**Face Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) currently provides supports coordination services:** | | | | | | | | | | | |
|  |  | | | | | | | | | | |

|  |  |
| --- | --- |
| **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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 documents listed below (1-10) must be submitted with this application in order for ODP to qualify the  Support Coordination Organization (SCO) to provide Supports Coordination (SC) Services.** | | | | | | |
| 1. The Executive Director must meet ODP’s educational requirement - Provide the educational documentation for the Executive Director, ***if Executive Director was hired after the submission date of the SCO’s last qualification application*** (see Assurances and Attestations, #5) | | | | |  | |
| 1. The Executive Director must meet ODP’s experience requirement and have knowledge of ODP’s intellectual disability and autism service system - Provide resume for the Executive Director, ***if Executive Director was hired after the submission date of the SCO’s last qualification application*** (see Assurances and Attestations, #5) | | | | |  | |
| 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, #9) 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. Current Insurance Documents: Automobile Insurance (see Assurances and Attestations, #23) | | | | |  | |
| 1. Current Insurance Documents: Commercial General Liability Insurance (see Assurances and Attestations, #23) | | | | |  | |
| 1. Current Insurance Documents: Workers’ Compensation Insurance (see Assurances and Attestations, #23) | | | | |  | |
| 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 #26) | | | | |  | |
| 1. List of currently employed SC Supervisor(s) and SC(s) hired after the SCO’s last qualification application with the following information included:    1. Date of hire    2. Expiration date of Driver’s License, if the operation of a vehicle is necessary to provide SC Services    3. Date and result or status of background check and child protective services clearance   (see Assurances and Attestations, #36 and #37) | | | | |  | |
| 1. Educational and experience documentation for the most recent 25 SC Supervisors and SCs.   SCOs who hired less than 25 SC Supervisor/SCs must submit documentation for all SC Supervisor/SCs who were hired since last SCO qualification application. (see Assurances and Attestations, #36 and #37) | | | | |  | |
|  | | | | |  | |
| **Assurances and Attestations The following documents must be produced upon request** | | | | | | |
| 1. The organization signed the ODP Medical Assistance Provider Agreement for Participation in Pennsylvania’s Consolidated, Community Living 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 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 comply with all applicable ODP policies, procedures, and regulations. | | | | |  | |
| 1. The organization attests that it has a quality management plan consistent with the approved waiver(s). | | | | |  | |
|  | | | | |  | |
|  | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 1. The organization attests that any Executive Director hired meets the minimum education and experience requirements:    1. 5 years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work;    2. A bachelor's degree;    3. Possess knowledge of ODP’s intellectual disability and autism service system | | | | |  | |
| 1. The organization attests that it has a waiver service location in Pennsylvania. | | | | |  | |
| 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 it does not provide direct services to individuals. The following are considered direct services:   All intellectual disability services provided to base-funded individuals and waiver participants with the exception of Waiver Supports Coordination, Targeted Service Management and State-funded Case Management as well as transportation and ICF/ID services where the SCO shares a Federal Employer Identification Number (FEIN) with the provider. | | | | |  | |
| 1. The organization attests that it does not function as (a “Yes” response indicates compliance):    1. A Health Care Quality Unit    2. An Independent Monitoring Team    3. A Financial Management Service Providers/Organizations for Waiver individuals (Intermediary Service Organization)    4. An Assessment provider for the Statewide Needs Assessment (with the exception of Family Driven Support Service fund and the administration of Money Follows the Person (MFP) as approved by CMS)    5. A subcontractor of one of the above identified organizations | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 1. The organization assures that it will enter and maintain its current provider-related information in HCSIS and PROMISe™. | | | | |  | |
| 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/PROMISe™ for reconciliation of claims and rebilling. | | | | |  | |
| 1. The organization attests that it has a conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff. | | | | |  | |
| 1. The organization attests that its board of directors includes no more than 49% of members who have a business or fiduciary relationship with a direct provider of Consolidated, Community Living, P/FDS Waiver or ID Base Services. | | | | |  | |
| 1. The organization attests that it has an annual training plan to improve the knowledge, skills and core competencies of SCO personnel and assure that training complies with the ODP required annual training hours 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 attests that it will use ODP’s SC Orientation Curriculum for new SC(s). | | | | |  | |
| 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 have ODP prior approval. | | | | |  | |
| 1. The organization attests that all Supports Coordination Supervisors supervise a maximum of seven (7) Supports Coordinators. | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 1. The organization assures that it has designated SCO personnel for claim submission, reconciliation of claims, and management of denied claims | | | | |  | |
| 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 attests that it has current State motor vehicle registration and inspection for all vehicles owned, leased, and/or hired and used as a component of the SC service. | | | | |  | |
| 1. The organization agrees to carry adequate insurance to satisfy the requirements applicable to Supports coordination services, as stipulated in the Consolidated, Community Living and P/FDS Waivers.    1. Workers’ Compensation Insurance    2. Commercial General Liability Insurance    3. Automobile Insurance | | | | |  | |
| 1. The organization attests that it has sufficient SCO personnel to carry out all functions to operate. | | | | |  | |
| 1. The organization assures that it will comply with the standards related to monitoring conducted by ODP including:    1. Timely submission of self-assessment tool,    2. Overall compliance score of 86% or higher, and    3. Comply with ODP’s Corrective Action Plan and Directed Corrective Action Plan process. | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 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 assures that it has the ability for using ODP’s Information System, Home and Community Services Information System (HCSIS), to document the performance of supports coordination functions and activities | | | | |  | |
| 1. The organization attests that it has a written procedure to review the utilization of supports coordination services. | | | | |  | |
| 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 the minimum monitoring requirements for participant monitoring at the frequency outlined in the approved Consolidated, Community Living, and P/FDS Waivers, TSM and Base-funded SC. | | | | |  | |
| 1. The organization attests that it will cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP’s designees. | | | | |  | |
| 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 it 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 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 assures that it will comply with the standards related to triennial SCO qualification. | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 1. The organization attests that all SC 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. Experience and Education:  * 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 * 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 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 | | | | |  | |
|  | | | | |  | |
| **Assurances and Attestations (continued)** | | | | | | |
| 1. The organization attests that all SC meet the following minimum requirements: 2. Experience and Education:  * 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 * 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 * 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. 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 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. | | | | |  | |