



LIFESTREAM SERVICES, INC.
PROVIDER PARTNER ASSURANCES
Provider Partner Agreement
FY2027 (October 1, 2026 to September 30, 2027)

We _____, if awarded a contract for service(s), agree to comply with all applicable rules and regulations of LifeStream Services, Inc. and the Family & Social Services Administration, Division of Aging. By the *signature of the appropriate official at the bottom of the last page* of these assurances, we agree to comply with all assurances checked "yes". Explanation of all assurances checked "NO" must be included.

1. Agree to conduct all official business of the Agency in accordance with applicable laws for the duration of the contract period.
☐ Yes ☐ No ☐ Not applicable
2. Assure that Provider will not elicit information from clients for which there is no clear necessity.
☐ Yes ☐ No ☐ Not applicable
3. Agree to use methods of collecting, reviewing, transmitting, or storing and destruction of client information that protect against improper access to the material elicited.
☐ Yes ☐ No ☐ Not applicable
4. Assure that intrusive or double-blind research or study done by the provider organization, its staff, volunteers, or in cooperation with another entity is completely voluntary and that informed consent is obtained for each person involved.
☐ Yes ☐ No ☐ Not applicable
5. Agree to inform participants of this policy, or to provide a grievance process to those who believe they have not been accorded a reasonable interpretation of their rights under this policy.
☐ Yes ☐ No ☐ Not applicable
6. Agree to keep all client information confidential according to HIPAA regulation: clients will not be discussed with other vendors, clients, or anyone else not directly related with the services being provided.
☐ Yes ☐ No ☐ Not applicable
7. Agree to attend all training as mandated by LifeStream.
☐ Yes ☐ No ☐ Not applicable
8. Agree to provide all necessary client and service information to LifeStream, in the event a vendor change becomes necessary, whether instigated by LifeStream, Provider, or client.
☐ Yes ☐ No ☐ Not applicable
9. Agree to keep accessible and accurate records of all participants, dates that service was provided to those participants and levels of service on those dates. (This information must be provided upon appropriate LifeStream request.)
☐ Yes ☐ No ☐ Not applicable
10. Agree to submit all reporting required by LifeStream on a timely basis, as scheduled by LifeStream, including monthly billings and periodic reports.
☐ Yes ☐ No ☐ Not applicable



11. Agree to provide opportunities for LifeStream staff to assess program services. This will include, but is not limited to, board meetings, agency records, reports, and service observation.
☐ Yes ☐ No ☐ Not applicable
12. Agree to provide an opportunity for clients to evaluate, assess, and/or advise as to the operation of the service program.
☐ Yes ☐ No ☐ Not applicable
13. Agree to establish with clients a clear understanding of what may be expected and what may not be expected from the service offered.
☐ Yes ☐ No ☐ Not applicable
14. Agree that all program income contributions are collected from participants without regard to income and they be given the opportunity to contribute in private on an ability to pay basis.
☐ Yes ☐ No ☐ Not applicable
15. Agree to conduct outreach and marketing for services in order to inform referral sources and seniors of the availability of the services.
☐ Yes ☐ No ☐ Not applicable
16. Agree that a determination has been made that no other source of funding is available to be used for services funded through LifeStream (e.g., provider is obligated to inform LifeStream if clients are eligible for Medicare/Medicaid, or any other funding source, as LifeStream dollars are funding of last resort.)
☐ Yes ☐ No ☐ Not applicable
17. Agree to obtain prior approval of LifeStream before entering into any third party contracts made with the funding applied for with this proposal.
☐ Yes ☐ No ☐ Not applicable
18. Agree to provide services funded under Title III to participants as set forth in the program guidelines for area provider partners receiving Title III funding, and the state service definition.
☐ Yes ☐ No ☐ Not applicable
19. Agree to abide by State incident reporting requirements, submitting reports when applicable incidents are discovered, and informing LifeStream's care manager within 24 hours of incident.
☐ Yes ☐ No ☐ Not applicable

PROVIDER PARTNER ACCEPTANCE

AREA AGENCY ACCEPTANCE

 Provider Partner Name

 Authorized Signature

 Printed Name & Title

 Date

LifeStream Services, Inc.
 Area Agency Name

 Authorized Signature

Jenny Hamilton, CEO
 Printed Name & Title

 Date