

## ISP AGREEMENT

As an Individual Service Provider (ISP) for the Department of Rehabilitation (DOR), I understand and agree to comply with the requirements as stated in the ISP Handbook, including the following:

- I am an independent contractor, not an employee of the State of California.
- As an independent contractor, I understand that it is my responsibility to obtain all the tools, equipment and licenses or certifications necessary to perform the services for which I have been approved to provide.
- My approval and continued maintenance of my ISP status is based on my specific qualifications; therefore, subcontracting of services to other persons, or employing others to provide authorized services, is not allowed.
- I am responsible for securing all required insurance.
- If I transport consumers, I must have a valid driver's license and meet the state legal vehicle insurance coverage requirement.
- I am not covered under State Unemployment Insurance. If I desire additional insurance (such as Worker's Compensation, medical, and/or liability insurance), it is my responsibility to secure it.
- I must disclose to the DOR if I am a friend or relative of a DOR employee, or if at any time I am authorized to provide services to a friend or relative, and I understand that my provision of service to a friend or relative is subject to DOR approval.
- I understand that the DOR's disclosure of medical information is limited to what is necessary for a vendor to provide effective services. I agree to keep any and all consumer information confidential.
- I agree to provide only those services as authorized by the Rehabilitation Counselor (RC) as indicated on the DR 297B Authorization. I will only bill for the actual hours spent providing services in accordance with approved service descriptions and

will not exceed the maximum hours authorized. Before I provide any services beyond the maximum authorized hours, I will contact the RC and receive another DR 297B to indicate approval to continue with additional services.

- I must maintain documentation for three (3) years of specific services provided to each consumer including but not limited to:
  1. actual dates of service
  2. actual hours billed
  3. type of service(s) provided
  4. mileage records, if I was paid for mileage
  5. receipts for tolls and parking claimed
  
- I agree to submit in a timely manner DR 296 Invoice(s), DR 296A Worksheets, and, if my service category requires it, DR 174 Progress Reports to the DOR office in accordance with the procedures outlined in this manual. I also agree to identify any additional services needed by the consumer, any barriers to a consumer's participation, or areas that may need the Rehabilitation Counselor's attention.

\_\_\_\_\_  
ISP Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
DOR Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOR Staff Printed Name