



General Instructions Provider Services Network 2009

Thank you for your interest in joining the Cuyahoga Tapestry System of Care (CTSOC) Provider Services Network (PSN). Membership in the Provider Network is contingent upon

- submission of this application/certification, with all required attachments;
- execution of a CTSOC PSN Memorandum of Understanding with the Board of County Commissioners along with all required attachments

Cuyahoga Tapestry System of Care provides intensive, neighborhood-based services (both formal and informal) to at-risk children and families identified by Cuyahoga County Department of Children and Family Services, Cuyahoga County Juvenile Court, and other public partners. Under the auspices of the CTSOC office and in conjunction with a neighborhood based care coordination partnership, approved PSN agencies and individuals offer services to children and families enrolled in the CTSOC program. A Child and Family Team, working under an individualized “wraparound” service plan driven by the needs of the child and family, recommends all such services. CTSOC, the Administrative Services Organization (ASO) is the mechanism by which Cuyahoga County “braids” public funding streams to ensure that families may access all appropriate services in the most cost-effective manner.

Application Process Steps

1. Applicants complete, sign and submit the PSN application and attachments in hard copy to the CTSOC office.
2. The CTSOC office reviews applications and (a) returns incomplete submissions; or (b) notifies applicants of acceptance for processing; or (c) contacts applicants for additional information.
3. Providers submit proof of insurance and any other required forms, and sign a CTSOC PSN Memorandum of Understanding.

General Eligibility Conditions

- Evidence of compliance with all professional accrediting, certification and/or licensure requirements applicable to the services being proposed.
- Evidence of compliance with applicable Ohio Revised Code sections dealing with criminal records check and fingerprinting of certain persons having contact with children, persons with mental retardation or older adults.
- Evidence of insurance consistent with Cuyahoga County requirements.
- For applicants proposing to transport children or families, evidence of current, valid driver’s license(s), including commercial driver’s license, if applicable, proof of vehicle liability insurance and Ohio Bureau of Motor Vehicle (BMV) report(s) for each person proposing to transport children or families.

- Current capacity to provide the services proposed, including the ability to use any required computer management information and billing systems.
- Demonstrated willingness to collaborate with the Cuyahoga Tapestry System of Care office and the Care Coordination partnership(s) by attendance at training, service provision and evaluation activities.

CRIMINAL BACKGROUND CHECKS

- Ohio Revised Code §109.572 criminal background checks, including fingerprinting, are required for all persons who may have contact with children, persons with mental retardation or older adults. Ohio Bureau of Criminal Identification and Investigations (BCII) criminal background checks are required for employees and volunteers. A Federal Bureau of Investigation (FBI) records check is required for any employee or volunteer who cannot prove Ohio residency for the five years preceding the records check.
- Background checks must be available for review by the CTSOC office upon request.

SERVICE AUTHORIZATION AND BILLING

Referrals – CTSOC will not guarantee any specific number of referrals for any agency. Referrals are driven by the needs of the child/family as recommended by the neighborhood- based care coordinated Child and Family Team.

Services - All services are authorized as part of the individualized wraparound plan. Uniform service descriptions are provided by the CTSOC office. Service providers should propose a unit rate for each service, which is subject to negotiation by the CTSOC office. (Rates for certain services, e.g., Medicaid eligible services have previously been established.) **Once approved, these rates will be applicable for the 2009 calendar year.** *In the future, CTSOC intends to move toward a uniform rate schedule for specific services.* Providers may also propose new services not currently listed. Service providers must submit to the CTSOC office the name(s) of individuals who will be providing services to a child/family upon referral

Billing - Providers may provide only preauthorized services and units of service. Providers should submit invoices for services at the beginning of the month following the month in which services were provided. Services can be billed up to 60 days after the month in which services were provided. Providers will comply with all CTSOC directives concerning billing. CTSOC will be using the Synthesis management information system for service authorization, case management, and invoicing. *All providers must use Synthesis unless prior approval of another billing method is granted. CTSOC will provide required training on Synthesis for all approved service providers.*

Acceptance into the PSN and billing for services constitutes the provider's approval to allow CTSOC representatives access to all pertinent agency records, including but not limited to financial, payroll, and timesheet records for purposes of verifying service provision and accurate billing.

INSURANCE REQUIREMENTS

Upon entering into an MOU for service provision, approved providers will submit Certificates of Insurance. The Provider shall carry such insurance (e.g. general liability, automobile, worker's compensation, property damage, and/or professional liability) as is reasonably necessary to adequately insure against any and all claims that may arise out of Provider operations under the terms of this MOU. Such insurance may be through insurance policies or through self-insurance programs maintained by Provider. Provider shall provide proof of insurance upon request.

EXHIBITS TO APPLICATION

- A. Provider Services Description List – A comprehensive listing of CTSOC authorized formal (i.e. clinical) and informal services. Use this list to match service codes, units of service, etc. Please note: **Only designated Care Coordination agencies may provide certain services.**

REQUIRED ATTACHMENTS

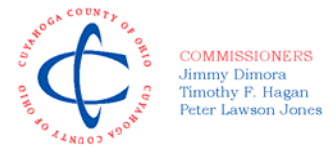
1. Proposed Services
2. IRS W-9
3. Ohio DMA Form – for Business Contracts (This form requires those doing business with public entities to certify that they are not providing material assistance to terrorists.)
4. Campaign Certification Form - Organizations or individuals who will be paid by Cuyahoga County for any services must certify that they and certain family members have not contributed over a specified amount to the campaigns of any of the Cuyahoga County Commissioners. Nonprofit agencies are permitted to state that certain sections of ORC 3517.13 do not apply by completing the applicable portion of the form.
5. Prospective agency providers must attach copies of licenses issued to the agency by any State or other government regulatory body related to the services being proposed.

See www.cuyahogatapestry.org for the latest Exhibits and Attachments

NOTE: Please complete the **W-9 and the DMA form**, using the **precise business name** and address for contracting purposes. In addition, while the State of Ohio requires completion of the DMA form only if a contract is expected to be over \$100,000, Cuyahoga County requires all contractors to submit a DMA.

Provider Attachments – References, professional licenses, and credentials if applicable. For agencies not currently under contract with a Cuyahoga County public entity, attach proof of background checks and insurance,

Please contact Carolyn V. Wood at cwood@cuyahogacounty.us or (216) 443-5097 with questions.



New Provider Enrollment Application

GENERAL INFORMATION *Please complete all information*

Agency/Service Provider Name:		
Business Address:		
City:	State	Zip
Phone Number:	Fax No.	
EIN:		
Mailing Address (if different from above)		
City:	State	Zip
Website Address: http://www.		
Principal Owner:		Title
Email:		Dir. Dial
Agency Director:		Title
E-mail:		Dir. Dial
Primary Billing Contact:		Title
Current Cuyahoga County Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nonprofit Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your agency is a subsidiary of another agency, complete the following:		
Parent Agency:		Phone
Business Address:		
City:	State	Zip
Contact	Dir. Dial	

PROPOSED SERVICES

Using Exhibit A, Provider Services Description List, identify on Attachment 1 each of the services you propose to offer through the Cuyahoga Tapestry System of Care Provider Network and indicate the rate proposed for each service. Based on your current staff, indicate the maximum number of children/families you can serve in a given month/year. Agencies or organizations with less than 1 year of business/professional experience may be limited to five (5) or fewer services in the first year.

If you wish to propose adding a service to the Provider Network, please name the service, provide a brief description, service unit (e.g., hourly, daily), a unit rate, and service capacity.

Direct Service Providers: Applicants must be able to demonstrate current capacity to provide each of the proposed services. Direct service providers must be qualified and, if required, credentialed to provide a proposed service. Credentials and criminal background checks on every direct service provider must be available for inspection upon request by the CTSOC office.

Transportation

All required licenses and evidence of agency and personal automobile insurance must be produced upon request.

LICENSES AND CERTIFICATIONS

Prospective agency providers must attach copies of licenses issued to the agency by any State or other government regulatory body related to the services being proposed.

Some services have requirements specific to that service; e.g., mental health and alcohol and drug abuse providers, transportation providers, etc., as detailed in the Provider Services Description List. Corresponding credentials of providers must be available for inspection upon request by the CTSOC office.

CERTIFICATION AND AUTHORIZED SIGNATURE

I certify that all of the information contained in this application is true and accurate and that the agency and any person providing services to Cuyahoga Tapestry System of Care comply with all accrediting, certifications and licensure requirements to provide the proposed services. By signing and submitting this application and its attachments, I understand and agree to all requirements for participation in the Cuyahoga Tapestry System of Care Service Provider Network. I understand that information contained in this application and its attachments is subject to periodic verification without notice; that any misrepresentation on this form may result in a failure to qualify or disqualification from participation in the Cuyahoga Tapestry System of Care Provider Network of Services.

Provider Agency: _____

Authorized Signature: _____

Title: _____ Date: _____

PLEASE MAIL A **SIGNED HARD COPY** of the complete application including all attachments to Provider Services Network, CUYAHOGA TAPESTRY SYSTEM OF CARE OFFICE, 1400 WEST 25TH STREET, 4TH FLOOR, CLEVELAND OHIO, 44113.

How did you hear about Cuyahoga Tapestry System of Care Provider Services Network?

CHECKLIST:

- Completed and signed application
- Attachment 1 – Proposed Services
- IRS W-9 form
- State of Ohio DMA form
- Campaign Contribution Certification form
- Copy of Business License – State of Ohio Certification from Ohio Secretary of State www.sos.state.oh.us
- Additional Documentation: References, professional licenses (credentials if applicable). For agencies not currently under contract with a Cuyahoga County public entity, attach proof of background checks and insurance.

CUYAHOGA TAPESTRY SYSTEM OF CARE - PROPOSED SERVICES – Attachment 1

Agency/Provider Name: _____

Using Exhibit A, Provider Services Description List, (www.cuyahogatapestry.org/partners.htm) identify below by service code each of the services you propose to offer through the Cuyahoga Tapestry System of Care Provider Network and indicate the rate proposed for each service. Based on your current staff, indicate the maximum number of children/families you can serve in a given month/year. Agencies or organizations with less than one (1) year of business/professional experience may be limited to five (5) or fewer services in the first year.

SERVICE CODE	SERVICE NAME	PROPOSED UNIT RATE	LOCATION OF SERVICE <i>(Please indicate the location of where the service will take place, (i.e., home of client, library, recreational center, business location, etc.)</i>	For Tapestry Use Only
		<i>(Unit: hourly, daily, session)</i>		
		Rate: \$		
		Unit:		
		Rate: \$		
		Unit:		
		Rate: \$		
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NEW SERVICES: Identify below any services you would like to propose be added to the PSN network. The CTSOC office will consider adding new services as we move forward.

NAME OF SERVICE	BRIEF DESCRIPTION OF SERVICE <i>(If more space is needed, please feel free to attach additional documentation)</i>	PROPOSED UNIT RATE	LOCATION OF SERVICE <i>(Please indicate the location of where the service will take place, (i.e., home of client, library, recreational center, business location, etc.)</i>	For Tapestry Use Only
		<i>(Unit: hourly, daily, session)</i>		
		Rate: \$		
		Unit:		
		Rate: \$		
		Unit:		
		Rate: \$		
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