



8604 Allisonville Road Suite 280
Indianapolis, Indiana 46250
Phone: 317.423.1000
Email: info@connections-inc.net

Vendor Enrollment Requirements

Thank you for your interest in becoming a provider of behavioral health or family support services with Connections, Inc. Our agency independently contracts with individuals and business entities, such as yourself, to deliver highly skilled and qualified medical, clinical, and educational services on our behalf.

To become a contracted vendor with Connections, Inc., we require you to submit all qualifying documents within 30 calendar days from the date of a contract offer for the execution of a Vendor Agreement. If you are unable or unwilling to meet these requirements within 30 days, the offer will be revoked without further notice. Emergency extensions can be issued, however, if necessary.

Documents requested below can be emailed as soon as they become available and do not need to be sent at the same time.

Clearance Requirement

To begin the vendor application process, we ask you email a copy of the following documents to careers@connections-inc.net at your earliest convenience. We will utilize these documents to confirm you are able to meet State of Indiana requirements to work with child welfare or probation involved youth and families. Please be advised we will be obtaining clearance reports from child abuse registries, local law enforcement, a fingerprint-based National and State criminal history search, and the Dru Sjodin National Sex Offender Registry. If you happen to have local law enforcement reports that were issued within the last 12 months, they may satisfy some of these requirements and we ask you to forward them as well.

Requisite items to be sent to us include:

- A valid State of Indiana, Illinois, Kentucky, Michigan, or Ohio driver's license
 - Social security card
 - First Aid and CPR certification. Must include a "hands on" final certification component.
 - Most recent Curriculum Vitae or Resume
 - Highest diploma showing area of study - OR - have an official transcript sent to Connections Inc. demonstrating a degree has been granted and the area of study. Email transcripts from your educational institution can be sent directly to careers@connections-inc.net.
 - A valid State of Indiana professional licenses if required for your position
- ✓ **Note:** Connections, Inc. will order an Indiana Child Protective Service clearance application for you from the Indiana Department of Child Services. During this process, you should expect two emails sent from their online software, Kidtraks. One email will be your personal link to this application and the other will be your log in information. Please respond to their requests as quickly as possible.
- ✓ **Note:** Individuals who have resided outside of the State of Indiana within the past five years will need to additionally complete clearance documents relative to the State of their current or previous residency. Please return these provided documents as well upon request to proceed.



Additional requisite tasks include:

All prospective vendors will be required to independently obtain an Indiana Department of Child Services Fingerprint Evaluation at an Identogo authorized location. Your fingerprints will be used to check the criminal history records within the Indiana State Police (ISP) and the Federal Bureau of Investigation (FBI). Results must be sent directly to Connections, Inc. from the Indiana DCS via Identogo. DCS prohibits our agency from using completed checks from any other organizations. Your cost will be approximately \$40 and will be paid directly to Identogo. Instructions on how to obtain this check follow this document.

Residency Declaration

Please provide us with your residence history over the past five years in order to complete the requisite background check protocol. We will need the complete addresses of each place you have lived with dates at each address. This information should be sent directly to **careers@connections-inc.net**.

Insurance Requirement

Prior to execution of the Vendor Agreement, you will need to show evidence of your personal or business insurance as required by the State of Indiana. Evidence of insurance coverage should be emailed to **careers@connections-inc.net** at your earliest convenience. For your reference, a list of insurance providers is included below that have issued policies to our staff in the past. The State of Indiana Department of Child Services requires the following:

- A current personal or business workman's compensation policy from your insurance company OR a completed workman's compensation clearance certification from the Indiana Department of Revenue.
- A current general liability insurance policy from your insurance company. General liability insurance is required at your limit preference. We recognize insurance coverage and risk management is a personal choice; however, demonstration of a minimum general liability policy is required.
- An auto insurance policy from your preferred insurance company. The State of Indiana requires auto coverage limits need to be at 1M per cause for all contractors. This can be obtained by an independent personal auto policy, a commercial auto policy or an umbrella policy that also includes auto coverage. The State of Indiana has shared one way for a subcontractor to get to the \$1M level would be for them to get a \$1M umbrella policy covering auto to give enough total insurance to reach the minimum requirement. However, the route to meet this requirement is up to the Independent Contractor.
- For licensed professionals ONLY: Contracted individuals or entities with professional license are required to obtain professional liability insurance of \$1M per cause and \$2M in the aggregate.



Health Requirement

Prior to execution of the Vendor Agreement, you and any representatives rendering direct service on your behalf will need to successfully complete and pass a 10-panel urine screen for illegal drugs at a designated Quest clinic near your home. A Connections, Inc. representative will contact you to schedule an appointment at Quest upon receipt of your driver's license verifying your identity and address. You must consent to this screen to continue our Vendor Enrollment process.

Training Requirement

You and any of your representatives rendering direct service will need to complete the assigned training modules as required by the State of Indiana within 30 days of beginning service with our agency. You will be provided with a power point file to facilitate this educational mandate.

Service Contract Requirement

Upon successful completion of your clearance, insurance and health requirements, Connections will send you a Vendor Service Agreement to engage your services as an Independent Contractor with our agency. You will receive this document via DocuSign from our organization. A sample is attached to this document for your preliminary review.



Eric J. Holcomb, Governor
Terry J. Stigdon, MSN, RN, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-234-4497

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

Indiana Department of Child Services, Employment with of DCS Contractor/Subcontractor Agency Registration/Appointment Instructions for Fingerprinting

These are the instructions when the printing appointment is being done for the employment within a DCS Contractor/Subcontractor.

The AGENCY HR REPRESENTATIVE:

PRIOR TO DISTRUBUTING THIS FORM TO FINGERPRINT APPLICANTS,
CUSTOMIZE

- #8 & # 10 BLANKS TYPE THE NAME OF THE AGENCY THE EMPLOYEE WILL BE WORKING (Please ensure you type exactly as COBCU informed you it will be listed),
- #9 BLANK TYPE HR REPRESENTATIVE'S FIRST AND LAST NAME,
- #11 BLANK TYPE HR REPRESENTATIVE'S PHONE NUMBER, AND
- #18, WHEN THE EMPLOYEE'S AGENCY IS USING A BILLING CODE FOR PAYMENT, ENTER HERE. IF NO BILLING CODE IS PROVIDED PLEASE ENTER N/A IN THIS BLANK.

Follow the simple steps outlined below to complete the fingerprinting process **for employment with a DCS Contractor/Subcontractor**.

1. Using your computer web browser, go to <https://www.identogo.com/>. This registration should be completed by HR personnel with the applicant sitting with you, if at all possible. If online registration is impossible, you may call toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the same questions as online registration.
2. Through "**Search for Services by State**", use the drop down box to choose **Indiana** and click "**Go**".
3. Scroll down and click on **Digital Fingerprints**.
4. At the top right of the screen you may choose the language (*English or Spanish*).
5. Under the "For New Appointments" box, click "**Schedule a New Appointment**".
6. **Enter Service Code 24Y5VS** and click "**Go**".



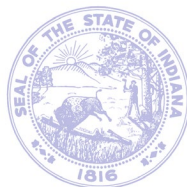
7. You will receive a pop-up box confirming the service code entered and the purpose you are being printed. **If you agree with this purpose of printing, click “Continue”. If you do not agree with the purpose, click “Cancel” and speak with the person who requested you to be printed.**
8. **Select the Facility or Agency that you are working with.** Choose **“Connections, Inc”** from the drop down box.
9. **Enter the agency/county personnel you are working with.** In the blank type in the HR representative’s first and last name. This name is **“Jenifer Asher”**.
10. **Enter the agency/county you are working with.** In the blank type **“Connections, Inc”**.
11. **Enter the telephone number of agency/county you are working with:** In the blank type the phone number of the person listed in question #9. The phone number is **317-423-1000**.
12. **Have you ever been arrested for or convicted of a crime that has not been expunged by a court?** This is any crime regardless of how small or how long ago. Click **“Yes” or “No”** If yes, on the next screen provide the four pieces of information for each arrest and/or conviction. Click **“Go”**
13. Please read the Acknowledgement/Release document. Click **“I agree”** to move forward, Click **“Go”**
14. Select the location where you want to be fingerprinted. You may choose by entering a zip code, clicking on the region of the state from the picture of the map or by choosing a region of the state below the map.
15. Click on the words **“Schedule”** across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the **“Next Week>>”** link to display more dates. Once you select the location/date combination, select the time for your appointment and click **“continue”**.
16. Complete the demographic information page. Required fields are indicated by a red asterisk (*).

Please be aware that the e-mail address requested is the applicant’s personal e-mail address. All information will automatically be sent to the AGENCY INDICATED IN #8 ABOVE and the personal e-mail of the applicant is used to provide a copy of notice to the applicant also. When complete, click **“Go”**
17. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click **“Go”**.
18. You will be presented with payment options. Choose how you will pay (eCheck, Money Order, Credit Card or Billing Code). If you chose Billing Code, the EMPLOYEE’S AGENCY will provide you with the code. This EMPLOYER’S billing code is **N/A**. If this is left blank the applicant will be responsible for the payment of these prints in another manner. If paying by eCheck or Credit Card a second box will appear, enter the necessary information and click **“Send Payment Information”**. Click **“Continue”**.
19. Print your confirmation page. If the applicant provided a personal email address on the demographic information page, the applicant will receive an email confirmation as well.
20. Bring a current (not expired) government issued picture ID, such as a state driver’s license or state issued Identification Card, with you to your appointment. If you do not have a current government issued picture ID, your HR REPRESENTATIVE should



contact the Central Office Background Check Unit for prior going to this printing appointment for authorization. Without prior authorization you cannot be printed.

- 21.** Arrive at the facility at your appointed date and time.
- 22.** The Enrollment Officer at the site will check you ID, verify your information (If the name and/or DOB entered at registration does not match that on your ID, expect the enrollment officer to change this prior to being printed), capture your fingerprints, and submit your data. This normally takes less than five minutes.
- 23.** You will receive a signed receipt at the end of your fingerprinting session which needs to be kept until you have received results from the printing.
- 24.** All results will be processed and delivered to Department of Child Services, Central Office Background Check Unit, for evaluation. The fingerprinting agency is never in possession of criminal record data results.
- 25.** Do not inquire about fingerprint results until 17 business days (don't include weekends or holidays) have passed after you have printed. Applicants printed at the same time will not necessarily receive their results at the same time or even within the same week as one another, this is normal and is not something to care concern.
- 26.** Within 18 business days the results will be e-mailed to the AGENCY INDICATED IN #8 and when an applicant's personal e-mail address was provided, a copy will also be e-mailed to that address.
 - ❖ All questions should be directed to the EMPLOYEE'S HR REPRESENTATIVE.
 - ❖ <http://www.identogo.com/> (also referred to as L-1 Identity Solutions, L-1 Enrollment Services, SAFRAN MorphoTrust USA, MorphoTrust, Morpho, Identogo by MorphoTrust, USA and/or IBT (Integrated Biometric Technologies), IDEMIA.



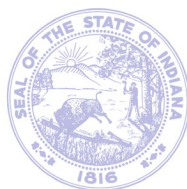
Fingerprint-Based Background Check Notice

As an applicant who is the subject of a national fingerprint-based criminal history record check for noncriminal justice purposes (such as employment, licensure, adoption, unlicensed out of home relative/kinship, or other volunteer arrangements), you have certain rights which are outlined below.

- Your fingerprints will be used to check the criminal history records that are kept by the Indiana State Police (ISP) and the Federal Bureau of Investigation (FBI).
- Once the fingerprint based check is complete, the Indiana Department of Child Services (DCS) will evaluate the results based upon the applicable Federal and State laws as well as DCS policy. A determination of the fingerprint based background check will be issued to the requesting agency in which the applicant is being fingerprinted with a finding.
- DCS is not permitted to release a copy of the State and FBI criminal record report to the applicant but if the applicant wishes to obtain a copy of this report, they may do so by contacting the Indiana State Police.
- If you believe the results of your background check are inaccurate, you will have the opportunity to complete a challenge of the information. If the arrest/charge/conviction is from Indiana this is done by requesting a “Criminal Record Review/Challenge” from the Indiana State Police. If the arrest/charge/conviction is from outside of Indiana, the challenge will be filed with the FBI. Additional information can be found on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.
- If you have a criminal history record in which you do not believe is accurate, please make DCS personnel aware you are pursuing a challenge of this information. You will be provided a reasonable amount of time to correct or complete the record challenge prior to DCS making a final determination which could impact your job, license or other benefits based on the information in the criminal history record¹.
- You have the right to expect the DCS personnel receiving the results of the criminal history record check to use it only for the authorized purpose (the purpose you were fingerprinted) and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council².

¹See 28 CFR 50.12(b).

²See 5 U.S.C 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



Potential Insurance Vendors for Independent Contractors

Auto Coverage

Geico General Insurance Company
Liberty Mutual (with umbrella)
Progressive Commercial Insurance
State Farm Mutual Automobile Insurance
Company

General Liability

American Family Insurance
Hiscox Insurance Company
Preferra Insurance Company
Next Insurance US Company
State Farm Fire and Casualty Company

Professional Liability

Hiscox Insurance Company
CPH Insurance
Preferra Insurance Company

Umbrella Policy

Liberty Mutual

Workman's Compensation Insurance

American Family Insurance
Berkshire Hathaway Direct Insurance Company
Employers Preferred Insurance Company
Hartford Accident and Indemnity Company
National Liability & Fire Insurance Company State
Farm Fire and Casualty Company

CONNECTIONS

INCORPORATED

2026 Provider Fee Schedule

Revision History: 1/1/26		
Service Provided with Agency Referral Source	Procedure Code	Provider Payment
Note: Each fee unit below is per hour of service except court which is per occurrence		
City of Indianapolis: Office of Public Health and Safety		
Casework: Individual (Home, community or office based)	OPHS CW	\$ 54.60
Individual Therapy: (Home, community or office based)	OPHS T	\$ 68.28
Psycho-Educational Group- Face to Face	OPHS G	\$ 62.14
Commercial Insurance Accepted: In Network Provider		
Aetna	Codes vary	60% of paid claim
Anthem-Commercial	Codes vary	60% of paid claim
Anthem Medicaid	Codes vary	60% of paid claim
Caresource	Codes vary	60% of paid claim
Cigna	Codes vary	60% of paid claim
Humana	Codes vary	60% of paid claim
MdWise	Codes vary	60% of paid claim
MHS	Codes vary	60% of paid claim
Multiplan	Codes vary	60% of paid claim
SIHO	Codes vary	60% of paid claim
Traditional Medicaid	Codes vary	60% of paid claim
United Behavioral Health	Codes vary	60% of paid claim
United Health Care	Codes vary	60% of paid claim
United Medical Resource	Codes vary	60% of paid claim
Connections, Inc. Internal Needs		
Professional Consultation-Clinical Supervision	PC	Prior agreed
Professional Consultation- Tier One	PC-Tier1	\$ 25.00
Professional Consultation- Tier Two	PC-Tier2	\$ 45.00
Professional Consultation- Tier Three	PC-Tier3	\$ 65.00
Stop the Bleed Youth Assistant Instructor (Age 17 and under)	STBY	\$ 20.00
Stop the Bleed Adult Course Instructor (Age 18 and older)	STBA	\$ 56.00
Indiana Department of Child Services (Including Juvenile Probation)		
Counseling – Individual: Clinic Based	10532.7978	\$ 43.62
Counseling – Family: Clinic Based	10532.7979	\$ 43.62
Counseling – Group: Clinic Based	10532.129	\$ 62.14
Counseling – Court	10532.908	\$ 80.51
Day Reporting- Per person per day 4 hour service minimum	10279.12345	\$ 43.62
Diagnostic & Evaluation Services- Clinical Interview & Assessment Mid-Level Clinical	10534.8168	\$ 59.59
Diagnostic & Evaluation Services- Clinical Interview & Assessment: Psychologist/ HSPP	10534.8168	\$ 95.20
Diagnostic & Evaluation Services- Psychological Testing: Psychologist/ HSPP	10534.1845	\$ 95.20
Diagnostic & Evaluation Services- Neuropsychological Testing: Psychologist/ HSPP	10534.8169	\$ 95.20

Diagnostic & Evaluation Services- Trauma Assessment: Psychologist/ HSPP	10534.11888	\$	95.20
Diagnostic & Evaluation Services- Child Hearsay Evaluation: Psychologist/ HSPP	10534.8171	\$	95.20
Diagnostic & Evaluation Services- Reports: Psychologist/ HSPP	10534.10507	\$	95.20
Diagnostic & Evaluation Services- CFTM: Psychologist/ HSPP	10534.801	\$	95.20
Diagnostic & Evaluation Services- Court: Psychologist/ HSPP	10534.908	\$	254.59
Medication Evaluation	10534.817	\$	100.48
Ongoing Medication Management	10534.8173	\$	100.48
Domestic Violence Victim and Child- Counseling	10812.675	\$	43.62
Domestic Violence Victim and Child- Face to Face	10812.331	\$	56.24
Domestic Violence Victim and Child- Group- Face to Face or Virtual	10812.1965	\$	62.14
Domestic Violence Victim and Child- Court	10812.908	\$	112.48
Fathers Engagement- Face to Face	10813.331	\$	56.24
Fathers Engagement- Group- Face to Face or Virtual	10813.103	\$	62.14
Fathers Engagement- Court	10813.908	\$	112.48
Home-Based Family Casework – Routine Face to Face	10521.331	\$	56.24
Home-Based Family Casework – Routine Crisis	10521.1178	\$	64.99
Home-Based Family Casework – Routine Court	10521.908	\$	112.48
Home-Based Family Centered Therapy – Face to Face	10522.331	\$	68.28
Home-Based Family Centered Therapy – Crisis Response	10522.1178	\$	82.49
Home-Based Family Centered Therapy – Court	10522.908	\$	136.57
Homemaker/Parent Aid	10525.1008	\$	37.76
Homemaker/Parent Aid – Crisis Response	10525.1178	\$	44.70
Homemaker/Parent Aid – Court	10525.908	\$	75.52
Parent Education - Individual Face to Face	10537.331	\$	55.59
Parent Education - Group- Face to Face or Virtual	10537.209	\$	62.14
Parent Education - Court	10537.908	\$	111.18
Parenting/ Family Functioning Assessment- Face to Face	10538.331	\$	59.49
Parenting/ Family Functioning Assessment- Court	10538.908	\$	112.48
Resource Families Support Services- Face to Face	10810.331	\$	49.67
Resource Families Support- Group Face to Face or Virtual	10809.103	\$	62.14
Specialized Service Psycho-Educational Group: Face to Face or Virtual	20800.12365	\$	62.14
Specialized Services - Court	20800.10484	\$	75.82
Substance Use Disorder Assessment	10807.1767	\$	68.03
Substance Use Disorder Assessment- Court	10807.908	\$	136.05
Substance Use Outpatient Treatment- Counseling Individual	10808.7978	\$	43.62
Substance Use Outpatient Treatment- Counseling Family	10808.7979	\$	43.62
Substance Use Outpatient Treatment- Counseling Group Virtual	10808.1094	\$	62.14
Substance Use Outpatient Treatment- Court	10808.908	\$	87.24
Transition from Restrictive Placement (TRP) – Face to Face	10551.331	\$	56.24
Transition from Restrictive Placement (TRP) – Counseling	10551.675	\$	54.08
Transition from Restrictive Placement (TRP) – Court	10551.908	\$	108.16
Truancy Termination – Face to Face	10552.331	\$	45.79
Truancy Termination – Court	10552.908	\$	91.58
Tutoring/ Literacy Class - Individual Face to face	10553.331	\$	30.71
Tutoring/ Literacy Class - Group	10553.103	\$	40.95
Tutoring/ Literacy Class - Court	10553.908	\$	61.43
Visit Supervision – Therapeutic Supervised Visit – Clinic Based	10976.12347	\$	43.62
Visit Supervision – Therapeutic Supervised Visit – Clinic Based Court	10976.12348	\$	87.23

Visit Supervision – Therapeutic Supervised Visit – Home Based	10976.1235	\$	68.28
Visit Supervision – Therapeutic Supervised Visit – Home Based Court	10976.12351	\$	136.57
Visit Supervision – Therapeutic Supervised Visit – Intermittent Home Based	10976.12545	\$	68.28
Visit Supervision – Therapeutic Supervised Visit – Transportation Home Based	10976.12533	\$	54.62
Visit Supervision – Therapeutic Supervised Visit – Virtual Home Based	10976.12546	\$	58.72
Visit Supervision – Traditional – Home Based Bachelor	10977.12353	\$	54.60
Visit Supervision – Traditional – Home Based Bachelor Court	10977.12354	\$	109.20
Visit Supervision – Traditional – Intermittent Home-Based Bachelor	10977.12537	\$	54.60
Visit Supervision – Traditional – Transportation Home Based Bachelor	10977.12532	\$	44.77
Visit Supervision – Traditional – Virtual Home-Based Bachelor	10977.12535	\$	46.41
Visit Supervision – Traditional – Home Based Paraprofessional	10977.12356	\$	37.76
Visit Supervision – Traditional – Home Based Paraprofessional Court	10977.12357	\$	63.90
Visit Supervision – Traditional – Intermittent Home Paraprofessional	10977.12536	\$	37.76
Visit Supervision – Traditional – Transportation Home Based Paraprofessional	10977.12531	\$	32.47
Visit Supervision – Traditional – Virtual Home-Based Paraprofessional	10977.12534	\$	31.72



Invoice Submission

Revision History:
February 2018
March 2023
March 2024

Effective 4/1/2024

It is the policy of Connections, Inc. to distribute payment for all prior authorized and completed services to contracted staff in accordance with a published schedule.

In support of this policy, Connections, Inc. shall expect the following of all independently contracted staff:

1. Contracted staff will be required to submit at a minimum one monthly invoice each month.
2. Contracted staff will have the option to submit three additional invoices each month at a flexible date of their choice and for a date range of their choice within the same calendar month of the service delivery.
3. Contracted staff will be permitted to submit up to four invoices total per month (one mandatory and up to three optional). Any additional invoices submitted will be deleted in Case Management Pro by a Finance Administrator and notification sent to staff of the deleted status.
4. Invoices submitted may only contain claims with the same month of service dates. Any invoice containing dates of service rendered within different months will be denied.
5. Contracted staff must export all invoices directly from Case Management Pro in a pdf format only to submit to Connections, Inc. for payment.
6. Invoice pdf files must then be submitted to the following email account: documents@connections-inc.net as an attachment. An automated receipt will be returned to the sender for all submissions confirming the date of submission.
7. Payment will be issued from the date accurately submitted invoices are received per the following schedule:

Any invoices submitted from the 1st to the 7th calendar day of each month will be paid no later than the 19th of the following month.

Any invoices submitted from the 8th to the 14th calendar day of each month will be paid no later than the 26th of the following month.

Any invoices submitted from the 15th to the 21st calendar day of each month will be paid no later than the 5th of the next consecutive month.

Any invoices submitted from the 22nd to the 31st calendar day of each month will be paid no later than the 12th of the next consecutive month.



2026 Vendor Service Agreement

This Service Agreement (this "Agreement") is made effective as of January 1, 2026 by and between Connections, Inc. , Inc., an Indiana corporation located at 8604 Allisonville Road Suite 280 Indianapolis, IN 46250 ("Connections, Inc."), and, _____ ("Provider").

Agreement

1. Engagement. Connections, Inc. hereby engages the Provider to serve as an independent contractor, and the Provider hereby accepts and agrees to such engagement upon the terms and conditions set forth herein. The Provider shall provide home, clinic and community-based services as defined by the State of Indiana Department of Child Services and/ or our Commercial Insurance partners, The Joint Commission and Connections, Inc. All services provided will be educational or consultative in origin except for those rendered by licensed medical or behavioral health providers.

Provider agrees that it will not provide any services to any Participants enrolled in a Connections, Inc. program unless they are appropriately credentialed to deliver them and are prior approved in writing by a Connections, Inc. Administrator.

The parties understand and agree that this Agreement is a non-exclusive arrangement with respect to Services, and that the parties have entered into this arrangement without any assurance of any volume or specific requirements.

2. Records and Audits. As part of the provision of these services, Provider agrees to be an active participant in any Participant's child and family care team if for a minor child. Provider agrees to timely provide to Connections, Inc. the applicable reports as required by Connections and the State of Indiana. Provider agrees that its reports should be in a high-quality form which complies with the established guidelines of the State of Indiana and/ or our Commercial Insurance partners, The Joint Commission and Connections, Inc. Provider further acknowledges that additional information, assessments, or reports may be needed to comply with applicable service standards or expectations of Connections, Inc. or entities with which Connections, Inc. has contracted. Provider agrees to timely provide said information and reports as requested.

Provider will further create and maintain written records, notes, reports, and other documentation related to the provision of Services to a Participant, which shall contain sufficient documentation and descriptions of services to satisfy all service, licensure, regulatory, and billing requirements. Provider shall confidentially maintain these materials at its office at all reasonable times during this Agreement and timely submit the records for filing and storage at Connections, Inc. Provider understands documents to be discarded must be safely destroyed in accordance with federal health care laws. Document destruction services are available at no charge by Connections, Inc. Provider agrees that it shall assist Connections, Inc. in any internal or external audit process for billing, compliance, or credentialing purposes that are connected to Services provided under this Agreement, including, but not limited to, allowing Connections, Inc. or its designee to engage in an on-site review of Provider's records and related services at the Provider's place of business and/or where Services were provided to Participant.



3. Compensation. As consideration for the Provider's provision of Services, Provider shall be paid for those services in accordance with the rates set forth in the "2026 Fee Schedule" as appropriate. Provider shall maintain reasonably detailed records of the Services provided and submit a claim record to Connections, Inc. per the established "Invoice Submission Policy". Uncontested claim records will be paid by Connections, in accordance with the same policy.

Under no circumstances, including termination of this Agreement for any reason, shall Provider bill, charge, collect deposit from, seek remuneration or compensation or monetary or non-monetary gifts from or have any recourse against the State of Indiana, a Participant in Connections, Inc.'s programs, or any person acting on the Participant's behalf.

4. Conditions of Payment. Provider understands and acknowledges that Connections, Inc. has entered into arrangements with governmental entities and other payors to manage a network of services for the Participants in its programs. As a material condition to entering into this Agreement, Provider agrees that the receipt of funding from such governmental entities and payors is an express condition to the compensation to be paid to Provider hereunder. Provider agrees to hold Connections, Inc. harmless should Connections, Inc. not be paid under any underlying agreement with any governmental entity or other payor, and to reimburse Connections, Inc. for monies paid to Provider for Services under this Agreement if Connections, Inc. is required to repay those monies to any governmental entity or other payor due to acts or omissions of Provider within 90 calendar days of service provision. Provider acknowledges that acceptance of this hold harmless agreement is an express condition of this Agreement. Provider further agrees that the hold harmless provision shall survive the termination of this Agreement for Services rendered prior to the termination date of this Agreement, regardless of the cause giving rise to termination, and shall be construed to be for the benefit of Participants.

5. Term/Termination. The Services shall commence on the effective date of this Agreement and, unless terminated as provided herein, shall continue in full force until December 31, 2026. Notwithstanding the foregoing, either party may immediately terminate the Services with or without cause and without any further payments, other than past receivables due to the Provider, upon written notice to the other party. A 30 day notice to terminate is preferred but not required from Providers in good standing to allow sufficient transfer of patient care responsibilities.

6. Compliance with Agreement. Provider warrants and agrees that provider and its employees, subcontractors, and agents will comply with all the obligations, terms, and conditions relating to Provider under this Agreement.

7. Relationship of Parties. It is understood by the parties that the Provider is an independent contractor with respect to Connections, Inc. and not an employee of Connections, Inc. Provider shall be completely responsible for the provision of the Services, including without limitation the maintenance of Provider's own space and equipment related to the Services with exception to agency office space used for patient access purposes. Provider shall be solely and entirely responsible for Provider's acts and/or omissions while engaged in the performance of Services. Nothing contained in this Agreement shall be construed as creating an employer/employee relationship between Connections, Inc. and the Provider.



2026 Vendor Service Agreement

The parties acknowledge and agree that the Provider shall receive no benefits from Connections, Inc., either as an independent contractor or employee, including but not limited to fringe benefits, health insurance or workman's compensation benefits, paid vacation, or any other employee benefits. Provider does agree to accept the terms of this relationship.

8. Confidential and Proprietary Information. Provider hereby acknowledges and agrees that as a result of Provider's relationship with Connections, Inc. Provider may have access to confidential, proprietary, and copyrighted business information. Accordingly, Provider hereby agrees that Provider shall not, either during the term of this Agreement or at any time thereafter, disclose to anyone any of Connections, Inc.'s (or its parents', affiliates' and/or subsidiaries') confidential and proprietary information. As used in this Section, confidential and proprietary information is defined to include the following: (a) any information that would be considered a "trade secret"; (b) business information; (c) confidential client or prospect lists; and (d) financial information not generally available to the public. Confidential and proprietary business information does not include information that is generally known or readily available to the public. Provider further agrees to abide by Connections, Inc.'s reasonable standards, rules or regulations it may implement from time to time to further protect its confidential information. Upon termination of this Agreement, the Provider shall return to Connections, Inc. all records, notes, documentation and other items that were used, created, or controlled by the Provider during the term of this Agreement. Client records shall not be transferred to provider or their representative upon termination without written consent from both Connections, Inc. and the client (or legal guardian if applicable).

Connections, Inc. shall have the right, upon request and to the extent not inconsistent with applicable provisions of state and federal laws and regulations relating to the confidentiality of case records, to inspect at all reasonable times, agency emails, case records, medical and other records maintained by the Provider related to the Services provided under this Agreement.

The parties acknowledge and agree that Connections, Inc. may be a business associate of Provider, as that term is defined in the privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

The parties acknowledge and agree that any breach of the terms of this Section 8 will result in irreparable harm to the other party, that such party cannot be reasonably or adequately compensated in damages for such breach, and that such party shall therefore be entitled, in addition to any other remedies that may be available to such party, to seek any and all equitable remedies including, without limitation, injunctive relief, to prevent such breach and to secure the enforcement thereof. The terms of this Section 8 shall survive the termination of this Agreement.

9. Credentialing. Provider represents and warrants that the Services to be provided by them or their agents are within the scope of licensure, certification, credentialing and/or qualifications of Provider. Provider represents and warrants that it and any employed and subcontracted providers have the appropriate licensure, certification, and experience to provide the Services, and that its business or personal legal status, operational licensures, and credentials are, and will remain, uninterrupted during the term of this Agreement, in conformity



2026 Vendor Service Agreement

with the conditions of this Agreement and any standards, requirements, or other policies of governmental entities or any funding sources applicable to the Connections, Inc. program. Provider agrees to provide Connections, Inc. with all documentation necessary to establish its licensure, certification, credentialing, and qualifications, and to update that documentation as requested by Connections, Inc.

Provider represents and warrants that it and any employed and subcontracted providers meet all requirements for criminal history and background checks set forth by Connections, Inc. Provider agrees that it will not permit any individuals to provide Services pursuant to this Agreement until all requisite criminal history and background checks have been completed and written authorization to proceed has been issued by Connections, Inc. Provider further agrees that it will immediately notify Connections, Inc. if provider or any of its employed or subcontracted providers has any change in that status, and will immediately cease providing Services to Participants, or will require its employed or subcontracted providers to immediately cease providing Services, if such change in status occurs. Connections, Inc. must provide written authorization to resume services after any change in status has been reported and/ or occurred.

10. Grievance Procedures. Connections, Inc. will manage a system for Grievances for Participants and will provide or arrange for the provision of information to Participants and Provider about Connections, Inc. rules and procedures relating to Grievances. Connections, Inc. will, when necessary, act as intermediary between Participant and Provider in attempting to informally resolve Grievances related to the provision of services under this Agreement; Such action may include forwarding the Participant's Grievance to the Provider for action and resolution. Provider, upon receipt of any complaint, Grievance, or other notice, whether from a Participant, family member of Participant, by any governmental agency or entity, or by a regulatory authority, shall promptly forward such notice to Connections, Inc.

11. Conflict of Interest. Provider agrees that no conflict of interest is present within the scope of its business relationship with Connections, Inc., and that any potential conflict of interest will be disclosed to Connections, Inc. promptly before taking action upon such matter and written confirmation of approval obtained. Provider will not act or provide Services identical to those rendered by Connections, Inc. until it has received approval from Connections, Inc. relating to the Conflict of Interest.

Provider further agrees that it will not enter a contractor or subcontractor relationship with any employee or family member or domestic partner of an employee, officer, director, or customer or other representative of Connections, Inc. relating to the provision of Services to participants hereunder without prior written consent of Connections, Inc.

12. Insurance. Provider shall maintain policies of insurance in such amounts, limits and terms as required by the Indiana Department of Child Services to adequately insure Provider and its employees and agents against any claim for damages arising by reason of injury to person or property or death occasioned directly or indirectly in connection with the performance of Services, professional liability, or other actions taken hereunder, or the use of any property, facilities, or equipment by Provider in connection with this Agreement. Provider shall provide evidence of such coverage to Connections, Inc., upon request, and a workman's compensation



certificate of coverage or a workman's compensation clearance certificate as further required by the State of Indiana

Provider will notify Connections, Inc. of any changes in coverage or carrier at least twenty (10) days prior to the change, cancellation, or expiration of the policy. Maintenance of the proper insurance is a material element of this Agreement, and material changes in the required coverage or cancellation of the coverage shall constitute a material breach of the Agreement. If any of the work or Services contemplated by this Agreement is subcontracted, Provider shall ensure that any subcontractors comply with all insurance requirements contained in this Agreement.

13. Transportation of Participant. Provider agrees that if Provider or its agent is transporting Participant or Participant's family member, it will be in compliance with all legal requirements and other safety requirements of a driver, including, but not limited to, state and local traffic regulations; use of age-appropriate and valid passenger restraint systems; proper maintenance of vehicles; current registration and inspection of vehicles, as required by law; valid of State of Indiana driving license; and commercially appropriate insurance for vehicles and passengers as required of Providers by the Indiana Department of Child Services and Indiana Bureau of Motor Vehicles. All child car seats or restraint systems will be within their valid use dates. Provider will deliver to Connections, Inc. with documentation of compliance of the aforementioned requirements upon request.

14. Non-Discrimination. Provider agrees to provide Services to Participant without discrimination or differentiation in the treatment of, or availability to, Participant based on race, gender, age, religion, marital status, national origin, preferred language, sexual or gender identity or orientation, health status, or source of payment and any other status which is protected by applicable law.

15. Amendment to Change in Status of Law. Provider acknowledges and agrees that Connections, Inc. is subject to various local, state, and federal laws, regulations, accreditation requirements and service standards that affect the provision of services under this Agreement. Provider agrees to comply with all such Legal Requirements, and agrees that all relevant statutory and regulatory enactments and amendments affecting the provision of services hereunder shall be binding on Provider, without express notice of such enactments or amendments by Connections, Inc., and shall be deemed to constitute an amendment to this Agreement which is deemed accepted by Provider unless Provider gives written notice to Connections, Inc. within five (5) business days of the ratification of such enactments or amendments.

16. Termination. Connections, Inc. may immediately terminate this Agreement if Connections, Inc., at its sole discretion, is not satisfied with the quality of care or documentation provided by Provider, has concerns for the health and safety of a Participant, if Provider no longer maintains proper licensure, certification, credentialing, insurance, or other necessary qualification to provide Services, if provider does not provide sufficient levels of service to Participants, or if Provider has been excluded from any state or federal health care program.



2026 Vendor Service Agreement

17. Release, Damage, and Indemnification. The Provider hereby knowingly waives and releases any and all claims, demands, damages or causes of action, whether now existing or hereafter arising, against Connections, Inc. and their respective managers, members, officers, directors, shareholders, insurers, partners, employees, employers, volunteers, agents, contractors, affiliates, successors and any state or local governmental entity or department which funds Connections, Inc programs to which these services are provided (collectively, the “released parties”) arising out of or relating in any way to the services provided by the Provider. Furthermore, the Provider agrees to defend, indemnify and hold harmless the Released Parties from and against any claims and costs (including, without limitation, attorney’s fees) that arise out of or related in any way to the services provided by the provider, except those that arise solely from the intentional misconduct or gross negligence of the Released Parties. Connections, Inc. shall not provide such indemnification to the provider.

18. Entire Agreement. This Agreement contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written.

19. Severability. If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

20. Choice of Law. This Agreement shall be construed and interpreted under the State of Indiana law without regard to the conflict of law principles thereof, and where applicable, federal law.

21. Waiver. The waiver by either party of any breach of any provision of this Agreement or of any warranty or representation herein set forth shall be in writing and shall not be construed as a waiver of any subsequent breach of the same or any other provision. The failure to exercise any right hereunder shall not operate as a waiver of such right.

The undersigned have executed this Agreement to be effective as of the date set forth above.

By: “ Connections, Inc. ”

Jenifer Asher
President/ CEO

By: “ Provider ”

Name:
Title:
Signature: