	AFS No.	Date	Activity	From (Program Name/ Previous Address)	To (Address)	Miles	Cost
Kalani North	001200	7-2	PT Eval	East Sultan	1234 Kapahulu	1.5	\$ 0.75
"	002222	7-2	OT Tx	East Sultan	1234 Kapahulu	1.5	\$ 0.75
"	002222	7-2	return	1234 Kapahulu	East Sultan	1.5	\$ 0.75
<b>Subtotal:</b>							<b>\$ 2.25</b>
Susan South	001112	7-2	PT Tx	Lanakila ECSP	444 Ala Mahamoe	4.0	\$ 2.00
"	001113	7-16	SLP Tx	Lanakila	444 Ala Mahamoe	4.0	\$ 2.00
"	001113	7-16	return	444 Ala Mahamoe	Lanakila	4.0	\$ 2.00
<b>Subtotal:</b>							<b>\$ 6.00</b>
Amy East	005678	7-2	PT Tx	444 Ala Mahamoe	1111 Likini	3.0	\$ 1.50
"	005678	7-2	return	1111 Likini	UCP	5.0	\$ 2.50
<b>Subtotal:</b>							<b>\$ 4.00</b>
<b>Total Mileage Cost:</b>							<b>\$ 12.25</b>

I, the undersigned, am an authorized signatory for the above named provider and certify that this invoice is accurate, complete, and truthful to the best of my knowledge.

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE INVOICE

### Notes:

1. Provider is contracted for the Honolulu area.
2. On 7-2, provider (PT) has back-to-back appointments. Provider goes to 1<sup>st</sup> appt. at 1234 Kapahulu Ave (mileage from East Sultan), then to 2<sup>nd</sup> appt. at 444 Ala Mahamoe (mileage from Lanakila ECSP), then to 3<sup>rd</sup> appt. at 1111 Likini (mileage from 2<sup>nd</sup> appt. closer than from requesting program - UCP), and finally the return mileage at the end of the day. See Table 1 below for further edification on back-to-back appointments.
3. Authorized mileage shall be from the requesting program's location (refer to Mileage from Program to Service Location on AFS form) or last treatment location (whichever is the closest) to the next treatment location. After your last appt, you are allowed mileage back to the requesting program of your last appt.
4. If appointments are spread out during the day, and not back-to-back, or if there is only a single appointment, authorized mileage shall be from the requesting program's location to the next treatment location and the return back to requesting program prior to next appointment. For example, on 7-2, provider (**OT**) has only one appointment for the day so return mileage is listed.
5. If appointment is at the program, no mileage is authorized and therefore is not invoiced. For example, on 7-25, IFSP meeting was at the program so no mileage is reported.

**TABLE 1**  
**Schedule for 7-2-10**

Appt	Location	Authorized Mileage per AFS	Invoiced Mileage	Notes
1	1234 Kapahulu	1.5	1.5	From requesting program's location to treatment location
2	444 Ala Mahamoe	4.0	4.0	From requesting program's location to treatment location – closer than from <b>last treatment location</b>
3	1111 Likini	5.0	3.0	From last treatment location to next appt – closer than from <b>requesting program's location</b>
4	UCP	5.0	5.0	From last treatment location back to requesting program's location – <b>end of day</b>

# Department of Health Early Intervention

## FEE-FOR-SERVICE PROVIDER QUARTERLY PROGRESS REPORT

IFSP Date: \_\_\_\_\_ Reporting Period (Months/Year): \_\_\_\_\_

The reporting period is according to the AFS quarters (i.e., Authorization period Jan. - March, Reporting Period is Dec - Feb, Report due Mar 15<sup>th</sup>; Subsequent Reporting Periods: Mar - May; Jun - Aug; Sept - Nov). Submit completed Progress Report to the Care Coordinator two weeks after the end of the quarter. Authorization for the next quarter will not be submitted until the Progress Report has been received by the Care Coordinator.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Care Coordinator: \_\_\_\_\_ Program: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency/Program: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE:  CC has consent on file to send/receive via:  e-mail  fax  
 CC does not have consent to e-mail/fax on file, send response via mail to Agency/Program address listed above.

Summarize progress during this reporting period: (copy the 3 lines and paste it as many times as needed.  
When typing, hit enter at the end of the line, it doesn't automatically wrap)

IFSP Outcome: \_\_\_\_\_

Obj. #: \_\_\_\_\_ Objective: \_\_\_\_\_

Progress: \_\_\_\_\_

New issues and/or concerns: (e.g., attendance, change in family dynamics, illness)

## PERSONNEL LIST

ASO LOG No.: \_\_\_\_\_

Contractor: \_\_\_\_\_

The following is a list of those persons who will be rendering activities/services under the current contract with the State's Department of Health (DOH) Early Intervention Section (EIS).

Name	Discipline	Initials	License# / Certification#/ Registration#

I, the undersigned, certify this information to be accurate, complete, and truthful to the best of my knowledge.

Original Signature \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

Name:            Rendering provider's first and last name

Discipline:    OT – Occupational Therapist  
                   PT – Physical Therapist  
                   SLP – Speech Language Pathologist  
                   SPED – Special Educator  
                   Teacher  
                   Psych – Psychologist  
                   Nutr – Nutritionist  
                   Aud -- Audiologist  
                   Vision – Vision Specialist  
                   FT – Family Therapist  
                   Oth – Other (please specify)

Initials:        **Please do not use duplicates**

License # / Certification:        List **State (DCCA)** license # / Certification # / Registration #

- If **State (DCCA)** licensure/certification/registration exists and provider is **not** licensed/certified/registered, designate with "**None**".
- If there is no State or national license/certification/registration for the discipline, designate with "**N/A**".

# **Attachment C**

## **Intensive Behavioral Support Credentialing and Supervision Guidelines**

## CREDENTIALING AND SUPERVISION GUIDELINES FOR PROVIDERS OF INTENSIVE BEHAVIORAL SUPPORT SERVICES

### **Instructional Consultant:**

The Instructional Consultant (IC) is responsible for writing the Behavior Strategies Guide (BSG) (i.e., behavior plan) and ensuring its proper implementation by the Skills Trainer (ST), family and other members of the Individualized Family Support Plan (IFSP) team.

**Experience:** Unless otherwise indicated, the IC must have direct or educational (e.g., practicum, student teaching, or similar hands-on) experience in the treatment of children (preferably ages one-to-five) with Autism Spectrum Disorders (ASD), or with significant impairments in communicating and relating, and/or social-emotional-behavioral functioning. The amount of experience required for each degree level is specified below. Exceptions can be considered on a case-by-case basis.

### **Licensure and credentialing requirements:**

A. ***Board Certified Behavior Analyst*** (BCBA): Requires no additional experience.

**OR**

B. ***Board Certified Assistant Behavior Analyst*** (BCaBA): Requires a minimum six (6) months' experience.

**OR**

C. Certification in the ***Developmental, Individualized and Relationship-based (DIR)*** Floortime model, A or C program level: Requires no additional experience.

**OR**

D. Licensed or unlicensed ***Doctoral degree*** or ***Doctoral Intern*** in psychology, psychiatric nursing, social work, marriage/family therapy, speech language pathology, occupational therapy, special education, or another related field: Requires a minimum one (1) years' *experience*.

**OR**

E. ***Doctoral student*** in psychology, psychiatric nursing, social work, marriage/family therapy, speech language pathology, occupational therapy, special education, or another related field. Third and fourth year students require a minimum 18 months' experience. First and second year students require two (2) years' experience.

**OR**

- F. Licensed or non-licensed *Master's degree* in psychology, social work, marriage/family therapy, speech language pathology, occupational therapy, special education, or a related field: Requires a minimum 18 months' experience.

**OR**

- G. *Master's Student* in psychology, social work, marriage/family therapy, speech language pathology, occupational therapy, special education, or a related field: Requires a minimum two (2) years' experience.

**OR**

- H. *Bachelor of Arts degree* in psychology, education, social work, nursing, behavioral sciences, or a related human services field: Requires a minimum three (3) years' experience.

Before being permitted to work independently, a BA level IC must engage in at least 10 hours of a combination of shadowing *and* being shadowed by an IC with early intervention (EI) experience.

**OR**

- I. *Other credentialing and background.* Individuals with other credentials and/or personal background or experience in the treatment of children with ASD, or with significant impairments in communicating and relating, and/or social-emotional-behavioral functioning may be considered for the role of IC on a case-by-case basis upon approval of the Early Intervention Section (EIS) Professional Support Services Unit Supervisor.

**AND**

**Training, supervision and support required for ICs:**

**Training:** Prior to beginning work with an EI child/family, the IC must successfully complete formal training through the provider (i.e., agency). The training is at the provider's expense and must include information that will prepare the IC to generate developmentally appropriate BSGs that link directly with a child's IFSP. This training must also prepare the IC with skills necessary to effectively supervise STs and work collaboratively with families and other professionals. The IC must also attend training provided by the EIS at the first available training session.

**Supervision and Support:** The provider must support the IC with supervision at the provider's own expense. Supervision must occur at least twice per month from another professional who is at the level of either a licensed or unlicensed doctoral degree in psychology, a MA, or a BCBA *and* who has at least as much direct experience as the individual being supervised. Individuals with a DIR and/or other degrees/certifications may perform in a supervisory role only on a case-by-case basis. Direct observation of the IC by the supervisor is not required.

The IC must have a way of receiving immediate supervision or support from the agency on an as needed basis for unexpected issues.

The IC will receive authorization from the EIS to provide the ST with a specified number of face-to-face monthly consultation hours. The purpose of this consultation is to support the ST and family in their understanding and implementation of the BSG. See below for more information about what is included in supervision of the ST.

The IC will periodically be observed by the EIS Behavior Support Service (BSS) staff and will engage in ongoing collaboration to confirm that methods of treatment, understanding of early childhood development, support/oversight of the ST, and collaboration with the team are appropriately demonstrated. If concerns with regard to the IC skills and abilities are identified, the BSS or the EIS supervisor may request that the IC receive additional agency training and/or supervisory support (at the provider's expense) until the concerns are rectified. Any concerns that cannot be rectified will result in removal of the IC from the case

### **Skills Trainer:**

The ST is responsible for implementing direct treatment services under the direction of the IC.

**Experience:** Unless otherwise indicated, the ST must have some personal, direct or educational (e.g., family member, practicum, student teaching, teacher aid or other hands-on) experience working with young children, preferably between the ages one and five. The EIS Supervisor of Professional Support Services Unit will consider exceptions on a case-by-case basis.

### **Credentialing requirements:**

A. *DIR, Beginning or Diploma Program* (non-certified level).

**OR**

B. *Bachelor's degree, bachelor's degree student, Associate's degree, Associate's degree student or a minimum of one year of coursework* in psychology, education, social work, nursing, behavioral sciences, or a related human services field.

**OR**

C. *Other credential and background.* Persons with other credentials, personal experience or background involving children with ASD, or with significant impairments in communicating and relating, and/or social-emotional-behavioral functioning may be considered for the role of ST on a case-by-case basis.

**AND****Training, supervision and ongoing support required for STs:**

**Training:** Prior to beginning work with an EIS child/family, the ST must successfully complete formal training through the provider (i.e., agency). The training is at the provider's expense and must include information that will prepare the ST to independently implement a behavior plan with the EI population. This training must also prepare the ST to work collaboratively with the IC, families and other professionals on the EI team.

**Supervision and support:** STs with less than six (6) months' direct experience working with young children under the age of five with ASD must receive at least (6) six months' direct supervision/oversight and role-modeling from an IC with a *minimum* of six (6) months' experience working *with an EI population*. After completing six (6) months' work and being determined suitable by the IC and the provider, the ST may be assigned cases under the supervision of an IC with less than six (6) months' experience.

All STs must receive face-to-face consultation support from an IC. Consultation hours are authorized specifically for the IC to support the ST during the provision of direct treatment. Hence, the ST does not receive authorization specifically for consultation, as this activity is embedded in the course of direct treatment. Consultation provided by the IC includes activities such as role-modeling, coaching and other instruction with regard to the ST's implementation of the BSG. The provider must also secure a way for the ST to receive immediate support from the IC, or another supervisor, on an as-needed basis.

The ST will periodically be observed by the BSS to confirm that skills, including interactions with the child and family, and implementation of the BSG with regard for early childhood development are properly demonstrated. If concerns with the ST's skills and abilities are identified the BSS will consult with the IC or another designated individual from the provider agency. Certain concerns may result in a request that the ST receive additional training and/or supervision at the provider's expense. Any concerns that cannot be rectified will result in removal of the IC from the case.

# **Attachment D**

## **Guidelines for Name, Certificate of Insurance, Tax Clearance Certificate, and Notary Public**

## **Guidelines for Name, Certificate of Insurance, Tax Clearance Certificate, and Notary Public**

### **Name**

The name you choose to do business under must be consistent with **any and all required supporting documentation.**

**If your legal business name (vendor name) is “XYZ, Inc.”, then your application/proposal, liability insurance certificate/policies (including auto), tax clearance, etc., etc. must all be under the exact same name “XYZ, Inc.”**

**If your legal business name is “XYZ, Inc.” and you have a DBA (doing business as), then that must also be reflected on any and all documents.**

### **Certificate of Insurance (COI)– General Liability/Professional Liability and Auto Liability**

The policy amounts for the minimum coverage is as stated in the RFP. Currently, for general/professional liability it is ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate. For auto liability, it is currently ONE MILLION DOLLARS AND NO/100 DOLLARS (\$1,000,000.00) per occurrence. **Do not forget the auto liability coverage as it is a recent requirement.**

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii - see item 2. below).

The insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The contractor shall maintain in effect this liability insurance until the State certifies that the contractor’s work under the contract has been completed satisfactorily.

Any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by the Contractor’s policy

1. General Liability – additional requirements
  - A. Additional Insured
    - i. The certificate must have a Special Provision naming “Additional Insured” as per the following: “The State of Hawaii and its

officers and employees are additional insured with respect to operations performed for the State of Hawaii.”

- B. Certificate/Memorandum Holder
- i. **DOES NOT** refer to “Certificate Holder” or “Memorandum Holder” when describing the additional insured **unless** the Certificate Holder is identified as the State of Hawaii only, and not a subdivision thereof.
  - ii. The certificate or memorandum holder shall be:

State of Hawaii Department of Health  
Administrative Services Office  
P.O. Box 3378  
Honolulu, HI 96801-3378

2. The company issuing the policy **must** be licensed by the State of Hawaii. **If not**, then pursuant to HRS §431:8-301, the following must be stated on the certificate: “This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.”
3. Cancellation Provisions
  - A. The Contractor shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.
  - B. If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the Contract, the Contractor, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

### **Tax Clearance Certificate (TCC)**

1. The form is available at: <http://www.hawaii.gov/tax/a6.pdf>. The document **MUST** have the **GREEN** Certified Copy Stamp, and have a State approval stamp and IRS approval stamp not more than 6 months from the effective date of agreement.
2. If the provider is registered with **Hawaii Compliance Express (HCE)**, and current status is compliant, this **DOES NOT** apply.

### **Notary Public**

There are new requirements that your Notary Public should already be aware of, but if not, please refer to the following Provider’s Acknowledgement page of a contract. The additional information required is highlighted in yellow.

CONTRACT NO. \_\_\_\_\_

**PROVIDER'S ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 ) SS.  
\_\_\_\_\_ COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me appeared \_\_\_\_\_

and \_\_\_\_\_, to me known, to be the

person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are the \_\_\_\_\_, and \_\_\_\_\_

of \_\_\_\_\_,

the PROVIDER named in the foregoing instrument, and that he/she/they is/are authorized to sign said instrument on behalf of the PROVIDER, and acknowledges that he/she/they executed said instrument as the free act and deed of the PROVIDER.

(Notary Seal) By \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Doc. Date: \_\_\_\_\_ # Pages:

Notary Name: \_\_\_\_\_ Circuit

Doc. Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Notary Stamp or Seal)

Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY CERTIFICATION