**5.1 ICM OPEN ENROLLMENT**

**APPLICATION**

# INSTRUCTIONS

### Application must be completed and signed in Section 3 (Certification) for it to be accepted by DFPS.

### Applicant will submit Application and all required documents in the format and order described in Appendix A to the Point of Contact in Open Enrollment Section 1.2.

### If DFPS has difficulty accessing the Applicant’s documents, the Applicant will be required to re-submit documents as directed by DFPS.

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Legal Name of Applicant/Entity |  |
| Office Address |  |
| City, State, Zip |  |
| Mailing Address |  |
| City, State, Zip |  |
| Phone |  |

|  |  |
| --- | --- |
| Vendor ID Number: | Federal ID Number – If different from Vendor ID:  Applicant:  Parent Organization: |

|  |
| --- |
| Doing Business As Name (DBA) or Parent Organization – If different from Legal Name above:  Attach a copy of Assumed Name Certificate  If an Applicant has a Parent Organization, attach a copy of the agreement between the Applicant and the Parent Organization |

|  |  |
| --- | --- |
| Type of Applicant – Check appropriate box(es) and attach documentation as indicated | |
| Sole Proprietorship | |
| Private Corporation  For Profit  Non-Profit | State of Incorporation:  Charter Number:  Attach a copy of Certificate of Incorporation |
| Limited Liability Company (LLC) | Attach a copy of the Articles of Formation |
| Partnership  Limited  General | Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement. |
| Governmental Entity  Do you have taxing authority?  Yes  No | |
| Are you a certified Texas HUB?  Yes – Attach a copy of HUB certification form.  No – Select all that apply if you fall into one or both of the categories  below:  Minority Owned Business  Woman Owned Business | |

|  |  |  |  |
| --- | --- | --- | --- |
| Person Authorized to Sign Contract: | | | |
| Name |  | Title |  |
| E-mail |  | Phone |  |
| Contact for Service Delivery: | | | |
| Name |  | Title |  |
| E-mail |  | Phone |  |
| Contact for Invoicing: | | | |
| Name |  | Title |  |
| E-mail |  | Phone |  |

1. **ELIGIBILITY REQUIRMENTS**

(See Section 1.6 of the Open Enrollment)

* 1. Does Applicant have a valid and current license issued by HHSC Residential Child-Care Licensing as a General Residential Operation (GRO) that provides Emergency Care Services?

Yes If yes, attach a copy of the License.

No If no, STOP – Applicant does not qualify.

* 1. Is the licensed GRO located within DFPS Region 5?

Yes If yes, attach documentation to support the counties authorized under the License.

No If no, STOP – Applicant does not qualify.

* 1. Does Applicant have acceptable proof of coverage as provided for in Section 2.6.1 of the Open Enrollment?

Yes If yes, attach documentation of coverage as described in Section 2.6 of the Open Enrollment. The certificate of insurance must be issued to DFPS or designate DFPS as a Certificate Holder.

No If no, STOP applicant does not qualify.

1. **CERTIFICATION**

|  |  |
| --- | --- |
| I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this Open Enrollment. | |
| Signature of Authorized Representative | Date |
| Name of Authorized Representative (Printed) | Title of Authorized Representative (Printed) |

**Appendix A – Application Instructions**

1. The Applicant does not sign or return the ICM Open Enrollment Sample Base Contract in Section 5.2, Package 3.
2. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
3. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
4. Save forms in an electronic file.
5. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
6. Attach File Folders 1 and 2 to email and submit the completed Application to the Point of Contact listed in the Open Enrollment Section 1.2.

**Appendix B – Required Forms**

File Folder 1: Application

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Description | Required or  If Applicable |
| Application | Application for Enrollment | Required |
| License | HHSC Residential Child-Care License | Required |
| Insurance | Insurance Documentation | Required |
| DBA | Assumed Name Certificate Attachment | If applicable |
| Incorporation | Certificate of Incorporation Attachment | If applicable |
| LLC | LLC Articles of Formation Attachment | If applicable |
| Partnership | Partnership Agreement Attachment | If applicable |
| Partners | Names and addresses and for each partner | If applicable |
| HUB | HUB Certification Form | If applicable |

File Folder 2: Required Forms

The following forms are located on the DFPS public website, Doing Business with DFPS, Contracting Forms: <https://www.dfps.state.tx.us/Doing_Business/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| 74-176 | 74-176, Vendor Direct Deposit Form | Direct Deposit Authorization |
| 9007FFS | 9007FFS, Internal Control Structure Questionnaire | Contractor's disclosure of internal controls. Instructions included. |
| 9105RAQ | 9105RAQ, Risk Analysis Questionnaire | Questionnaire for provider to assist staff with the completion of the Risk Assessment Instrument (RAI). |
| Electronic File Name | Form Number and Name | Purpose |
| AP-152 | AP-152, Application for Texas Identification Number [If you already have a Vendor ID set up for another DFPS contract, print form, note “Already Set Up” at top of page, and provide number] | Application for identification number |

The following form is located on the DFPS public website, Doing Business with DFPS, Contracting Forms, Regional CPS Contracting Forms, General Documents:

<https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Regional_CPS_Contracts/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| PCS-102 | PCS-102, Contracting Entity and List of Staff, Subcontractors and Volunteers | Contractors must list the contracting entity, all service providers, and requested provider information on this form and submit it electronically to DFPS. |

**APPLICANT DOES NOT COMPLETE OR SIGN THE OPEN ENROLMENT SAMPLE BASE CONTRACT. IF AWARDED A CONTRACT, DFPS WILL PREPARE A CONTRACT FOR EXECUTION.**

**5.2 ICM OPEN ENROLLMENT SAMPLE BASE CONTRACT**

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**

**VENDOR CONTRACT**

## PURPOSE.

The Texas Department of Family and Protective Services (DFPS) and       (Contractor) (referred to herein as each a “Party” and collectively as the “Parties”) enter into this Contract for Intake Case Management (ICM) Services (Contract).

## LEGAL AUTHORITY.

This Contract is entered under DFPS’ statutory authority in Texas Human Resources Code Chapter 40.

## CONTRACT TERM.

This Contract starts on click here to select contract start date and ends on click here to select contract end date.

## STATEMENT OF WORK.

The Contractor will:

1. Provide services in DFPS Region 5 in accordance with and according to the Fee Schedule in ICM Open Enrollment HHS0004823 (Open Enrollment) that is posted on the HHS Enrollment site at https://apps.hhs.texas.gov/pcs/openenrollment.cfm and the Electronic State Business Daily (ESBD) at http://www.txsmartbuy.com/sp.
2. Comply with the Open Enrollment as it is posted and any updates to it, including where it is posted if the HHS Enrollment or ESBD site locations are updated.
3. Comply with DFPS Vendor Uniform Terms and Conditions and Supplemental and Special Conditions for Regional Contracts that is posted on the DFPS site at http://www.dfps.state.tx.us/Doing\_Business/forms.asp, including where it is posted if the HHS Enrollment or ESBD site locations are updated.
4. The Contractor is responsible for periodically checking HHS Enrollment or ESBD and DFPS sites, or any successor to these sites, to ensure compliance with any updates to the Open Enrollment and DFPS Vendor Uniform Terms and Conditions and Supplemental and Special Conditions for Regional Contracts.

## CONTRACT MANAGER.

These Contract Managers are authorized to administer activities and receive notices and general correspondence for this Contract by sending it to them as provided below.

1. **DFPS**

Name:

Title:

Address:

Phone:

Email:

1. **CONTRACTOR**

Name:

Title:

Address:

Phone:

Email:

## SIGNATORIES.

By signing below, the following signatories certify that they have the requisite legal authority to bind their respective Party.

|  |  |
| --- | --- |
| CONTRACTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAME:**  **TITLE:**  **DATE:** | DFPS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME:**  **TITLE:**  **DATE:** |