



Department Of Children's Services

PROVIDER APPLICATION FOR DELEGATED PURCHASE SERVICES

Delegated Authority (DA) Vendor Application Instructions:

Thank you for applying to become a Department of Children's Services (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 Angel Jenkins (Angel.M.Jenkins@tn.gov).

Application materials to return:

- Seven (7) page application 4) consisting of:
 - The four (4) page application form (please sign page 4)
- Three (3) Attachments III A- C
- Signed W-9 tax form
 - 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.

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 in and maintain operations in Tennessee with annual gross receipts of less than \$4,000,000.

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 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