

Service Provider Agreement Regarding DS 1891 Information

1. **Requirement to Complete DS 1891 Form; Processing:** Under applicable law, all active, currently vendored NLACRC service providers must submit to NLACRC, and periodically update, an “Applicant/Vendor Disclosure Statement” (HHS/DDS Form DS 1891), which discloses information about each service provider’s ownership and control interests. The undersigned Service Provider acknowledges that NLACRC prefers to accept all DS 1891 Forms electronically through the following web portal: www.sanctionscreeningnow.com. If the Service Provider elects to use the web portal, the Service Provider shall abide by the portal’s instructions at all times.
2. **Service Provider’s Certification:** The signature of the person signing the DS 1891 on behalf of the Service Provider shall constitute a certification under penalty of perjury that (a) such person has knowledge concerning the information on the form and (b) the information on the form is true and accurate.
3. **Notice to NLACRC of Change in Staff and Ownership:** The Service Provider acknowledges that any changes in the Service Provider’s staff or ownership might affect the Service Provider’s eligibility for vendorization. In accordance with Title 17 of the California Code of Regulations (CCR), Section 54330(a)(1), the Service Provider shall notify NLACRC of any changes in ownership thirty (30) days prior to the ownership change. Pursuant to 17 CCR Section 54311(b), the Service Provider shall submit a new signed and dated DS 1891 to NLACRC within thirty (30) days of any change in the information previously submitted, or upon a written request by NLACRC for such information. The Service Provider shall also periodically update the DS 1891 Form as required by law.
4. **Mandatory Disclosure of Information:** All information requested on the DS 1891 Form is mandatory, with the exception of the social security number for any person other than the person or entity for whom an IRS Form 1099 must be provided by the Department of Developmental Services pursuant to 26 USC 6041. This information is required by Welfare and Institutions Code Section 4648.12 and 17 CCR Section 54311. The consequences of not supplying the mandatory information are denial of vendorization as a regional center vendor or termination of vendorization.
5. **Recordkeeping and Access to Records:** Subject to the provisions of Title 17, California Code of Regulations, Section 54311 and Code of Federal Regulations, Title 42, Part 455.105, an applicant or vendored provider agrees to provide access for the review of any and all ownership disclosure information and/or documentation upon written request by the vendoring regional center, the Department of Developmental Services, the State Medicaid Agency, Department of Health Care Services, and State survey team, the Secretary of the United States Department of Health and Human Services, or any duly authorized representatives of the above named entities.
6. **Screening Services:** Service Provider understands that NLACRC is utilizing a third party vendor, OIG Compliance Now (OIG/CN), to screen service providers to verify eligibility for vendorization pursuant to WIC Section 4648.12 (which is the enabling statute for the DS 1891 Form). Service Provider also understands that OIG Compliance Now will have access to all information provided by the Service Provider, and that OIG Compliance Now may contact Service Provider directly if necessary.
7. **Portal Administrator:** The Service Provider’s current Portal Administrator is noted below. Service Provider understands that the Portal Administrator may, through the web portal, add and delete users and assign users access and rights to the Service Provider’s information. Additionally, the Service Provider understands that Portal Administrator may, through the web portal, access all of the Service Provider’s DS 1891 Form information. Further, the Service Provider understands that NLACRC will contact the Portal Administrator to respond to and confirm the validity of any name matches identified through the DS 1891.

8. **Authorized Portal Administrator**

(please print)

Service Provider Business Name	
Mailing Address	
City, State, Zip Code	
Service Provider TIN, FEIN, or SSN	
Service Provider Vendor Number(s): At minimum, one Active Vendor Number required	

Name of Portal Administrator (First Name and Last Name)	
Title of Portal Administrator	
Portal Administrator's Phone Number (Required)	
Portal Administrator's Email Address (Required)	

The Service Provider acknowledges that the signatory below has the power and authority to select the Service Provider's Portal Administrator and to authorize such person to review, modify and update all information in the Service Provider's DS 1891.

9. **Change in Portal Administrator; Notice to NLACRC:** The Service Provider shall notify NLACRC, in writing, within five (5) business days of any change in the identity of the Portal Administrator. Service provider hereby agrees to defend, indemnify and hold NLACRC harmless from all loss and liability NLACRC incurs (including but not limited to attorneys' fees) resulting from the Service Provider's failure to timely provide notice of such change in identity to NLACRC.
10. **Effective Date:** This Agreement shall become effective upon its receipt by NLACRC.

Executed in Van Nuys, California as of the date written below.

(Business Name of Service Provider)

(Signature)

(Date)

(Printed Name)

(Title)

To be completed by NLACRC upon verification and receipt of Agreement

CA PORTAL Website	www.sanctionscreeningnow.com
Portal Administrator Access Code	378DS1891
Portal Administrator's User name (email address)	
Portal Administrator's Password (temporary password)	
Effective Date	

Enrollment Form Service Provider Portal for DS 1891 Screening by the North Los Angeles County Regional Center
DS 1891 Applicant/Vendor Disclosure Statement. WIC Section 4648.12