



## SERVICE CONTRACT

**DATE:** 4/9/2019

**ADVANTAGE CONTRACT #:** MA 18P 19012500000000000088

**DEPARTMENT AGREEMENT #:** N/A

**CONTRACT AMOUNT:** \$ N/A used by all State agencies

**START DATE:** 5/1/2019

**END DATE:** 1/31/2021

**This Contract, is between the following Department of the State of Maine and Provider:**

### State of Maine DEPARTMENT

**DEPARTMENT:** Administrative and Financial Services, Division of Procurement Services

**Address:** 111 Sewall Street, Burton M. Cross Building, 4th Floor

**City:** Augusta

**State:** ME

**Zip Code:** 04333-0009

### PROVIDER

**PROVIDER:** Catholic Charities Maine

**Address:** 307 Congress Street

**City:** Portland

**State:** ME

**Zip Code:** 04101

**Provider's Vendor Customer #:** VC1000013796

Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract to be executed.

Department of Administrative and Financial  
Services, Division of Procurement Services  
State Department

Signature of Authorized Representative Date

Jaime C. Schorr, Chief Procurement Officer

Catholic Charities Maine, Inc.

Provider

Signature of Authorized Representative Date

Daniel J Bazemore

*Upon final approval by the Division of Procurement Services, a case details page will be made part of this contract*

**RIDERS**

<input checked="" type="checkbox"/>	The following riders are hereby incorporated into this Contract and made part of it by reference: (check all that apply)
<input checked="" type="checkbox"/>	Payment Rider
<input checked="" type="checkbox"/>	Rider A – Scope of Work
<input checked="" type="checkbox"/>	Rider B – Terms and Conditions
<input type="checkbox"/>	Rider C - Exceptions
<input checked="" type="checkbox"/>	Rider D – Included at Department's Discretion
<input checked="" type="checkbox"/>	Rider E – Included at Department's Discretion
<input type="checkbox"/>	Rider F – Included at Department's Discretion
<input checked="" type="checkbox"/>	Rider G – Identification of Country in Which Contracted Work will be Performed
<input checked="" type="checkbox"/>	Business Associate Agreement – Included at Department's Discretion
<input checked="" type="checkbox"/>	Other – Included at Department's Discretion

**DEPARTMENT AND PROVIDER POINT OF CONTACTS**

CONTRACT ADMINISTRATOR: The following person is designated as the Contract Administrator on behalf of the Department for this Contract. All financial reports, invoices, correspondence and related submissions from the Provider as outlined in Rider A, Reports, shall be submitted to:

Name: Kathy Paquette

Email: Kathy.L.Paquette@maine.gov

Address: 111 Sewall Street, Burton M. Cross Building, 4th Floor

City: Augusta

State: ME

Zip Code: 04333-0009

Telephone: 207-624-7877

PROVIDER CONTACT: The following person is designated as the Contact Person on behalf of the Provider for the Contract. All contractual correspondence from the Department shall be submitted to:

Name: Guyin Lucy Liu

Email: gliu@ccmaine.org

Address: 307 Congress Street

City: Portland

State: ME

Zip Code: 04101

Telephone: 207-772-4517

**PAYMENT RIDER**

CONTRACT AMOUNT: \$ N/A used by all State agencies

CODING: (Departments - Attach separate sheet as needed for additional coding.)

LINE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$ 1									

INVOICES AND PAYMENT:

Submit monthly invoices for services. Invoice shall show; Date of appointment, requesting agency, location of appointment, duration of each appointment, and total time to be billed.

Department will pay the Provider as follows: Payment terms are net 30 days from the date the State receives an error-free invoice with all necessary and complete supporting documents. Provider shall submit detailed invoices, itemizing all work performed during the invoice period, including the dates of service, rates of pay, hours of work performed, and any other information and/or documentation appropriate and sufficient to substantiate the amount invoiced for payment by the State. All invoices must include the Department and Advantage Contract numbers for this contract.

**RIDER A  
SCOPE OF WORK**

**TABLE OF CONTENTS**

- I. Acronyms
- II. Introduction/Overview
- III. Deliverables
- IV. Reports

I. ACRONYMS/DEFINITIONS:

The following terms and acronyms shall have the meaning indicated below as referenced in this Contract:

<b>COMMONLY KNOWN ACRONYMS / TERMS AND DEPARTMENT ABBREVIATIONS</b>	
BAA	Business Associate Agreement
Contract	Formal and legal binding agreement
DAFS	Department of Administrative and Financial Services, Division of Procurement Services
Provider	Organization providing services under this Contract
State	State of Maine
MA	Master Agreement
DO	Delivery Order – An order created to procure specific assignments

II. INTRODUCTION/OVERVIEW:

This Agreement is to provide all branches and agencies of State Government In-Person Spoken Language Interpreting Services on as "as needed" basis" to ensure the State can continuously and effectively communicate with individuals whose primary language is not English.

III. DELIVERABLES:Languages Offered:

Acholi	German	Pashto
Albanian	Greek	Persian
Amharic	Indonesian	Portuguese
Arabic (Modern Standard)	Italian	Romanian
Arabic (Sudanese)	Khmer (Cambodian)	Russian
Azeri (Azerbaijan)	Kinyamulenge	Serbian/Serbo-Croatian
Bosnian	Kinyarwanda	Somali
Bulgarian	Kirundi	Spanish (Latin American format)
BurmeseChinese	Korean	Sudanese
(Cantonese)	Kurdish	Swahili
Chinese (Mandarin)	Lingala	Turkish
Dari	Oromo	Ukrainian
Farsi		Vietnamese
French/French Canadian		

RATES:

SERVICE CATEGORY	ASSIGNMENT TIME	
	Hourly Rate for Weekdays, 8AM – 5PM	Hourly Rate for After-hours, weekends, and holidays
<b>1. Standard In-Person Spoken Language Interpreting Services</b> (Pre-arranged date and time with requesting State agency)	\$50/hour	\$65/hour
<b>2. Short Notice In-Person Spoken Language Interpreting Services</b> (less than two business days' notice, but not "Emergency" / "immediate")	\$50/hour	\$65/hour
<b>3. Emergency In-Person Language Interpreting Services</b> (immediate same day assistance required/urgent need)	\$50/hour	\$65/hour
<b>4. Legal In-Person Spoken Language Interpreting Services</b>	\$50/hour	\$65/hour
<b>5. Medical In-Person Spoken Language Interpreting Services</b>	\$50/hour	\$65/hour

**Location of Performance:** The location of performance has the potential to vary greatly, therefore, the interpreting services required by the State could take place anywhere that the State conducts its business. It is the responsibility of the Provider to ensure all interpreter assignments are the most cost-effective taking into consideration mileage and travel reimbursement.

**Mileage Reimbursement:** The State will reimburse for mileage of more than 10 miles (each way). Reimbursement shall be at the current State of Maine mileage rate currently at \$0.44 per mile. Local travel, 10 miles or fewer each way, is not reimbursed. Spoken language interpreters shall seek the most practical direct route as determined by Google Maps. Any persons traveling by an indirect route shall assume extra expense incurred. Mileage allowance is calculated by this method: (Total Miles x \$0.44)

**Travel Reimbursement:** The State will reimburse for travel time more than two hours' round trip at one-half the interpreter's hourly rate.

Example: 6 hours (actual round-trip travel time) – 2 hours (non-billable travel time) = 4 hours (billable travel time) x \$20.00 (hourly rate \$40.00/2=\$20.00). \$80.00 (billable travel time)

**Minimum Guarantee for In-Person Spoken Language Interpreting Assignments:**  
Interpreters will be eligible to receive a minimum payment of two hours for their services, even if the assignment's duration is less than two hours.

## Cancellation Policy/No Show:

When a cancellation is necessary, the State will provide the Contractor with varying degrees of notice, depending on the service hours scheduled. Table 1 below shows the variation between assignment length and notice given.

**Table 1-Cancellation Notice and Corresponding Penalties**

Assignment Length	Cancellation Notice Given				
	Less than 2 business days	2 to 3 business days	4 to 5 business days	6 to 10 business days	More than 10 business days
Less than 3 hours	100% of scheduled service hours	Not billable	Not billable	Not billable	Not billable
3 or more hours in a single day	100% of scheduled service hours	100% of scheduled service hours	Not billable	Not billable	Not billable
2 to 3 days	100% of scheduled service hours	100% of scheduled service hours	100% of scheduled service hours	50% of scheduled service hours	Not billable
4 or more days	100% of scheduled service hours	100% of scheduled service hours	100% of scheduled service hours	100% of scheduled service hours	Not billable

The following considerations are considered for cancellations:

1. Billing for cancelled assignments shall be at the same hourly rate as the service category for the scheduled time period.
2. Billing shall apply for any *actual* travel time that the interpreter(s) incurred.
3. Full or partial cancellation of assignments greater than 10 business days will not be reimbursed for more than 10 cancelled business days. (For example, if an interpreter has a six-month assignment, and it is cancelled with less than 10 days' notice, per the chart above, then the State will only be liable to pay for up to 10 days of the six-month assignment, not the full six-months.)
4. **Special conditions for cancellations may be negotiated, if necessary, at the time of each request by a State agency or any participating entity; otherwise the chart shown above shall apply. Such special conditions must be captured in writing and agreed upon by the State and the Contractor. (For example, the Administrative Office of the Courts may negotiate with a Contractor at the time of a service request to deviate from the cancellation policy above. Both the Contractor and the State must agree in writing, and the State is not bound to procure services through the Contractor if a satisfactory arrangement cannot be made.)**

# STATE OF MAINE / SERVICE CONTRACT

## Scheduling:

Vendor Name:	Catholic Charites Maine			
Master Agreement #	18P- 19012500000000000088			
Point(s) of Contact:	Names:	Telephone(s):	Emails:	
General Information & quality resolution; Setting up an account & requesting services; Billing questions	Guyin Lucy Liu	207-772-4517	gliu@ccmaine.org	
Scheduling Portal:	<a href="https://ccm.ersp.biz">https://ccm.ersp.biz</a> or <a href="https://www.ccmaine.org/language-partners/interpreter-services/interpreter-request">https://www.ccmaine.org/language-partners/interpreter-services/interpreter-request</a>			
Website:	<a href="https://www.ccmaine.org/language-partners">https://www.ccmaine.org/language-partners</a>			
Online Request Form:	<a href="https://www.ccmaine.org/language-partners/interpreter-services/interpreter-request">https://www.ccmaine.org/language-partners/interpreter-services/interpreter-request</a>			
Other:	Hardcopy Request Form attached			

**Catholic Charites Maine maintains secure online interpreter schedule at <https://ccm.ersp.biz>  
Contact Catholic Charites Maine at 207-523-2700 to obtain or establish your department's user name and password.**

## Scheduling – Cheat Sheet attached

The following list of services is not all-inclusive and other situations requiring interpretation services should be expected by the Provider.

- Interpretation of a legal nature, for example, in an administrative hearing, court room or trial setting;
- Interpretation of private, therapeutic/medical sessions, (i.e., to assess health status, provide health information, assure medication compliance, coordinate health care);
- Interpretation involving vocational rehabilitation;
- Interpretation during protective services investigations;
- Interpretation at public meetings with large audiences;
- Interpretation of a business nature;
- Interpretation of Human Resources & Employee meetings;
- Interpretation of Education & Training; and
- Provide Linguistic and Cultural Clarification

## Provider shall:

- Provide hired spoken language interpreters with required certifications, if applicable
- Ensure all interpreters hired or contracted are qualified professionals capable of performing the specified task
- Ensure all interpreters hired or contracted are highly skilled interpreters to support the State's ongoing interpreter needs



## STATE OF MAINE | SERVICE CONTRACT

- Ensure all interpreters hired or contracted adhere to Code of Conduct and Confidentiality standards
- Ensure all interpreters hired or contracted for court setting adhere to the Standards of Professional Conduct for Interpreters Providing Services in Judicial Proceedings. More information can be found at [http://www.courts.maine.gov/mainecourts/admin/interpreters/interpreters\\_policy.html](http://www.courts.maine.gov/mainecourts/admin/interpreters/interpreters_policy.html)
- Ensure all interpreters hired or contracted can fluently and accurately communicate in the language(s) in which they claim proficiency
- Ensure all interpreters hired or contracted can interpret effectively to and from other languages and English
- Ensure all interpreters hired or contracted can interpret exact concepts
- Ensure all interpreters hired or contracted do not and cannot distort the meaning of the interpretation
- Keep certification records for all employee interpreters and sub-contracted interpreters to verify upon request the status of any interpreter provided for State assignments.
- Provide a dedicated Accounting Manager
- Provide electronic billing capable of tracking hours, travel time and interpreting time
- Accurate monthly invoices shall show; Master Agreement # 1901250000000000082, requesting agency, language, hourly rate, date of appointment, location of appointment, duration of each appointment, mileage & travel reimbursement, and total time to be billed.

### IV. REPORTS

#### A. Required Reports

The Provider shall track and record all data/information necessary to complete the reports listed in the table below:

<u>Name of Report:</u>	<u>Description</u>					
Usage Report	Usage information for services provided under this Master Agreement.					
	Information in report:					
	Interpreting Hours	Interpreting total \$	Travel Hours	Travel total \$	# of Mileage	Mileage total \$

#### B. Reporting Schedule for Above Listed Required Reports

The Provider shall submit all the reports listed in the table below to the Department in accordance with the deadlines established within the table:

<u>Name of Report:</u>	<u>Reporting Period Captured in Report:</u>	<u>Due Date and/or Frequency:</u>
<u>Usage Report</u>	<u>Each Year</u>	<u>February 1<sup>st</sup> of each year</u>

The Provider further agrees to submit such other data and reports as may be requested by the Agreement Administrator. The Provider shall submit all data and reports to the Agreement Administrator listed in section "DEPARTMENT AND PROVIDER POINT OF CONTACTS" of this Agreement. |

**RIDER B  
TERMS AND CONDITIONS**

1. **BENEFITS AND DEDUCTIONS.** If the Provider is an individual, the Provider understands and agrees that he/she is an independent contractor for whom no Federal or State Income Tax will be deducted by the Department, and for whom no retirement benefits, survivor benefit insurance, group life insurance, vacation and sick leave, and similar benefits available to State employees will accrue. The Provider further understands that annual information returns, as required by the Internal Revenue Code or State of Maine Income Tax Law, will be filed by the State Controller with the Internal Revenue Service and the State of Maine Bureau of Revenue Services, copies of which will be furnished to the Provider for his/her Income Tax records.
2. **INDEPENDENT CAPACITY.** In the performance of this Contract, the parties hereto agree that the Provider, and any agents and employees of the Provider, shall act in the capacity of an independent contractor and not as officers or employees or agents of the State.
3. **DEPARTMENT'S REPRESENTATIVE.** The Contract Administrator shall be the Department's representative during the period of this Contract. He/she has authority to curtail services if necessary to ensure proper execution. He/she shall certify to the Department when payments under the Contract are due and the amounts to be paid. He/she shall make decisions on all claims of the Provider, subject to the approval of the Commissioner of the Department.
4. **CHANGES IN THE WORK.** The Department may order changes in the work, the Contract Amount being adjusted accordingly. Any monetary adjustment or any substantive change in the work shall be in the form of an amendment, signed by both parties and approved by the State Purchases Review Committee. Said amendment must be effective prior to execution of the work.
5. **SUB-AGREEMENTS.** Unless provided for in this Contract, no arrangement shall be made by the Provider with any other party for furnishing any of the services herein contracted for without the consent and approval of the Contract Administrator. Any sub-agreement hereunder Entered into subsequent to the execution of this Contract must be annotated "approved" by the Contract Administrator before it is reimbursable hereunder. This provision will not be taken as requiring the approval of contracts of employment between the Provider and its employees assigned for services thereunder.
6. **SUBLETTING, ASSIGNMENT OR TRANSFER.** The Provider shall not sublet, sell, transfer, assign or otherwise dispose of this Contract or any portion thereof, or of its right, title or interest therein, without written request to and written consent of the Contract Administrator. No subcontracts or transfer of Contract shall in any case release the Provider of its liability under this Contract.
7. **EQUAL EMPLOYMENT OPPORTUNITY.** During the performance of this Contract, the Provider agrees as follows:
  - a. The Provider shall not discriminate against any employee or applicant for employment relating to this Contract because of race, color, religious creed, sex, national origin, ancestry, age, physical or mental disability, or sexual orientation, unless related to a bona fide occupational qualification. The Provider shall take affirmative action to ensure that applicants are employed and employees are treated during employment, without regard to their race, color, religion, sex, age, national origin, physical or mental disability, or sexual orientation.

## STATE OF MAINE | SERVICE CONTRACT

Such action shall include but not be limited to the following: employment, upgrading, demotions, or transfers; recruitment or recruitment advertising; layoffs or terminations; rates of pay or other forms of compensation; and selection for training including apprenticeship. The Provider agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of this nondiscrimination clause.

- b. The Provider shall, in all solicitations or advertising for employees placed by or on behalf of the Provider relating to this Contract, state that all qualified applicants shall receive consideration for employment without regard to race, color, religious creed, sex, national origin, ancestry, age, physical or mental disability, or sexual orientation.
  - c. The Provider shall send to each labor union or representative of the workers with which it has a collective bargaining Contract, or other Contract or understanding, whereby it is furnished with labor for the performance of this Contract a notice to be provided by the contracting agency, advising the said labor union or workers' representative of the Provider's commitment under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
  - d. The Provider shall inform the contracting Department's Equal Employment Opportunity Coordinator of any discrimination complaints brought to an external regulatory body (Maine Human Rights Commission, EEOC, Office of Civil Rights) against their agency by any individual as well as any lawsuit regarding alleged discriminatory practice.
  - e. The Provider shall comply with all aspects of the Americans with Disabilities Act (ADA) in employment and in the provision of service to include accessibility and reasonable accommodations for employees and clients.
  - f. Providers and subcontractors with Contracts in excess of \$50,000 shall also pursue in good faith affirmative action programs, which programs must conform with applicable state and federal laws, rules and regulations.
  - g. The Provider shall cause the foregoing provisions to be inserted in any subcontract for any work covered by this Contract so that such provisions shall be binding upon each subcontractor, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.
8. EMPLOYMENT AND PERSONNEL. The Provider shall not engage on a full-time, part-time or other basis during the period of this Contract, any (a) state employee or (b) any former state employee who participated in any way in the solicitation, award or administration of this Agreement. This restriction shall not apply to regularly retired employees or any employee who has out of state employment for a period of twelve (12) months.
9. WARRANTY. The Provider warrants that it has not employed or contracted with any company or person, other than for assistance with the normal study and preparation of a proposal, to solicit or secure this Contract and that it has not paid, or agreed to pay, any company or person, other than a bona fide employee working solely for the Provider, any fee, commission, percentage, brokerage fee, gifts, or any other consideration, contingent upon, or resulting from the award for making this Contract. For breach or violation of this warranty, the Department shall have the right to annul this Contract without liability or, in its discretion to otherwise recover the full amount of such fee, commission, percentage, brokerage fee, gift, or contingent fee.

## STATE OF MAINE | SERVICE CONTRACT

10. ACCESS TO RECORDS. As a condition of accepting an Contract for services under this section, a Provider must agree to treat all records, other than proprietary information, relating to personal services work performed under the Contract as public records under the freedom of access laws to the same extent as if the work were performed directly by the Department or agency. For the purposes of this subsection, "proprietary information" means information that is a trade secret or commercial or financial information, the disclosure of which would impair the competitive position of the Provider and would make available information not otherwise publicly available. Information relating to wages and benefits of the employees performing the personal services work under the Contract and information concerning employee and Contract oversight and accountability procedures and systems are not proprietary information. The Provider shall maintain all books, documents, payrolls, papers, accounting records and other evidence pertaining to this Contract and make such materials available at its offices at all reasonable times during the period of this Contract and for such subsequent period as specified under Maine Uniform Accounting and Auditing Practices for Community Agencies (MAAP) rules. The Provider shall allow inspection of pertinent documents by the Department or any authorized representative of the State of Maine or Federal Government, and shall furnish copies thereof, if requested. This subsection applies to contracts, contract extensions and contract amendments executed on or after October 1, 2009.
11. TERMINATION. (a) The performance of work under the Contract may be terminated by the Department whenever for any reason the Contract Administrator shall determine that such termination is in the best interest of the Department. Any such termination shall be effected by delivery to the Provider of a Notice of Termination specifying the date on which such termination becomes effective. Upon such termination, the Department shall pay the Provider for work performed by the Provider prior to the date of Notice of Termination. (b) Either party may terminate this Agreement for cause by providing a written notice of termination stating the reason for the termination. Upon receipt of the notice of termination, the defaulting party shall have fifteen (15) business days to cure the default. If the default is of such a nature that it cannot be cured within fifteen (15) business days, the defaulting party shall have such additional time, as the parties may agree to, to cure the default, provided the defaulting party has taken steps to cure the default with the initial 15 days.
12. GOVERNMENTAL REQUIREMENTS. The Provider warrants and represents that it will comply with all governmental ordinances, laws and regulations.
13. GOVERNING LAW. This Contract shall be governed in all respects by the laws, statutes, and regulations of the United States of America and of the State of Maine. Any legal proceeding against the State regarding this Contract shall be brought in State of Maine administrative or judicial forums. The Provider consents to personal jurisdiction in the State of Maine.
14. STATE HELD HARMLESS. The Provider shall indemnify and hold harmless the Department and its officers, agents, and employees from and against any and all third party claims, liabilities, and costs, including reasonable attorney fees, for any or all injuries to persons or property or claims for money damages, including claims for violation of intellectual property rights, arising from the negligent acts or omissions of the Provider, its employees or agents, officers or Subcontractors in the performance of work under this Agreement; provided, however, the Provider shall not be liable for claims arising out of the negligent acts or omissions of the Department, or for actions taken in reasonable reliance on written instructions of the Department.
15. NOTICE OF CLAIMS. The Provider shall give the Contract Administrator immediate notice in writing of any legal action or suit filed that is related in any way to the Contract or which may affect the performance of duties under the Contract, and prompt notice of any claim made against the Provider by any subcontractor

## STATE OF MAINE | SERVICE CONTRACT

which may result in litigation related in any way to the Contract or which may affect the performance of duties under the Contract.

16. APPROVAL. This Contract must have the approval of the State Controller and the State Purchases Review Committee before it can be considered a valid, enforceable document.
17. INSURANCE. The Provider shall keep in force a liability policy issued by a company fully licensed or designated as an eligible surplus line insurer to do business in this State by the Maine Department of Professional & Financial Regulation, Bureau of Insurance, which policy includes the activity to be covered by this Contract with adequate liability coverage to protect itself and the Department from suits. Providers insured through a "risk retention group" insurer prior to July 1, 1991, may continue under that arrangement. Prior to or upon execution of this Contract, the Provider shall furnish the Department with written or photocopied verification of the existence of such liability insurance policy.
18. NON-APPROPRIATION. Notwithstanding any other provision of this Contract, if the State does not receive sufficient funds to fund this Contract and other obligations of the State, if funds are de-appropriated, or if the State does not receive legal authority to expend funds from the Maine State Legislature or Maine courts, then the State is not obligated to make payment under this Contract.
19. SEVERABILITY. The invalidity or unenforceability of any particular provision, or part thereof, of this Contract shall not affect the remainder of said provision or any other provisions, and this Contract shall be construed in all respects as if such invalid or unenforceable provision or part thereof had been omitted.
20. ORDER OF PRECEDENCE. In the event of a conflict between the documents comprising this Agreement, the Order of Precedence shall be:
  - Rider C Exceptions
  - Rider B Terms and Conditions
  - Rider A Scope of Work
  - Payment Rider
  - Rider D Included at Department's Discretion
  - Rider E Included at Department's Discretion
  - Rider F Included at Department's Discretion
  - Rider G Identification of Country in which contracted work will be performed
  - Business Associate Agreement included at Department's Discretion
  - Other Included at Department's Discretion
21. FORCE MAJEURE. The performance of an obligation by either party shall be excused in the event that performance of that obligation is prevented by an act of God, act of war, riot, fire, explosion, flood or other catastrophe, sabotage, severe shortage of fuel, power or raw materials, change in law, court order, national defense requirement, or strike or labor dispute, provided that any such event and the delay caused thereby is beyond the control of, and could not reasonably be avoided by, that party.
22. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any monies due to the Provider under this Contract up to any amounts due and owing to the State with regard to this Contract, any other Contract, any other Contract with any State department or agency, including any Contract for a term commencing prior to the term of this Contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or

## STATE OF MAINE | SERVICE CONTRACT

monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Controller.

23. ENTIRE CONTRACT. This document contains the entire Contract of the parties, and neither party shall be bound by any statement or representation not contained herein. No waiver shall be deemed to have been made by any of the parties unless expressed in writing and signed by the waiving party. The parties expressly agree that they shall not assert in any action relating to the Contract that any implied waiver occurred between the parties, which is not expressed in writing. The failure of any party to insist in any one or more instances upon strict performance of any of the terms or provisions of the Contract, or to exercise an option or election under the Contract, shall not be construed as a waiver or relinquishment for the future of such terms, provisions, option or election, but the same shall continue in full force and effect, and no waiver by any party of any one or more of its rights or remedies under the Contract shall be deemed to be a waiver of any prior or subsequent rights or remedy under the Contract or at law.
24. AMENDMENT: No changes, modifications, or amendments in the terms and conditions of this Contract shall be effective unless reduced to writing, numbered and signed by the duly authorized representative of the State and Provider.
25. DEBARMENT, PERFORMANCE, AND NON-COLLUSION CERTIFICATION: By signing this Contract, the Provider certifies to the best of Provider's knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this Contract:
- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
  - b. Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:
    - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.
    - ii. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
    - iv. Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default.
  - c. Have not Entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

RIDER C  
EXCEPTIONS

N/A


## RIDER D

Title: Debarment, Performance and Non-Collusion Certification***DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION*****Bidder's Organization Name: Catholic Charities Maine**

By signing this document, I certify to the best of my knowledge and belief that the organization, its principals and any subcontractors named in this proposal:

- a Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
- b Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
  - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
  - ii. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
  - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
  - 1v. Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default.*
- c Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Bidder's proposal, at the discretion of the Department.**

Name (Print): Stephen P. Letourneau	Title: Chief Executive Officer
Authorized Signature: 	Date: 10/9/2018

State of Maine RFP#201808177 Catholic Charities Maine



## RIDER E

## Title: Certificate of Liability Insurance



## 6. Certificate of Insurance

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2 Westchester Park Drive, 3rd Floor White Plains NY 10604		<b>CONTACT NAME</b> Nicole Ansell <b>PHONE</b> (914) 914-697-8066 <b>FAX</b> (914) 914-696-1010 <b>E-MAIL</b> Nicole.Ansell@ajg.com <b>ADDRESS</b>													
<b>INSURED</b> Roman Catholic Bishop of Portland 510 Ocean Avenue Portland, ME 04104-7559		<b>INSURERS AFFORDING COVERAGE</b> <table border="1"> <tr> <td><b>INSURER A:</b> National Catholic RRG, Inc</td> <td><b>NAIC #</b> 10083</td> </tr> <tr> <td><b>INSURER B:</b> Maine Employers' Mutual Insurance Co</td> <td>11149</td> </tr> <tr> <td><b>INSURER C:</b> Pennsylvania Manufacturers Assoc Ins Co</td> <td>12262</td> </tr> <tr> <td><b>INSURER D:</b> Church Mutual Insurance Company</td> <td>18767</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>		<b>INSURER A:</b> National Catholic RRG, Inc	<b>NAIC #</b> 10083	<b>INSURER B:</b> Maine Employers' Mutual Insurance Co	11149	<b>INSURER C:</b> Pennsylvania Manufacturers Assoc Ins Co	12262	<b>INSURER D:</b> Church Mutual Insurance Company	18767	<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER A:</b> National Catholic RRG, Inc	<b>NAIC #</b> 10083														
<b>INSURER B:</b> Maine Employers' Mutual Insurance Co	11149														
<b>INSURER C:</b> Pennsylvania Manufacturers Assoc Ins Co	12262														
<b>INSURER D:</b> Church Mutual Insurance Company	18767														
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES** **CERTIFICATE NUMBER:** 2105643610 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE (\$ AMT APPLIES PER) <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC OTHER:		RRG 10169-2-21	7/1/2018	7/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMPROP AGG \$1,000,000 \$
D	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Ded Coll 500 <input checked="" type="checkbox"/> Ded Comp 500		000000-09-121508	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Per accident) \$250,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000		8216000788547	7/1/2018	7/1/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/INSURER EXCLUDED? (Mandatory in ME) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	1810091064	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Auto Liability		RRG 10169-1-21	7/1/2018	7/1/2019	Limit \$1,000,000 SRT \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured Status for any Persons with whom the Named Insured has agreed to provide Insurance Protection. Insurance Shall not exceed amount agreed upon or exceed policy limits provided by this policy. The limit is inclusive of the Insured's \$250,000 Self Insured Retention.

<b>CERTIFICATE HOLDER</b>  Proof of Insurance	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

ACORD 25 (2016/03)  
Catholic Charities Maine

The ACORD name and logo are registered marks of ACORD  
RFP#2018081777

© 1988-2016 ACORD CORPORATION. All rights reserved.

13

RIDER F  
Title:  
(Included at Department's Discretion)

N/A

RIDER G

IDENTIFICATION OF COUNTRY

IN WHICH CONTRACTED WORK WILL BE PERFORMED

**Please identify the country in which the services purchased through this contract will be performed:**

☒ **United States. Please identify state: Maine**

☐ **Other. Please identify country: Enter Country**

**Notification of Changes to the Information**

The Provider agrees to notify the Division of Procurement Services of any changes to the information provided above.



**Business Associate Agreement  
(Included at Department's Discretion)**

**State of Maine  
Department of Administrative and Financial Services  
Business Associate Agreement**

This Business Associate Agreement ("Agreement") is made this 9th day of April 2019 (the "Effective Date") by and between the State of Maine, Department of Administrative and Financial Services (the Covered Entity, hereinafter, the "Department") and Catholic Charities Maine ("Business Associate"), together (the "Parties"); and

WHEREAS, Business Associate may use, disclose, create, receive, maintain or transmit protected health information in a variety of form or formats, including verbal, paper and electronic (together, "PHI") on behalf of the Department in connection with Business Associate's performance of its obligations under the following agreement between the parties: MA 18P 1901250000000000088 (the "Underlying Agreement"); and

WHEREAS, the Parties intend to ensure the confidentiality, privacy and security of Department's PHI as required by law, including the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (HIPAA), and its implementing regulations at 45 CFR Parts 160 and 164 (the Privacy, Security, Breach Notification and Enforcement Rules or "HIPAA Rules") as updated by the Health Information Technology for Economic and Clinical Care Act (HITECH) enacted under Title XII of the American Recovery and Reinvestment Act of 2009, and its implementing Regulations (together, the "HIPAA and HITECH Rules"); and

WHEREAS, the Parties agree that certain federal and state laws, rules, regulations and accreditation standards also impose confidentiality restrictions that apply to this business relationship, and may include, but are not limited to: 42 CFR 2 *et. seq.*; 5 M.R.S.A. §19203-D; 22 M.R.S.A. §§42, 261, 815, 824, 833, 1494, 1596, 1711-C, 1828, 3173, 3292, 4008, 5328, 7250, 7703, 8754; 10 M.R.S.A 1346 *et. seq.*; 34-B M.R.S.A. §1207; 14-193 C.M.R, Ch. 1, Part A, § IX; and applicable accreditation standards of The Joint Commission or other appropriate accreditation body regarding confidentiality.

NOW THEREFORE, the parties agree as follows:

**Specific Definitions for the Purpose of this Agreement:**

**Breach** means the unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy of such PHI. A security or privacy incident that involves PHI is presumed to be a breach requiring notification unless the Department proves, through specific risk analysis steps, that there is a low probability that the PHI was compromised or a) the incident does not involved unsecured PHI, or b) the incident falls into another exception or safe harbor as set forth in the HIPAA and HITECH Rules.

**Business Associate** is a person or entity that creates, receives, maintains or transmits PHI on behalf of, or provides services to, a covered entity, as set forth in the HIPAA Rules and other than in the capacity of a workforce member.

**Covered Entity** is a 1) health plan, (2) health care clearinghouse, or 3) health care provider who electronically transmits any health information in connection with transactions for which HHS has adopted standards. Generally, these electronic transactions concern billing and payment for services or insurance coverage.

**Designated Record Set** means the billing and medical records about individuals maintained by or for a covered provider: the enrollment, claims adjudication, payment, case or medical management record systems maintained by or for a health plan; or that are used in whole, or in part, by the covered entity to make decisions about individuals.

**Individual** means the person who is the subject of the PHI.

**Protected Health Information** means information that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual and is transmitted or maintained in electronic or any other form or medium.

**Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification or destruction of information [or PHI] or interference with system operation in an information system.

**Subcontractor means** a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private, to whom a business associate has delegated a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

**Unsecured Protected Health Information** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the U.S. Department of Health and Human Services ("HHS") in its guidance.

**General Definitions.** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA and HITECH Rules: Data Aggregation, Disclosure, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Required by Law, and Use.

## **1. Permitted Uses and Disclosures**

- a. Business Associate agrees to use or disclose the PHI authorized by this Agreement only to perform the services of the Underlying Agreement between the Parties, or as required by law.
- b. Business Associate may use or disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, only where a) the use or disclosure does not violate any law governing the protection of the PHI, including, but not limited to, prohibitions under 42 CFR Part 2 (Part 2 Regulations), and b) the disclosures are required by law or c) Business Associate agrees only to disclose the minimum necessary PHI to accomplish the intended purpose and i) obtains reasonable assurances from the person or entity to whom the information is disclosed that the PHI will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person or entity, and ii) the person or entity agree to immediately notify Business Associate of any instances of which it is aware that the confidentiality, privacy or security of the information has been actually or potentially breached.
- c. Business Associate may provide data aggregation services relating to the health care operations of the Department, or de-identify the Department's PHI, only when such specific services are permissible under the Underlying Agreement or as otherwise preapproved in writing by the Department.

## **2. Obligations and Activities of the Business Associate**

1. *Compliance.* Business Associate agrees to comply with the HIPAA and HITECH Rules, and other applicable state or federal law, to ensure the protection of the Department's PHI, and only use and disclose PHI consistent with the Department's minimum necessary policy and the legal requirements of this Agreement. Business Associate may not use or disclose PHI in a manner that would violate the HIPAA or HITECH Rules or other state or federal law if performed by the Department.
2. *Safeguards.* In complying with the HIPAA and HITECH Rules, Business Associate agrees to use appropriate administrative, technical and physical safeguards, and comply with any required security or privacy obligations, to protect the confidentiality, integrity and availability of the Department's PHI.
3. *Reporting.* Business Associate agrees to report to the Department any inappropriate use or disclosure of the Department's PHI of which it becomes aware, i.e. any use or disclosure not permitted in this Agreement or in violation of any legal requirement, including actual and suspected breaches of unsecured PHI, and any actual or potential security incident of which it becomes aware. Such report will be made to the Department's Director of Healthcare Privacy or her designee within twenty-four (24) hours of when the Business Associate becomes aware of an actual or suspected incident or breach. In the event that a breach is determined to have occurred under the authority of the Business Associate, Business Associate will cooperate promptly with the Department to provide all specific information required by the Department for mandatory notification purposes.
4. *Subcontractors and Agents.* In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, Business Associate shall ensure that any third parties, agents or subcontractors (together, "Subcontractors") that use, disclose, create, acquire, receive, maintain, or transmit PHI on behalf of Business Associate agree to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such PHI. Business Associate shall obtain and maintain a written agreement with each Subcontractor that has or will have access, through Business Associate, to the Department's

- PHI, ensuring that the Subcontractor agrees to be bound to the same restrictions, terms and conditions that apply to Business Associate under this Agreement.
5. *Mitigation.* The Business Associate shall exhaust, at its sole expense, all reasonable efforts to mitigate any harmful effect known to the Business Associate arising from the use or disclosure of PHI by Business Associate in violation of the terms of this Agreement.
  6. *Accounting of Disclosures.* To the extent required by the terms of this Agreement, Business Associate will maintain and make available the information and/or documentation required to provide an accounting of disclosures as necessary to satisfy the Department's obligations under 45 CFR 164.528.
  7. *Access.* In the event that Business Associate creates or maintains PHI in a designated record set, Business Associate will use commercially reasonable efforts to make PHI available in the format requested, and as necessary to satisfy the Department's obligation under 45 C.F.R. 164.524, within 30 days from the time of request. Business Associate will inform the Department of the individual's request within 5 (five) business days of the request.
  8. *Amendment.* In the event that Business Associate creates or maintains PHI in a designated record set, Business Associate agrees to make any amendment(s) to the PHI as directed or agreed to by the Department, or take other measures as necessary to satisfy the Department's obligations under 45 CFR 164.526, in such time period and in such manner as the Department may direct.
  9. *Restrictions.* Upon notification from the Department, Business Associate shall adhere to any restrictions on the use or disclosure of PHI agreed to by or required of the Department pursuant to 45 CFR 164.522.
  10. *Audit by the Department or the HHS Secretary.* The Business Associate will make its internal practices, books and records relating to the use or disclosure of PHI received from the Department or used, acquired, maintained, created or received by the Business Associate on behalf of the Department, available to either the Department or the HHS Secretary for the purposes of determining the compliance of either the Department or the Business Associate with the Medicaid Act, and the HIPAA and HITECH Rules, or any other federal, state or accreditation requirement. 45 C.F.R. 164.504.
  11. *Other Obligations:* To the extent that Business Associate is to carry out one or more of the Department's obligations under the HIPAA and HITECH Rules or other federal or state law, Business Associate agrees to comply with the legal requirements that apply to the Department in performing that obligation;

### **3. Obligations of the Department**

- a. The Department shall notify Business Associate of a) any limitation in any applicable Notice of Privacy Practices that would affect the use or disclosure of PHI by the Business Associate and b) any changes, revocations, restrictions or permissions by an individual to the use and disclosure of his/her PHI to which the Department has agreed, to the extent such restrictions or limitations may affect the performance of Business Associate's services on behalf of the Department.
- b. The Department shall not request that Business Associate use or disclose PHI in any format, and in any manner, that would be prohibited if performed by the Department.

### **4. Hold Harmless**

Business Associate agrees to indemnify and hold harmless the Department, its directors, officers, agents, shareholders, and employees against any and all claims, demands, expenses, liabilities or causes of action that arise from any use or disclosure of PHI not specifically permitted by this Agreement, applicable state or federal laws, licensing, accreditation or other requirements.

## 5. Term of Agreement

- a. *Term.* This Agreement shall be effective as of the Effective Date and shall terminate at the end of the term of the Underlying Agreement. To the extent that the Underlying Agreement automatically renews, this Agreement shall also automatically renew itself for the same renewal period unless the Department terminates this Agreement for cause as set forth in Section 5(c). Either party may terminate the Agreement consistent with the written notice provision regarding termination in the Underlying Agreement.
- b. *Auto-renewal.* In the event that this Agreement is automatically renewed, the Business Associate agrees to be bound by the terms of this Agreement and laws referenced in this Agreement that are current and in effect at the time of renewal.
- c. *Termination for Cause.* Notwithstanding the foregoing, Business Associate authorizes termination of this Agreement by the Department if the Department determines that Business Associate has violated a material term of the Agreement. The Department shall either, at its sole discretion:
  - i. Provide the Business Associate an opportunity to cure or end the violation within a time frame and upon such conditions as established by the Department; and
  - ii. Immediately terminate this Agreement in the event the Business Associate has either failed to cure in the time frame provided by the Department or if cure is not possible.
- d. *Obligations of the Business Associate upon Termination.* Upon termination of this Agreement for any reason, Business Associate, shall
  - i. Return or destroy all PHI used, created, accessed, acquired, maintained, or received by the Business Associate on behalf of the Department, and retain no copies in any format. Business Associate shall ensure that its Subcontractors do the same.
  - ii. If the Department agrees that Business Associate may destroy all PHI in its possession, Business Associate shall certify such destruction to the Department.
  - iii. If returning or destroying PHI is not feasible, Business Associate agrees to protect the confidentiality of the PHI and retain only that PHI which is necessary for the Business Associate to continue its proper management and administration, or to carry out its legal responsibilities. Business Associate shall not use or disclose the PHI for other than the purpose for which it was retained, and return to the Department, or destroy if approved by the Department, such PHI when no longer required. Furthermore, Business Associate shall continue to use appropriate safeguards and comply with the HIPAA and HITECH Rules, other applicable state and federal law, with respect to PHI in any format for as long as Business Associate retains the PHI.
  - iv. Upon appropriate direction from the Department, Business Associate shall transmit the PHI to another business associate of the Department consistent with all legal and regulatory safeguards delineated in this Agreement.

## 6. Qualified Service Organization Agreement

To the extent that in performing its services for or on behalf of the Department, Business Associate uses, discloses, maintains or transmits PHI that is protected by the Part 2 Regulations, Business Associate acknowledges that it is a Qualified Service Organization for the purpose of such federal law; aacknowledges that in receiving, storing, processing or otherwise dealing with any such patient



STATE OF MAINE | SERVICE CONTRACT

records, it is fully bound by the Part 2 Regulations; and, if necessary, will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by the Part 2 Regulations.

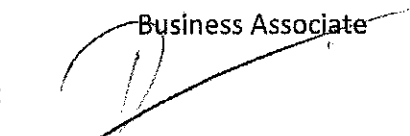
**7. Survival of Business Associate Obligations**

The obligations of the Business Associate under this Agreement shall survive the termination of this Agreement indefinitely.

**8. Miscellaneous**

- (a) *Amendment.* The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Department to comply with the requirements of the HIPAA and HITECH Rules, and/or other applicable laws or requirements. This Agreement may only be amended in writing, signed by authorized representatives of the Parties.
- (b) *Injunction.* The Department and Business Associate agree that any violation of the provisions of this Addendum may cause irreparable harm to the Department. Accordingly, in addition to any other remedies available to the Department, Department shall be entitled to seek an injunction or other decree of specific performance with respect to any violation of this Agreement or explicit threat thereof, without bond or other security being required and without the necessity of demonstrating actual damages.
- (c) *Interpretation.* Any ambiguity in this Agreement shall be resolved to ensure that the Department is in compliance with the HIPAA and HITECH Rules, or other applicable laws or privacy or security requirements.
- (d) *Legal References.* A reference in this Agreement to a section in the HIPAA or HITECH Rules or to other federal or state law, means the section as in effect or as amended.

IN WITNESS WHEREOF, the parties have executed this Business Associate Agreement as of the Effective Date.

Signature:   
Name: Daniel J. Bazemore  
Title: Chief Financial Officer  
Date: 4/17/19

Other: Attachment

Title: Scheduling Cheat Sheet/Interpreter Request Form

## Scheduling on ERSP - Cheat Sheet!

- a. Go to: <https://ccm.ersp.biz>
- b. Click on the **Customer** button and enter your Username and Password (these are not case sensitive)
- c. Go up to the blue line on the top of the page. At the left hand side you will see **My Account**. Click on this and a drop down menu will open up.
- d. Click on **Submit New Job**. A new screen will open up. This is where you will enter all the information for the appointment:
  - i. **Consumer** - *If known*, enter the client in need of interpretation services. If the consumer's name is not on the drop down choice already, you can add the name to the comment box.
  - ii. **Service** - Language for which you are requesting an interpreter
  - iii. **Start Date** - Date of requested job
  - iv. **PO Number** - Enter Purchase Order Number (if applicable to your request and billing requirements) or enter the Consumer name here for billing purposes
  - v. **Replicate** - Complete this section only if your request will be an ongoing repeat request
  - vi. **Location** - Select your **BILLING location** for the service. You will be able to note the location of where the service is to be performed in the comments section.
  - vii. **Sublocation** - Select a sublocation, if necessary/ applicable
  - viii. **Start Time** - Input the start time of the requested job
  - ix. **Requester** - This is YOU. *Please* put in **YOUR full name and YOUR phone number** on this line so that Language Partners' Scheduling staff can call you if there are questions about your request or an unforeseen issue occurs with your scheduled interpreter (e.g. is late, lost, needs to cancel, etc.).
  - x. **Duration** - Input the length of the requested job
  - xi. **Comments** - Please put in the **Service Location** as well as any other **extra information** about your job here. For example, Docket# for court cases or client identifiers for DHHS etc. If the appointment will not be held at your location, it is helpful to note in the comments section which building the office it will be held in, for example, "Building 6, Floor 2."
5. **Review your request** and when everything looks good, click **Submit Request**. You will get redirected back to the calendar and receive a brief notice on the top of the screen that your request was successful! You can then track the scheduling process on your ERSP calendar (e.g. unassigned, assigned, staff unavailable, etc.)
6. If you **need to change anything** about your appointment, please **call us at (207)523-2700** or send us a message in the ERSP system. Customers cannot change anything once they have submitted their request.

**INTERPRETER REQUEST FORM**

Agency/Company Name \_\_\_\_\_ Department/Program \_\_\_\_\_

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Your Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail (required) \_\_\_\_\_

I prefer to receive confirmation of my scheduled interpreter by: DFax DEmail

**Appointment Specifications**

Language Needed \_\_\_\_\_ Preferred Interpreter (if any) \_\_\_\_\_

Appointment Date & Time \_ / \_ / \_ : \_ to \_ : \_

Appointment Location (please be very specific; attach directions if needed) \_\_\_\_\_

Name of the Non-/Limited-English Speaker (Mr.) (Ms.) \_\_\_\_\_

Additional notes \_\_\_\_\_

**Upon filling your request, we will fax this form back to you  
with the interpreter details in the coversheet.**



**Catholic Charities  
Language Partners**  
*Interpreting & Translation Services*

80 Sherman Street, Portland ME 04101  
P: (207) 523-2700 F: (207) 774-7166  
[languagepartners@ccmaine.org](mailto:languagepartners@ccmaine.org)  
[www.LanguagePartnersCCM.org](http://www.LanguagePartnersCCM.org)