



## Department Of Children's Services

### PROVIDER APPLICATION FOR VENDOR APPLICATION UNIT PURCHASE SERVICES

#### Vendor Application Unit Instructions:

Thank you for applying to become a Department of Children's Services (DCS) Vendor! We look forward to reviewing your materials so that we can consider partnering with you to provide services to uninsured, DCS involved, children and their family. In order to make this process most efficient, we request that you submit your materials electronically via email to one of the following team members.

**DiaVonne.T.Lawson@tn.gov   Hailey.Burch@tn.gov   Jessica.Bell@tn.gov**

#### **Application materials to return:**

- Required submission material: If applying to provide assessments, submit a recent **(within the last year) redacted sample report** of each **assessment** type you wish to provide.
- For all other services provide a **program/service description**, which is a **Word or PDF document** that you will need to compile, giving us information about your service. The *Service Description Guideline and Criteria*, outlines the items that need to be addressed in your service description.

**Important: For DCS' expectations/criteria for the various service types, along with required credentials, supporting documentation needed at application, and what information your program/service description must include, consult the attached *Service Description Guideline and Criteria* document.**

Application packets, with service description and/or work samples must be submitted electronically, within 30 calendar days of receipt of the application.

## Vendor Application Unit

### Vendor Information

#### I. Contact Information

Enter the vendor's name and all contact information below. If multiple locations are involved, please include attachment with all additional locations and the service types for each.

Name of Organization

Address

City

State

Zip

Contact Name

Contact Phone

Contact Fax

Contact E-mail

#### II. Business Information

A. Select the appropriate box below of the business type:

Sole Proprietorship

Partnership

Limited Liability Partnership

Limited Liability Company

Corporation

Other Incorporated Entity, eligible to do business in Tennessee (please explain below.)

B. Select the vendor's incorporation status:

Not-for-profit

For-profit

Governmental

Other (Please explain below.)

C. Is the business considered a small business according to the Tennessee Department of Treasury?

Yes

No

*To qualify as a small business, a company must be a business type listed in Section B above and be in and maintain operations in Tennessee with annual gross receipts of less than \$4,000,000.*

- D. Indicate below how long the business has been in existence.
  
- E. List and explain below any complaint filed against this business and/or its employees.
  
- F. Are you a TennCare approved provider? (Note: If so, we may be able to expediate your application to become an approved DCS Vendor Application Unit (VAU) Vendor. If yes, for what services? with what network?

Please send a copy of you TennCare approval letter.

- G. Please provide the names of up to three businesses, insurance entities (medical or behavioral), or government entities to which you are currently providing services or that you have provided services. If no such names can be obtained, explain below.
  
  
  
  
  
  
  
  
  
  
- H. Are any owners, employees, and if applicable, subcontractors of this agency/vendor currently or within the past six (6) months been, an employee of the State of Tennessee?

## **Business and Personnel Documentation**

### **III. Attachments:**

- A. Service Checklist
  
- B. Service Area
  
- C. Staff Roster

### **IV. Staff Qualifications and Professional Licensure**

- A. Vendors and their employees, interns, volunteers, and if applicable, subcontractors, must have and maintain all appropriate Tennessee licenses and/or certifications required to provide the services offered.
  
- B. All professional licenses and/or certifications held must be current and in good standing. Vendors submit license numbers for all licensed personnel so that they can be verified on the State of Tennessee website.
  
- C. When an employee, intern, volunteer, and if applicable, subcontractor, is on licensure track, a statement of the license pursued is required and the supervision guidelines provided by the applicable licensing board will

be followed. Furthermore, information regarding the person providing clinical supervision must be submitted, including that person's license(s), certification(s), malpractice/professional liability insurance, and that person's legal name, and if different, the name on the documents submitted.

## V. Background Check Requirements

Vendors, their employees, interns, volunteers, and if applicable, subcontractors, must be free from criminal and abuse history that could pose a safety risk to service recipients. Unless, otherwise indicated, all current and future employees, interns, volunteers, and if applicable, subcontractors, that provide such services **MUST complete background checks which includes TBI/FBI fingerprint checks, local law enforcement checks, along with an Internet Records Clearance that involves a background check of the following: DCS Database Search, National Sexual Offender Registry Clearance, and Department of Health Abuse Registry Clearance.**

### A. For Persons Currently Providing Services as Identified on Staff Rosters

#### 1. Vendors must:

- a. Upon approval, have all staff, complete applicable background check(s), obtain and review the results of all required background checks and provide results/dates checks were conducted to DCS on form CS-0687- Background Check Checklist. Obtain the results of all required background checks, must be submitted to the Vendor Application Unit as well.
- b. Notify DCS if the individual vendor, an employee, intern, volunteer, or if applicable, subcontractor working with DCS clients commits any malfeasance during the period the vendor is approved to provide services. Notifications must be made promptly and sent to the Vendor Application Unit staff.
- c. **Annually** complete an Internet Records Clearance that involves a background check of the following: Drug Offender Registry Clearance, TN Felony Offender Database Clearance, National Sexual Offender Registry Clearance, and Department of Health Abuse Registry Clearance, on employees, interns, volunteers, and if applicable, subcontractors, during the performance of their job duties.

### B. For Persons Not Currently Providing Services as Identified on Staff Rosters

#### 1. Vendors must notify the Office of Child Mental Health when a person who was previously approved intends to begin providing a type of service other than that they were approved to provide. Notification must include:

- a. The name of the person involved,
- b. The specific service type(s) the person may currently provide,
- c. All information requested on a staff roster,
- d. The persons qualifications,
- e. Proof of qualification(s) (such as licenses, certifications, special training), and

#### 2. Vendors must notify the Office of Child Mental Health when a new employee, intern, or volunteer will be utilized to provide services. Notification must include:

- a. The name of the person involved,
- b. All information requested on a staff roster (including the specific service type(s), related job duties involved), proof of qualification(s) (such as licenses, certifications, special training), and
- c. Proof all required background checks were conducted and provides results/dates to DCS on form CS-0687- Background Check Checklist.

## V. Approval

Approval as a DCS Delegated Authority (DA) Vendor is valid for two (2) years from the date of approval. Being an approved provider **does not guarantee the utilization of said services by any DCS region.** The Department will consider all monitoring information and any reported concerns in the assessment of provider performance.

**VI. Disapproval and Withdrawal of Approval Status**

The Department reserves the right to disapprove any application for a vendor that fails to meet the qualifications specified in this application. The Department reserves the right to withdraw approval at any time if a vendor fails to meet the qualifications. Moreover, the Department reserves the right to withdraw approval at any time.

**VII. Certification**

I certify, under penalty of perjury, that all the information provided above and submitted with this application is true and correct to the best of my knowledge. I also certify that all persons providing services approved through this process have had/will have and passed all applicable background checks, as required, prior to delivery of any services.

Printed Name

Title

Signature

Date