

Delegated Authority (DA) Vendor Application Instructions:

Thank you for applying to become a DCS DA 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 Elvie Newcomb (Elvie.Newcomb@tn.gov) and Angel Stewart (Angel.M.Stewart@tn.gov)

Application materials to return:

- Nine (9) page application form (please sign page 6)
 - Name this file as (Vendor) Application.pdf
Ex. Counselors R Us Application.pdf
- W-9 tax form
 - Name this file as (Vendor) W9.pdf
Ex. Counselors R Us W9.pdf
- Additional attachments per service type (see table below)

The following table specifies the information (i.e., a program/service description and/or work samples) that needs to be submitted with your application for each service and the preferred file names. Where sample reports are required, please redact all reports, removing identifying information.

Important: For guidance on service criteria and what information your program/service description must include, consult the attached Service Description Guideline and Criteria document.

Section 1 – Behavioral Health		
Service Type	Submission Materials	Preferred File Name
Mental Health Assessment	Submission material required is a recent (within the last year) redacted sample report	Vendor Mental Health Assessment.pdf
Alcohol and Drug Assessment	Submission material required is a recent (within the last year) redacted sample report	Vendor A and D report.pdf
Parenting Capacity Assessment	Submission material required is a recent (within the last year) redacted sample report	Vendor Parenting Capacity.pdf
Alcohol and Drug Assessment with a Mental Health Assessment	Submission material required is a recent (within the last year) redacted sample report	Vendor A+D/MH report.pdf
Psychological Assessment - Child/Youth	Submission material required is a recent (within the last year) redacted sample report	Vendor Psychological Child.pdf
Psychological Assessment - Adult	Submission material required is a recent (within the last year) redacted sample report	Vendor Psychological Adult.pdf
Psychotherapy or Counseling*	Submission material required is a program/service description -Indicate the evidence-based approach used	Vendor Therapy.pdf
Anger Management/Conflict Resolution*	Submission material required is a program/service description -Indicate the evidence-based approach used	Vendor Anger mgt.pdf
Alcohol and Drug Treatment*	Submission material required is a program/service description -Indicate the evidence-based approach used	Vendor A and D description.pdf
Intensive Outpatient Alcohol and Drug Treatment*	Submission material required is a program/service description -Indicate the evidence-based approach used	Vendor IOP A and D description.pdf
Psychoeducational Assessment	Submission material required is a recent (within the last year) redacted sample report	Vendor Psychoed.pdf

Intensive In-Home Family Services*	Submission material required is a program/service description; indicate the evidence-based approach used. The application requires that the vendor be licensed by the TN Dept. of Mental Health and Substance Abuse Services (DMHSAS) as an Outpatient Mental Health Facility; please provide a copy of your license.	Vendor in home.pdf
Mental Health Case Management	Submission material required is a program/service description. The application requires that the vendor be licensed by the TN Dept. of Mental Health and Substance Abuse Services (DMHSAS) as an Outpatient Mental Health Facility; please provide a copy of your license.	Vendor Case mgt.pdf
Assessment for Children with Sexual Behavior Problems (Ages 12 and under)	Submission material required is a recent (within the last year) redacted sample report.	Vendor Child SBP report.pdf
Psychosexual Assessment – Adolescent (Ages 13-17)	Submission material required is a recent (within the last year) redacted sample report.	Vendor Psychosexual Adol.pdf
Psychosexual Assessment – Adult (Ages 18 and up)	Submission material required is a recent (within the last year) redacted sample report.	Vendor Psychosexual Adult.pdf
Therapy or Counseling for Sex Offender Treatment	Submission material required is a program/service description.	Vendor Therapy SO.pdf
Neuropsychological Assessment - Child	Submission material required is a recent (within the last year) redacted sample report.	Vendor Neuropsych Child.pdf
Neuropsychological Assessment - Adult	Submission material required is a recent (within the last year) redacted sample report.	Vendor Neuropsych Adult.pdf

Section 2 – Alcohol and Drug Testing		
Service Type	Submission Materials	Preferred File Name
Urine Analysis	Redacted drug test report, service description	Vendor Urine Analysis.pdf
Extended Panel Urine Analysis	Redacted drug test report, service description	Vendor Extended Urine.pdf
Fingernail Analysis	Redacted drug test report, service description	Vendor Fingernail.pdf
Hair Analysis	Redacted drug test report, service description	Vendor Hair.pdf
Medical Review of Drug Screen	Redacted drug test report, service description	Vendor Med Review.pdf

Section 3 – Other Services		
Service Type	Submission Materials	Preferred File Name
Homemaker Services	Submission material required is a Service Description	Vendor Homemaker.pdf
Interpreter (Language or ASL)	Submission material required is Service Description	Vendor Interpreter.pdf
Word Translation	Submission material required is Service Description	Vendor Translation.pdf
Parent Education/Class	Submission material required is a Program/service description	Vendor Parent Ed/Class.pdf
Sitter Services	Submission material required is a Service Description	Vendor Sitter.pdf
Tutoring	Submission material required is a Service Description	Vendor Tutoring.pdf

Delegated Authority (DA) Vendor Application

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 located 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 Delegated Authority (DA) vendor. If yes, for what services? with what network?

Please attach your copy of TennCare acceptance/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.

Business and Personnel Documentation

III. Attachments:

- A. Service Checklist

- B. Regional Structure

- C. Direct Contact 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, who have access to children and families during the performance of their job duties 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 direct service 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,
- 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 Regional Fiscal Director and Regional Administrator.
- 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, who have access to children and families 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 of 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