**Face Sheet**

**Does the applicant already provide Supports Coordination services for any other state offices (for example, Office of Long Term Living)? If yes, please provide name of state office.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization’s Legal Entity Name:** | | |  | | | | | | | | |
| **Address: Street 1:** | |  | | | | | | | | | |
| **Street 2:** | |  | | | | | | | | | |
| **City:** | |  | | | | | **State:** |  | | **Zip:** | **-** |
| **Phone Number:** | | (   )     - | |  | | | | | | | |
| **MPI Number:** | |  | | | **FEIN:** |  | | |  | | |
| **NPI Number:** | |  | | |  |  | | | | | |
| **County(ies) where the Supports Coordination Organization (SCO) intends to provide supports coordination services:** | | | | | | | | | | | |
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| **Name of contact person for this application:**  ***(Note clarification in instructions-Page 2)*** |  |
| **Email address for the contact person:** |  |

**The statements made herein are subject to the penalties of *18 Pa.C.S. §4904* relating to unsworn falsification to authorities.**

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| **Name of Executive Director:**  or person who serves in that capacity (see Instructions, p. 2) |  | **Name of Board President:**  or person who serves in that capacity  (see instructions, p. 2) |  | |
|  |  |  |  | |
| **Title:** |  | **Title:** |  | |
| **Signature:** |  | **Signature:** |  | |
| **Date:** |  | **Date:** |  | |
| **The following eleven documents must be submitted with this application in order for ODP to consider and determine the SCO’s qualification to provide supports coordination services.** | | | | | |
| 1. The Executive Director must meet ODP’s educational and experience requirements -– Provide the educational documentation and resume for the Executive Director (see Assurances and Attestations, # 47) | | | |  | |
| 1. The Executive Director must have knowledge of ODP’s intellectual disability and autism service system – Provide resume for Executive Director (see Assurances and Attestations, # 47) | | | |  | |
| 1. Current Insurance Documents: Commercial General Liability Insurance   (see Assurances and Attestations, # 16) | | | |  | |
| 1. Current Insurance Documents: Workers’ Compensation Insurance   (see Assurances and Attestations, # 16) | | | |  | |
| 1. Current Insurance Documents: Automobile Insurance   (see Assurances and Attestations, # 16) | | | |  | |
| 1. List of Current Board Members with a Description for each of: 2. Term limit 3. The relationship to any intellectual disability provider organization (see Assurances and Attestations, #42) 4. Conflict policy if a conflict exists | | | |  | |
| 1. Table of Organization--An organizational chart for the SCO that includes all levels up to, and including, the Board of Directors. | | | |  | |
| 1. Policy and procedures for the organization’s 24-hour response system;   **If the organization provides its 24-hour response function through a partnering agency it must provide:**  A current signed memorandum of understanding or other written agreement with a partnering agency for provision of a 24-hour response system (see Assurances and Attestations #41) | | | |  | |
| 1. Criminal Background Checks and Child Protective Services Clearances –Provide a list of all employees who will provide supports coordination services. The list must include both the date and outcome or status of the background check and child protective services clearance for each employee on the list. (see Assurances and Attestations #49 & 50)   **Submit original or copies of actual clearance documents** | | | |  | |
| 1. Educational and experience requirements – Provide a list of all employees who will provide supports coordination services and their educational/experience documentation (see Assurances and Attestations, #51& 52). | | | |  | |
| 1. Current Driver’s License for all staff who will provide supports coordination services, if the operation of a vehicle is necessary to provide Supports Coordination Services (see Assurances and Attestations, #49, 50 & 54). | | | |  | |

| **Assurance and Attestations**  **The following documents must available upon request** | |
| --- | --- |
| 1. The organization attests that it has a waiver service location in Pennsylvania. |  |
| 1. The organization agrees to sign the ODP Medical Assistance Provider Agreement for Participation in Pennsylvania’s Consolidated and P/FDS Waivers (“Provider Agreement”).   **A signed Provider Agreement constitutes a commitment to comply with all federal waiver requirements, as well as any other applicable ODP regulations and bulletins issued by the Department of Human Services.** |  |
| 1. The organization agrees to comply with all federal, state, and local standards applicable to the provision of supports coordination services. |  |
| 1. The organization agrees to comply with all applicable requirements for operating an organization in Pennsylvania (choose all that apply):    1. Not-for-profit    2. For-Profit    3. Governmental |  |
| 1. The organization agrees to carry adequate insurance to satisfy the requirements applicable to Supports coordination services, as stipulated in the Consolidated and P/FDS Waivers.    1. Commercial General Liability Insurance    2. Workers’ Compensation Insurance    3. Automobile Insurance |  |
| 1. The organization attests that it does not provide direct Consolidated or P/FDS Waiver services, other than supports coordination services. |  |
| 1. The organization attests that it does not provide direct or indirect services to individuals with intellectual disabilities as outlined in the approved Waivers. |  |
| 1. The organization attests that it is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. |  |
| 1. The organization attests that all employees are personnel of the organization.   Only under extraordinary circumstances can an SCO contract with an agency to provide temporary SC services and must receive ODP prior approval. |  |
| 1. The organization attests that it does not function as (a “Yes” response indicates compliance): 2. A Health Care Quality Unit 3. An Independent Monitoring Team 4. An Organized Health Delivery System Provider 5. A Financial Management Service (Intermediary Service Organization) 6. An Assessment provider for the Statewide Needs Assessment system 7. A subcontractor of one of the above identified organizations |  |
| 1. The organization is in compliance with all applicable *Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements (P.L. 104-191) (45 CFR Parts 160 and 164).* |  |
| 1. The organization assures that it has a process for using The Home and Community Services Information System (HCSIS) to document the performance of supports coordination functions and activities. |  |
| 1. The organization assures that it will enter and maintain its current provider-related information in HCSIS and PROMIS*e*TM. |  |
| 1. The organization assures that it has a written procedure for the reconciliation of claims, the management of denied claims and the rebilling of denied claims. |  |
| 1. The organization assures that it will accept its approved supports coordination reimbursement rate as payment in full, and will not charge the individual or any other public funding source for waiver eligible supports coordination services. |  |
| 1. The organization assures that it has a utilization process through HCSIS/PROMISeTM for reconciliation of claims and rebilling. |  |
| 1. The organization assures that it will cooperate with and assist, as needed, ODP and any state or federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse. |  |
| 1. The organization assures that it will comply with all applicable ODP policies and procedures. |  |
| 1. The organization assures that it will provide immediate written notification to ODP and the applicable Administrative Entity (ies) of any non-compliance or failure to meet any of these qualification criteria. |  |
| 1. The organization assures that it will participate in transition planning in the event that it terminates its Provider Agreement or is terminated by ODP as a provider of supports coordination services. |  |
| 1. The organization assures that it will participate in supports coordination training conducted or required by ODP. |  |
| 1. The organization assures that it will have an annual training plan to improve the knowledge, skills and core competencies of SCO personnel. |  |
| 1. The organization attests that it will have an orientation program that includes the following: 2. Person-centered practices including respecting rights, facilitating community integration, supporting families, honoring choice and supporting individuals in maintaining relationships. 3. The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with 35 P.S. § 10225.701-708, 6 Pa.Code Chapter 15, 23 Pa.C.S. §§ 6301-6385, Chapter 3490, 35 P.S. §§ 10210.101-704 and applicable adult protective services regulations 4. Individual Rights 5. Recognizing and reporting incidents. |  |
| 1. The organization assures that it will provide additional training to comply with the ODP mandatory training and orientation curriculum for SCs and SC Supervisors.   **Verification of this assurance requires the establishment and maintenance of training records, training curricula, attendance records and orientation materials.** |  |
| 1. The organization assures that it will comply with the minimum monitoring requirements for waiver participant monitoring at the frequency outlined in the approved Consolidated and P/FDS Waivers. |  |
| 1. The organization assures that it will comply with the standards related to supports coordination provider qualification. |  |
| 1. The organization assures that it will comply with the standards related to monitoring conducted by ODP including: 2. Timely submission of self-assessment tool 3. Overall compliance score of 86% or higher, and 4. Comply with ODP’s Corrective Action Plan and Directed Corrective Action Plan process. |  |
| 1. The organization assures that it will cooperate in the development of corrective action plans that result from any monitoring conducted by ODP or its business agents, where such plans call for action on the part of the SCO. |  |
| 1. The organization assures that it will comply fully with ODP’s Incident Management Policy. |  |
| 1. The organization attests that it is in compliance with service provisions outlined in *55 PA Code Chapter 6201.12(b)(3), (5), (6), (7) and (10) (ii), (iii), and (iv)*. |  |
| 1. The organization attests that its board of directors includes no more than 49% of members who have a formal relationship with a direct provider of Consolidated Waiver, P/FDS Waiver or ID Base Services. |  |
| 1. The organization attests that it has a 24-hour response system that ensures access to SCO personnel for response to emergency situations that are related to supports coordination services or other waiver services. |  |
| 1. The organization attests that it has a written procedure to review the utilization of supports coordination services. |  |
| 1. The organization attests that it has a quality management plan consistent with the approved waiver(s). |  |
| 1. The organization attests that it has written procedures that direct its participation in and cooperation with activities of Health Care Quality Units, Independent Monitoring for Quality teams and other monitoring activities conducted by ODP, its business agents, or entities conducting monitoring associated with court requirements or settlement agreements. |  |
| 1. The organization attests that any Executive Director hired meets the minimum education and experience requirements: 2. 5 years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work; 3. A bachelor's degree 4. Possess knowledge of ODP’s intellectual disability and autism service system |  |
| 1. The organization attests that it has sufficient SCO personnel to carry out all functions to operate. |  |
| 1. The organization attests that all Supports Coordination Supervisors meet the following minimum requirements: 2. Must have knowledge of Pennsylvania's intellectual disability and autism service system which includes successful completion of:  * Person-Centered Thinking training * Person-Centered Planning training  1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. 2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 3. Have a valid driver’s license if the operation of a vehicle is necessary to provide Supports Coordination services. |  |
| 1. The organization attests that all Supports Coordinators with a caseload meet the following minimum requirements: 2. Have a criminal history check with no offenses that preclude employment under 35 P. S. §10225.101 et seq. and 6 Pa. Code Chapter 15. 3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63. 4. Have a valid driver’s license if the operation of a vehicle is necessary to provide Supports Coordination services. |  |
| 1. The organization attests that all Supports Coordination Supervisors meet the following minimum education and experience requirements: 2. A bachelor’s degree with a major coursework in sociology, social welfare, psychology, gerontology, criminal justice or other related social sciences; and two years’ experience as a Supports Coordinator; or 3. Have a combination of experience and education equaling at least six years of experience in public or private social work including at least 24 college-level credit hours in sociology, social work, psychology, gerontology or other related social science |  |
| 1. The organization attests that all Supports Coordinators meet the following minimum education and experience requirements: 2. A bachelor’s degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or 3. Two years’ experience as a County Social Service Aide 3 and two years of college level course work, which include at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service; or 4. Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions. |  |
| 1. The organization attests that all Supports Coordination Supervisors supervise a maximum of 7 Supports Coordinators. |  |
| 1. The organization attests that it will verify on initial employment and annually thereafter that all employees have the required licenses/certifications/qualifications necessary to provide supports coordination services. This includes educational qualifications, valid driver’s licenses, vehicle registrations, and current inspections if applicable. |  |
| 1. The organization attests that it complies with regulations set forth in *55 Pa. Code Chapter 51, Office of Developmental Programs Home and Community-Based Services.* |  |