**5.1 EVALUATION AND TREATMENT SERVICES OPEN ENROLLMENT**

**APPLICATION**

# INSTRUCTIONS

### Application must be completed and signed in Section 6 (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 2.19 Contractor Qualifications of the Open Enrollment)

* 1. Does Applicant hold a valid and current Texas State Licensure and Credentials, in Section 2.19.2, at the time this Application is submitted?

Yes If yes, attach copy of License.

No If no, STOP – Applicant does not qualify.

* 1. Does the Applicant or the applicant’s staff members meet the requirements regarding the Texas Medicaid Program, in Section 2.19.1?

Yes If yes, attach required documentation.

No If no, STOP – Applicant does not qualify.

* 1. Is the Applicant or the applicant’s staff contracted with each Managed Care Organization (MCO), in Section 2.19.2, that covers the geographic areas served by the provider? If not, written documentation of an acceptable inability to be credentialed, denial due to the MCO not enrolling additional providers, or application to the MCO submission verification?

Yes If yes, attach required documentation.

No If no, STOP – Applicant does not qualify.

* 1. Does Applicant meet the insurance requirements in Section 2.20 of the Open Enrollment?

Yes If yes, attach documentation of coverage provided for in Section 2.20. 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. **SERVICES TO BE PROVIDED**

Contractor may provide Psychological Evaluation and Testing or Psychosocial Assessment and Treatment Services, or both as specified in Provider Enrollment HHS0009678. Contractor must provide all Support Services specified in HHS0009678 upon DFPS request.

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation and Treatment Services** | | | |
| **Service** | **Service Type** | **Applying For** | |
| **Evaluation Services**  **Treatment Services** | Psychological Evaluation and Testing | Yes | No |
| Psychosocial Assessment, Individual, Group and Family Counseling | Yes | No |
| **Support Services** | Court Related Services  Diagnostic Consultation  Translator & Interpreter | As requested by DFPS | |

1. **SERVICE DELIVERY LOCATIONS**
2. You must determine which counties will be served and mark them in Attachment A-4 Service Delivery Areas. Contractor must provide services within each county selected.
3. Will you, your staff, or subcontractors be delivering services from established office sites other than the location listed in Section c. (below) of this application?

Yes  No

If yes, services from these satellite locations are to be billed as **In-Office**. Designate any satellite office on Attachment A-4 Service Delivery Areas.

1. Indicate locations in which the Contractor is willing to provide services.

In-Office  Out-of-Office  Home-Based (client's home)

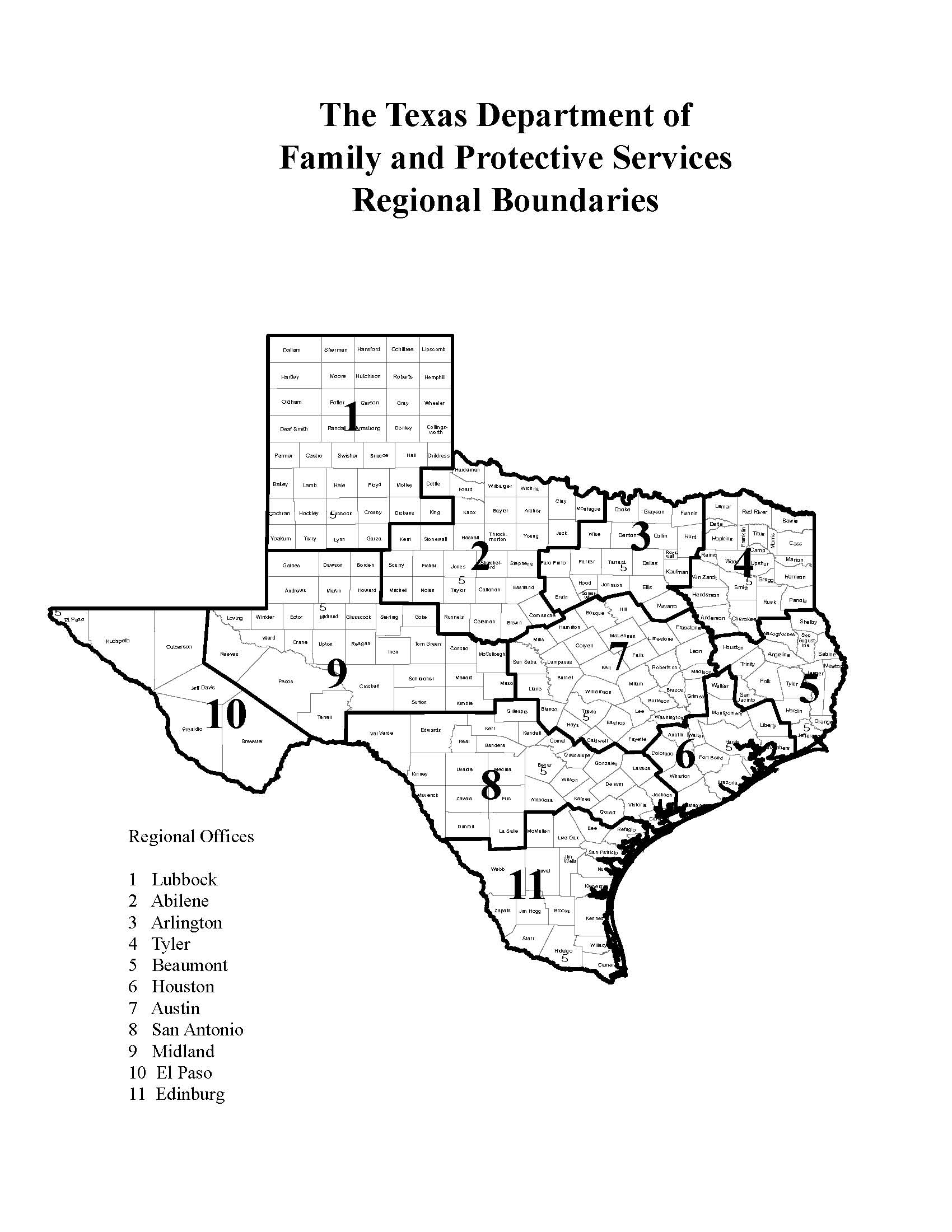
1. Will you, your staff, or other subcontractors be delivering telehealth services in addition to at least one of the locations listed in Sections a - c of this application? ***Note: If you elect to provide telehealth services, you must also provide either In-Office, Out-of-Office or Home-based services in the same region(s) and counties in which you are electing to provide telehealth services.***

Yes  No

***NOTE: If yes, telehealth services must be billed as In-Office.***

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) |



**Attachment A-4 Service Delivery Area**

|  |  |  |
| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 1** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Armstrong |  | Hockley |
| Bailey |  | Hutchinson |
| Briscoe |  | King |
| Carson |  | Lamb |
| Castro |  | Lipscomb |
| Childress |  | Lubbock |
| Cochran |  | Lynn |
| Collingsworth |  | Moore |
| Crosby |  | Motley |
| Dallam |  | Ochiltree |
| Deaf Smith |  | Oldham |
| Dickens |  | Parmer |
| Donley |  | Potter |
| Floyd |  | Randall |
| Garza |  | Roberts |
| Gray |  | Sherman |
| Hale |  | Swisher |
| Hall |  | Terry |
| Hansford |  | Wheeler |
| Hartley |  | Yoakum |
| Hemphill |  |  |

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| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 2** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Archer |  | Kent |
| Baylor |  | Knox |
| Brown |  | Mitchell |
| Callahan |  | Montague |
| Clay |  | Nolan |
| Coleman |  | Runnels |
| Comanche |  | Scurry |
| Cottle |  | Shackelford |
| Eastland |  | Stephens |
| Fisher |  | Stonewall |
| Foard |  | Taylor |
| Hardeman |  | Throckmorton |
| Haskell |  | Wichita |
| Jack |  | Wilbarger |
| Jones |  | Young |

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| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 3** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Collin |  | Johnson |
| Cooke |  | Kaufman |
| Dallas |  | Navarro |
| Denton |  | Palo Pinto |
| Ellis |  | Parker |
| Erath |  | Rockwall |
| Fannin |  | Somervell |
| Grayson |  | Tarrant |
| Hood |  | Wise |
| Hunt |  |  |

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| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 4** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Anderson |  | Marion |
| Bowie |  | Morris |
| Camp |  | Panola |
| Cass |  | Rains |
| Cherokee |  | Red River |
| Delta |  | Rusk |
| Franklin |  | Smith |
| Gregg |  | Titus |
| Harrison |  | Upshur |
| Henderson |  | Van Zandt |
| Hopkins |  | Wood |
| Lamar |  |  |

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| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 5** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Angelina |  | Polk |
| Hardin |  | Sabine |
| Houston |  | San Augustine |
| Jasper |  | San Jacinto |
| Jefferson |  | Shelby |
| Nacogdoches |  | Trinity |
| Newton |  | Tyler |
| Orange |  |  |

|  |  |  |
| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 6** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Austin |  | Liberty |
| Brazoria |  | Matagorda |
| Chambers |  | Montgomery |
| Colorado |  | Walker |
| Fort Bend |  | Waller |
| Galveston |  | Wharton |
| Harris |  |  |

|  |  |  |
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| **Service Delivery Area**  **Counties To Be Served – Region 7** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Bastrop |  | Hill |
| Bell |  | Lampasas |
| Blanco |  | Lee |
| Bosque |  | Leon |
| Brazos |  | Limestone |
| Burleson |  | Llano |
| Burnet |  | Madison |
| Caldwell |  | McLennan |
| Coryell |  | Milam |
| Falls |  | Mills |
| Fayette |  | Robertson |
| Freestone |  | San Saba |
| Grimes |  | Travis |
| Hamilton |  | Washington |
| Hays |  | Williamson |

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| **Service Delivery Area**  **Counties To Be Served – Region 8** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Atascosa |  | Karnes |
| Bandera |  | Kendall |
| Bexar |  | Kerr |
| Calhoun |  | Kinney |
| Comal |  | La Salle |
| De Witt |  | Lavaca |
| Dimmit |  | Maverick |
| Edwards |  | Medina |
| Frio |  | Real |
| Gillespie |  | Uvalde |
| Goliad |  | Val Verde |
| Gonzales |  | Victoria |
| Guadalupe |  | Wilson |
| Jackson |  | Zavala |

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| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 9** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Andrews |  | Mason |
| Borden |  | McCulloch |
| Coke |  | Menard |
| Concho |  | Midland |
| Crane |  | Pecos |
| Crockett |  | Reagan |
| Dawson |  | Reeves |
| Ector |  | Schleicher |
| Gaines |  | Sterling |
| Glasscock |  | Sutton |
| Howard |  | Terrell |
| Irion |  | Tom Green |
| Kimble |  | Upton |
| Loving |  | Ward |
| Martin |  | Winkler |

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| **Service Delivery Area**  **Counties To Be Served – Region 10** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Brewster |  | Hudspeth |
| Culberson |  | Jeff Davis |
| El Paso |  | Presidio |

|  |  |  |
| --- | --- | --- |
| **Service Delivery Area**  **Counties To Be Served – Region 11** | | |
| Choose the counties within the Region where services will be provided. Check (“√”) the box in front of the county name. Choose a single county or any combination of counties. | | |
| **Regional Counties** | | |
| Aransas |  | Live Oak |
| Bee |  | McMullen |
| Brooks |  | Nueces |
| Cameron |  | Refugio |
| Duval |  | San Patricio |
| Hidalgo |  | Starr |
| Jim Hogg |  | Webb |
| Jim Wells |  | Willacy |
| Kenedy |  | Zapata |
| Kleberg |  |  |

**Satellite Offices** **and Additional Office Information:**

Please provide a schedule in the table(s) below indicating days and times routinely available to provide services at each service location. These represent only routine days and times. Applicant will be expected to adjust schedule to accommodate the needs of clients and DFPS. Refer to PEN Section 2.5 for additional information. Use additional copies of this section, as necessary, to provide complete information.

|  |  |
| --- | --- |
| Name of Applicant/Contractor |  |

**1.**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Delivery Address |  | | |
| City, State, Zip |  | | |
| Phone |  | Fax |  |
| Contact Person |  | E-mail |  |

|  | **HOURS** | | | |
| --- | --- | --- | --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| **Example** | **7 AM** | **Noon** | **2 PM** | **7 PM** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

**2.**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Delivery Address |  | | |
| City, State, Zip |  | | |
| Phone |  | Fax |  |
| Contact Person |  | E-mail |  |

|  | **HOURS** | | | |
| --- | --- | --- | --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

**3.**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Delivery Address |  | | |
| City, State, Zip |  | | |
| Phone |  | Fax |  |
| Contact Person |  | E-mail |  |

|  | **HOURS** | | | |
| --- | --- | --- | --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

**Appendix A – Application Instructions**

1. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
2. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
3. Save forms in an electronic file.
4. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
5. 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 and Service Delivery Area**

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Description | Required or  If Applicable |
| Application | Application for Enrollment | Required |
| Insurance | Insurance Documentation | Required |
| Attachment A-4 | Service Delivery Area Form | 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: Supporting Documentation**

|  |  |
| --- | --- |
| Exhibit No. | Type of Supporting Documentation |
| Exhibit 1 | Trauma Informed Care Training Certificate of Completion (2.19.1.A) |
| Exhibit 2 | Verification of two (2) years professional paid fulltime experience (2.19.1.B) |
| Exhibit 3 | Verification as an approved Medicaid Enrolled Provider (2.19.1.G) |
| Exhibit 4 | Verification as an approved or denied Managed Care Organization (MCO) enrolled provider (2.19.1.H) |
| Exhibit 5 | Copy of Professional Licenses of direct service providers listed on the PCS-102ET |

**File Folder 3: 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 |
| 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 |
| 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. |
| 9105 | 9105, Risk Analysis Questionnaire (RAQ) | Questionnaire for provider to assist staff with the completion of the Risk Assessment Instrument (RAI). |

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. |
| 2970C | Disclosure and Consent to Release of Information | Release of information regarding criminal history or DFPS abuse and neglect history. |
| 2971C | Request for Criminal History and DFPS History Check | Application for requesting criminal history and DFPS abuse or neglect history. |