



## OPEN ENROLLMENT APPLICATION FOR INDIVIDUALS

Helping people achieve dignity, independence and their dreams.”

<http://www.communityhealthcore.com/index.php/contractor/>

### SECTION 1: Individual Contractor Information

Legal Name (*please print*): \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Social Security Number (*attach copy*): \_\_\_\_\_

Any languages other than English that you can perform services in:  Yes  No

If yes, please list \_\_\_\_\_

Identification: Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

## SECTION 2: Services

Applicant agrees to provide the specified community service(s) at the rate of payment described in the RFA.

Open Enrollment Applicant applying for: \_\_\_\_\_

Service definitions can be found on the Provider Page of the Community Healthcore website located at <http://www.communityhealthcore.com/index.php/volunteer/>. Please refer to the current Request for Applications for a list of rates.

What type(s) of services is Applicant applying to provide?

Non-Traditional     Licensed or Professional

*\*\*\*Non-traditional services do not require a professional license or certification. Licensed or professional services do require a professional license or certification.*

✓ **Check all services that Applicant is applying to provide.**

- Is Applicant applying to provide Behavioral Health Services for Adults?  
 Yes     No
- Is Applicant applying to provide Child and Family Services (CFS, Children's Partnership, Youth and Family Assessment Center, Community Healthcore Family Drug Treatment Court)?  
 Yes     No
- Is Applicant applying to provide Texas Health and Human Services Commission (HHSC) Services for Adults and Children?     Yes     No
- Is Applicant applying to provide Child and Family Services (Early Childhood Intervention Services)?     Yes     No
- Is Applicant applying to provide Child and Family Services (Youth Empowerment Services Waiver)?     Yes     No
- Is Applicant applying to provide Intellectual and Developmental Disabilities Services?  
 Yes     No
- Is Applicant applying to provide Substance Use Services?     Yes     No

**SECTION 3: Geography**

If services are to be provided in the Community or in the Consumer’s Home, in what geographic areas is Applicant willing to provide services? Check all that apply.

**General Openings**

• Bowie County	• Cass County	• Gregg County
• Harrison	• Marion County	• Red River County
• Rusk County	• Smith County	• Upshur County

**ECI**

• Smith County	• Anderson County	• Cherokee County
Inside the Tyler Loop	• Henderson County	• Rains County
Outside the Tyler Loop	• Van Zandt	• Wood

**Service Location(s): All that apply**

- Will services be provided in the Community?   \_\_\_ Yes   \_\_\_ No
- Will services be provided in the Consumer’s Home?   \_\_\_ Yes   \_\_\_ No
- Will services be provided at your Business location listed on page 1?   \_\_\_ Yes   \_\_\_ No
- Will services be provided at any other Business location?   \_\_\_ Yes   \_\_\_ No

If yes, where? \_\_\_\_\_

**SECTION 4: Credentials / Certifications / Requirements / (provide copies of ALL Licenses and Certifications)**

Are you in compliance with TDMHMR (Texas Department Mental Health and Mental Retardation) rules? (Available at site)

\_\_\_ Yes   \_\_\_ No

Licensure Status – Note: Licensed providers are MD/DO, psychologist, LPC, LCSW, LMSW, LMFT, LCDC, APN, RN, LVN, ST, PT, OT, LPA and massage therapists. Certified providers include BCBA, Art Music, and Recreation Therapists. *List name / type of license and certification below.*

Licenses	Certifications	Credential

List and submit any other credentials, certifications, and/or accreditations that Applicant currently holds. This includes documents such as Health and Human Services Commission (HHSC) Licenses or Certifications, Department of State Health Services Licenses or Certifications, Department of Aging and Disability Services Licenses and Certifications, Department of Assistive and Rehabilitative Services Licenses and Certifications, etc. If none, type "Not Applicable." (Attach separate page, if need)

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Do you currently have a Relias account assigned to you by Community Healthcore for provider training?

Yes     No

Have you completed any required Community Healthcore provider training?

Yes, I am a new provider, but I have completed some or all of the required trainings. See attached.

Yes, I am a renewing provider and I have submitted training records to a Community Healthcore staff member upon previous request.

No, all service providers have registered for upcoming trainings or will register for upcoming trainings. I understand that required Community Healthcore provider trainings must be completed prior to any contract(s) being awarded.

*\*\*\*There is no cost for training. Community Healthcore will not pay for time spent in training. Community Healthcore Providers are required through this Open Enrollment to complete current service specific training. Any specific training and reimbursement will be specified in the contract.*

**SECTION 5: Other Provider Details**

Describe any Contracts, Memoranda of Understanding, or employment relationships that Applicant has with Community Healthcore and/or any other state, city or county agencies in Bowie, Cass, Gregg, Harrison, Marion, Red River, Rusk, Smith and/or Upshur County (ies) in the last ten (10) years. Attach separate page, if needed.

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Is the Applicant excluded from performing services under any Governmental Programs or any other Government sponsored program, including Medicaid and/or Medicare program in any state?

Yes     No

Please list any family member (related by blood or marriage) who is employed by Community Healthcore or serves on the Community Healthcore Board of Trustees.

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**Adverse Actions**

Has Applicant ever been a party to a contract or held an employee position that was terminated for cause, relinquished or withdrawn; or failed to proceed with an application to avoid an adverse action, to preclude an investigation, or while under investigation relating to professional conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has participation in Medicare, Medicaid, or other government programs as a provider ever been or is it currently in the process of being denied, revoked, suspended, reduced, limited, censured, placed on probation, reprimanded, sanctioned, disqualified, fined, placed under board order, or not renewed?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been assessed a penalty by Medicaid, Medicare, or any government program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been convicted of or pleaded no contest to a drug or alcohol related offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been convicted of anything other than a minor traffic violation as an adult?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been sanctioned by a peer review organization or similar federal, state, regulatory program or military agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant ever been found to be the perpetrator of a confirmed case of client abuse, neglect, or exploitation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is Applicant currently under investigation, or has Applicant had a license or accreditation revoked, by any state/federal/local authority or licensure agency, within the last five (5) YEARS?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant had any judgements or settlements entered against him/her in the last ten (10) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has Applicant been placed on vendor hold within the past five (5) years by any funding agency or company?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant delinquent in the payment of any child support payments?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Applicant subject to any levy by a governmental agency including but not limited to the IRS?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Transporting:**

Applicants that will be transporting consumers must meet Safe Driving Standards. If any provider has four (4) or more points on their current DPS past 3 year driver records, then they CANNOT TRANSPORT CONSUMERS.

Will Applicant be transporting consumers? \_\_\_\_ Yes \_\_\_\_ No

If so, please provide a copy of current DPS Driving Record and an accident report for accident violations where you were determined to not be at-fault (if applicable).

Barred (license suspended or revoked) from driving? \_\_\_\_ Yes \_\_\_\_ No

Insurance: Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Provide copies of the following:**

- Current DPS 3-year driver record.
- Texas Auto liability coverage in limits required by the State of Texas with effective and expiration dates
- Current Driver's License

**SECTION 6: Assurance**

The applicant is not currently held in abeyance or barred from the award of a Federal or State contract. The applicant is currently in good standing with the State of Texas and has paid all applicable taxes that are currently due. If applicant cannot make both assurances, please explain why (use separate paper if necessary).

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**SECTION 7: Submitted Documents**

- Open Enrollment Application
- Confidentiality
- Attestation
- Business Code of Conduct
- Conflict of Interest
- Background Check Form
- Current Certificate of Insurance (if applicable – see attached Insurance Chart)
- Other documents asked for in application
- W-9

**SECTION 8: Certify**

I CERTIFY that all the information provided by me in connection with this application, whether on this application or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to consider, or if engaged, termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

## Part II Certification

- Under penalties of perjury, I certify that:
- 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
  - 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
  - I am a U.S. citizen or other U.S. person (defined below); and
  - 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 for Part II, later.

<b>Sign Here</b>	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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# Background Check

I authorize Community Healthcore to conduct computerized criminal history, and online background checks with the Texas Department of Public Safety, Federal Bureau of Investigation, and Health and Human Services Registries in accordance with applicable statutes.

I understand that the background checks will be done and that I will not be able to provide services directly to/with Community Healthcore until these clearances are obtained.

If a criminal history and/or online background check reveal negative results, I may be denied certain assignments. Also, I agree to report to the Human Resources Director all arrests, indictments, and convictions I receive while providing service to/with Community Healthcore.

**Please provide the following information in order to process criminal history and online background checks. This information obtained will be used for that purpose only.**

Legal Name (please print) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## CONFIDENTIALITY STATEMENT

\_\_\_\_\_ voluntarily agree to comply with State and Federal laws protecting the confidentiality of all individuals served by Community Healthcore, Center personnel and contractors. Any information, including oral, written or digital documentation, is considered confidential.

During the course of the contract, all confidential information (personal health Information (PHI)) must be maintained on a secure device whether it is your personal property, vendor property or Community Healthcore's device. All such data must be deleted or returned upon the end of this agreement. All PHI obtained during the course of this agreement is the property of Community Healthcore.

Before storing any PHI on a device that is not owned by Community Healthcore, you must obtain a written statement from Community Healthcore's IT department that it meets Community Healthcore's security requirements.

\_\_\_\_\_ voluntarily agree to comply with State and Federal laws protecting the confidentiality of all individuals served by Community Healthcore, Center personnel and contractors. Any information through memory and any form of written documentation are considered confidential.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

## OFFICE USE ONLY

Date Received

**1** Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

**4** Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

**5** Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed;
- or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

## ATTESTATION STATEMENT

❖ \_\_\_\_\_ hereby agrees to abide by the  
(Business / Individual Name)  
Bylaws, Rules and Regulations of Community Healthcore.

❖ \_\_\_\_\_ agrees to accept the  
(Business / Individual Name)  
professional obligations and is capable of performing the essential  
functions in the Request for Application.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Business Code of Conduct

- I. **Statement of Policy.** Community Healthcore employees and contractors will exhibit behavior based on honesty, integrity and a sense of fairness. It is the responsibility of each employee and (contract provider *or* affiliate provider *or* external provider) to maintain the highest standard of business ethics. This includes taking timely and responsive positive action to prevent or correct any improper or inappropriate acts. The Community Healthcore Board of Trustees and Management are committed to providing avenues through which ethical issues may be raised, reviewed and resolved openly and honestly.
- II. **Ethical Standards.** The business conducted by Community Healthcore will be delivered in an environment with the highest ethical, legal and professional standards. Honesty, integrity and impartiality will be demonstrated when dealing with Community Healthcore individuals served, providers, vendors, regulators, competitors, community and employees. The Board of Trustees, employees and (contract providers *or* affiliate providers *or* external providers) will make every effort to avoid even the appearance of illegal, unethical or unprofessional conduct.
- III. **Conflict of Interest.** Employees and (contract providers *or* affiliate providers *or* external providers) are expected to exhibit professional loyalty to the Center. Employees and (contract providers *or* affiliate providers *or* external providers) are expected to avoid conflicts of interest and opportunities for personal gain for themselves individually, members of their immediate families and others which may impede their best judgment.
- IV. **Gifts and Favors.** The following are expectations of Community Healthcore employees and (contract providers *or* affiliate providers *or* external providers):
  - A. Gifts of entertainment from vendors should be limited to common business courtesies which may include an occasional lunch or dinner or gift of limited value. Monetary gifts or any favors offered in attempt to gain unfair influence or advantage are never acceptable.
  - B. Employees and (contract providers *or* affiliate providers *or* external providers) should not seek to gain influence or advantage of a customer, potential customer or business by providing inappropriate gifts or entertainment. Any gift should be limited in value and consistent with common business courtesies. Giving monetary gifts is never acceptable.
- V. **Outside Business and Financial Interests.** The following are guidelines for employees and (contract providers *or* affiliate providers *or* external providers) regarding interests outside of the business conducted by Community Healthcore:
  - A. Employees, or members of their respective families, and (contract providers *or* affiliate providers *or* external providers) should not have substantial financial or business interest with a competitor, customer or supplier of Community Healthcore without first reviewing the nature of activity with the Community Healthcore Executive Director *or* his / her designee.

- B. Each employee's employment should be his/her first business priority. Any other employment or business activity will be considered secondary and should not interfere with individual employee job performance and responsibilities.
- VI. Compliance.** The following are guidelines for compliance with this Business Code of Conduct:
- A. Employees and (contract providers *or* affiliate providers *or* external providers) are committed to complying with all federal and state laws and regulations, with an emphasis on preventing fraud and abuse.
  - B. Community Healthcore will conduct audits and other risk evaluation to monitor compliance and assist in the reduction of identified problem areas.
  - C. Community Healthcore will maintain processes to:
    - 1. Detect Medicaid/Medicare or other third party payer compliance offenses;
    - 2. Initiate corrective and preventive action;
    - 3. Report to appropriate oversight authorities, both professional and regulatory, when appropriate; and
    - 4. Address consequences for employees and (contract providers *or* affiliate providers *or* external providers) for failure to comply with standards, policies and procedures.
- VII. Accounting and Reporting.** Each employee and (contract provider *or* affiliate provider *or* external provider) will ensure the integrity of the Center by accurately and truthfully recording all corporate information, accounting and operational data through strict adherence to established accounting and business procedures.
- VIII. Corporate Resources.** Each employee and (contract provider *or* affiliate provider *or* external provider) is expected to use corporate resources economically and safeguard corporate assets at all times.
- IX. Political Activities.** As good citizens, each employee and (contract provider *or* affiliate provider *or* external provider) is encouraged to participate in the political process. Community Healthcore must, however, ensure that employee and (contract provider *or* affiliate provider *or* external provider) political activities and contributions do not appear to represent the opinion of Community Healthcore.
- X. Confidentiality.** Each employee and (contract provider *or* affiliate provider *or* external provider) is expected to diligently safeguard all Community Healthcore records deemed confidential including information about Community Healthcore (consumers *or* clients) and their families; internal operations; and fellow employees and (contract providers *or* affiliate providers *or* external providers), as described in Community Healthcore policy and federal and state law.
- XI. (Client *or* Customer *or* Consumer) Focus.** Because Community Healthcore (clients *or* customers *or* consumers) are the primary focus of every activity, each employee and (contract provider *or* affiliate provider *or* external provider) will be committed to continually improving our products, services and cost competitiveness

to meet the individual needs of Community Healthcore (clients *or* customers *or* consumers).

**XII. Employee Relations.** Each employee and contractor is expected to perform assigned tasks in a responsible, reliable and cooperative manner and treat each other with mutual respect, dignity and trust.

**XIII. Controlled Substances.** The illegal use or possession of any controlled substance is unacceptable and will not be tolerated. These acts are illegal and jeopardize the safety of employees, (contract providers *or* affiliate providers *or* external providers) and (clients *or* customers *or* consumers); and reduce productivity, reliability and trustworthiness. Consequences, per Center policy and contract provision, will be in instances of these actions.

**XIV. Reporting Misconduct.** The following are obligations for reporting misconduct:

- A. Each employee and (contract provider *or* affiliate provider *or* external provider) is responsible for bringing to the attention of his/her Community Healthcore supervisor any situation that appears to be in violation of this Business Code of Conduct.
- B. Supervisors will suggest appropriate action or contact the Community Healthcore Compliance Officer, in accordance with Community Healthcore policy.
  1. If it is inappropriate to discuss the issue with an immediate supervisor, the employee may raise the issue directly with the Community Healthcore Compliance Officer.
  2. If necessary, the issue may be brought to the attention of the Community Healthcore Executive Director *or* Title of Appropriate Management Position.
  3. Reporting violations will remain confidential unless otherwise obliged by professional code of conduct, state or federal law. Employees and (contract providers *or* affiliate providers *or* external providers) may, however, be required to substantiate any allegations of wrongdoing.
  4. No employee or (contract provider *or* affiliate provider *or* external provider) will be punished or subjected to reprisal because he/she, in good faith, reports a violation of this Business Code of Conduct. Center policy regarding retaliation will be adhered to in all such instances.

**XV. Conclusion.** It is the responsibility of each employee and (contract provider *or* affiliate provider *or* external provider) to maintain the highest standards of business ethics. This includes taking positive action to prevent or correct any improper or inappropriate acts. Community Healthcore Board of Trustees and Management are committed to providing avenues through which ethical issues may be raised, reviewed and resolved openly and honestly.



## Acknowledgment Form

\_\_\_\_\_ certify that I have received the Community  
Healthcore Business Code of Conduct. \_\_\_\_\_  
understand it represents mandatory policies of the organization and agree to abide by it.

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

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

## Attachment C: Liability Insurance Requirements

<b>SERVICES PROVIDED</b>	<b>LINE OF COVERAGE</b>	<b>LIMIT OF LIABILITY GUIDELINES</b>
<i>Administrative (Company)(1)</i>	General Liability (Premises/Operations) Workers' Compensation  Automobile Liability (include Hired & Non-owned Autos)	\$1,000,000/\$2,000,000  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit
<i>Administrative (Individual) (2)</i>	General Liability (Premises/Operations) Automobile Liability	\$500,000/\$1,000,000  \$500,000 Combined Single Limit
<i>Consumer Services (Company) (3)</i>	Professional Liability General Liability (Premises/Operations) Workers' Compensation  Automobile Liability (include Hired & Non-owned Autos)	\$1,000,000/\$3,000,000 \$1,000,000/\$2,000,000  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit
<i>Professional, Consumer Services (Individual) – Physicians (4)</i>	Professional Liability General Liability (Premises/ Operations) (5) Automobile Liability	\$1,000,000/\$3,000,000 \$1,000,000/\$2,000,000  \$500,000 Combined Single Limit
<i>Professional, Consumer Services (Individual) – Non-Physician (6)</i>	Professional Liability General Liability (Premises/ Operations)(5) Automobile Liability	\$500,000/\$1,000,000 \$500,000/\$1,000,000  \$500,000 Combined Single Limit
<i>Professional (Individual) – With Family Contact (7)</i>	No insurance requirements. Signed hold harmless agreement in lieu of insurance.	
<i>Building Construction (Company) (8)</i>	General Liability (Premises/ Operations and Completed Operations) Workers' Compensation  Automobile Liability (include hired and non-owned autos)	\$2,000,000/\$4,000,000 (minimum)  WC – Statutory Employers' Liability - \$500,000 \$2,000,000 Combined Single Limit (minimum)
<i>General Building Services (Company) (9)</i>	General Liability (Premises/ Operations and Completed Operations) Workers' Compensation  Automobile Liability (include hired and non-owned autos)	\$1,000,000 (minimum)  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit (minimum)
<i>General Building Services (Individual) (10)</i>	General Liability (Premises/ Operations and Completed Operations) Automobile Liability	\$500,000 (Minimum)  \$250,000 Combined Single Limit (Minimum)