

CCFAWA ENROLLMENT/RE-ENROLLMENT GUIDELINES FY14

***BEFORE YOU BEGIN:** Applicants are advised to carefully read the CCFAWA Enrollment/Re-Enrollment Guidelines and Checklist before composing the application packet.

CCFAWA Enrollment consists of compiled documents and written contributions from the Agency Owner/Director, Staff/Subcontractors and Support Network.

★ All enrollment documents, with the exception of original transcripts, are to be **DOWNLOADED** to a CD (see page 2 of this document).

A **COMPLETE** enrollment packet includes the CD (containing agency & staff documents) **AND** original transcripts. Please ensure the enrollment packet is legibly labeled with the agency name and return address. Please ensure the enrollment packet is mailed to the address identified below. The State Office CCFAWA Unit will not be held responsible for enrollment packets that are mailed to the incorrect address.

Enrollment packets must require Signature Confirmation and be addressed to:

**Georgia Department of Human Services
ATTN: Michele Farrington
System of Care Unit (CCFAWA)
2 Peachtree St. NW, Suite 18-283
Atlanta, GA 30303**

***IMPORTANT:** If the applicant fails to provide a complete CCFAWA enrollment packet initial enrollment may be denied. **Please pay close attention to the CONTRACTOR INSURANCE REQUIREMENTS as this information has changed.**

If the applicant is an existing provider, the State Office CCFAWA Unit may permit re-use of existing contractor documentation (i.e. original transcripts) that is currently on file with the State Office CCFAWA Unit.

Please e-mail mifarrington@dhr.state.ga.us in the event you have questions concerning your CCFAWA re-enrollment application or for any technical matter.

***BE ADVISED:** The Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS), reserves the right to verify the eligibility and/or integrity of applicant information at any time. Verification of applicant eligibility and/or integrity may be conducted by means of various credentialing bodies. Credentialing bodies include but are not limited to:

- Accreditation/Licensing Boards
- Insurance Carriers
- Criminal Background Check Systems

CCFAWA ENROLLMENT/RE-ENROLLMENT CHECKLIST FY 14

Please use the checklist below for the **required** documents needed to complete your CCFAWA re-enrollment application. **All re-enrollment documents, with the exception of original transcripts, are to be sorted and DOWNLOADED to a CD. For specified documents, enrollees must use templates provided by CCFAWA State Office Unit.**

★ *Star Denotes Template Required. Detailed explanations of these requirements are provided on the subsequent pages.*



AGENCY/INDEPENDENT CONTRACTOR REQUIREMENTS

Mandatory for enrollment/re-enrollment.

- Cover Letter
- ★ Application
- ★ Regional Service Delivery Area Form
- ★ W-9 (NEW Providers ONLY)
- ★ Request for New Vendor Form (NEW Providers ONLY)
- ★ Organizational Table
- Current Secretary of State Registration
- Insurance-Contractor is required to obtain and maintain the following types of insurance coverage for the duration of the Contract:
 - A. Workers Compensation Insurance**
 - See subsequent explanation pages for occurrence amounts
 - B. Commercial General Liability Policy**
 - **Minimum coverage:** \$1 million per occur/\$3 million
 - C. Business Auto Policy**
 - **Minimum coverage:** \$100 thousand/\$300 thousand
 - D. Commercial Umbrella Policy**
 - **Minimum coverage:** \$1 million per occur/\$3 million
 - E. Malpractice/Professional Liability Policy**
 - **Minimum coverage:** \$1 million/\$3 million
- Support Network
- Current Letters of Reference (*Two required*)



AGENCY STAFF/SUBCONTRACTOR REQUIREMENTS

Mandatory for enrollment/re-enrollment.

- ★ Malpractice Face Sheet (*Licensed professionals only*)
- Insurance-If not provided by Contractor, Contractor staff are required to obtain and maintain the following types of insurance coverage for the duration of the Contract:
 - A. Business Auto Policy**
 - **Minimum coverage:** \$100 thousand/\$300 thousand
 - B. Malpractice/Professional Liability Policy**
 - **Minimum coverage:** \$1 million/\$3 million
- Georgia Department of Human Services Background Clearance Letter
- Current Georgia Driver's License
- Current Proof of Professional License from Secretary of State (*if applicable*)
- Original transcripts (*degreed, non-licensed*)
- Resume (*non-degreed*)

Criteria Currently Under Review (Only submit when requested)

- Back to Basics (all staff and subcontractors)
- Advanced Skills (all Supervisors and CCFA Assessors)

***REMEMBER:** Enrollment may be denied if the applicant fails to submit a COMPLETE CCFAWRAP enrollment packet.

CCFA/WA ENROLLMENT/RE-ENROLLMENT EXPLANATIONS



AGENCY REQUIREMENTS

*** Mandatory for enrollment/re-enrollment**

- **Cover Letter** to include:
 - A brief statement of the agency's experience in assessment of children and families on agency letterhead
 - Discuss any staff turnover in the past year and how this turnover impacted your agency and level of service provision.
 - Discuss at length how your agency's level of service provision will make a positive difference in the lives of families and children served by DFCS and how these services will assist in moving children towards permanency.
- ★ **Application**
 - A fully completed, **SIGNED** and **DATED** CCFA/WA application
- ★ **Regional Service Delivery Area Form**
 - Identification of Counties the agency will serve. (Check Specific Regions OR "All")
- ★ **W-9 (NEW Providers ONLY)**
 - fully completed, **SIGNED** and **DATED**
- ★ **Request for New Vendor Form (NEW Providers ONLY)**
 - fully completed, **SIGNED** and **DATED**
- ★ **Organizational Table**
 - Organizational table detailing each individual within your agency who is responsible for providing CCFA/WA services. Identify their specific roles/responsibilities as it relates to CCFA/WA.
 - Use the template and table legend provided to identify services each individuals will provide
 - Please **DO NOT** list individuals by names other than their legal name (i.e. nicknames, abbreviated versions of given names, initial of first name, or use of middle name as first name).
 - Identify Supervisory Staff
 - Effective date must be clearly listed on organizational table
- **Secretary of State Registration**
 - Copy of current year registration required
- **Insurance**
 - Thorough explanation of ALL required coverage (see page 4)
- **Support Network**
 - A list of all individuals who make up your support network for the provision of CCFA/WA services. All CCFA providers **MUST** have an approved Health Check Provider that accepts Medicaid and a Psychologist/Psychiatrist as identified members of their support network. This list should include the names, addresses, and telephone numbers of the individual/agency.
- **Letters of Reference (Two required)**
 - Professional Letters of reference, **dated within six months**, from individuals or organizations that are familiar with the quality of your work. References may be from Agency Clients, Support Network, Professors, faith based organizations, etc.
 - Professional letters of reference must include their name, address, and phone number
 - Professional letters of reference must be on letterhead from entity associated with the individual providing the reference.

NOTE: Letters of reference from DHS/DFCS will **NOT** be accepted.

INSURANCE requirements have changed. Please adhere to the new requirements below:

Insurance

The following requirements shall be adhered to by Contractors throughout the duration of Contract, and as may otherwise specified herein. Contractor shall procure and maintain insurance that shall protect Contractor and DHS from any claims for bodily injury, property damage, or personal injury that may arise out of operations under the Contract. Contractor shall procure insurance policies at its own expense and shall furnish DHS and insurance certificate of the coverage required in this section listing DHS as certificate holder. In addition, the insurance certificate must provide the name and address of the insured, name, address, telephone number and signature of the authorized agent; the name of the insurance company (licensed to operate in Georgia); a description of the coverage in detailed standard terminology (including policy period, limits of liability, exclusions and endorsements); and, an acknowledgment that notice of cancellation is required to be given to DHS. Contractor is required to obtain and maintain the following types of insurance coverage for the duration of the Contract:

A. Workers Compensation Insurance

Occurrence in the amounts of the statutory limits established by the General Assembly of the State of Georgia O.C.G.A. Section 33-9-401. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensations claims). In addition, Contractor shall require all subcontractors occupying the premises or performing work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.

B. Commercial General Liability Policy

Occurrence to include contractual liability. The Commercial General Liability Policy shall have dollar limits sufficient to insure there is no gap in coverage between this policy and the Commercial Umbrella Policy described below.

- **Minimum coverage:** \$1 million per occur/\$3 million

C. Business Auto Policy

Occurrence to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. The business Automobile Policy shall have dollar limits sufficient to insure that there is no gap in coverage between this policy and the Commercial Umbrella Policy required in this Contract.

- **Minimum coverage:** \$100 thousand/\$300 thousand

D. Commercial Umbrella Policy

Occurrence which must provide the same or broader coverage than those provided for in the above Commercial General Liability and Business Auto Policies. Policy limits for the Commercial Umbrella Policy shall have an annual aggregate limit of \$3,000,000.00.

- **Minimum coverage:** \$1 million per occur/\$3 million

E. Malpractice/Professional Liability Policy

(Claims Based) with EDP, Errors and Omissions Coverage which must provide liability limits of \$1,000,000.00 per occurrence.

- **Minimum coverage:** \$1 million/\$3 million

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least 60 days prior written notice has been given to the Department. Certificates of Insurance showing such coverage to be in force shall be filed with the Department prior to commencement of any work under this Contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the Department. All such coverage shall remain in full force and effect during the initial term of the Contract and renew or extension thereof.

NOTE: Copies of insurance cards will NOT be accepted



STAFF/SUBCONTRACTOR REQUIREMENTS

*** Mandatory for enrollment/re-enrollment**

***Cover letter and updated organizational chart with new effective date also required for staff/subcontractor additions.**

- **Malpractice Face Sheets (Licensed professionals only)**
 - Malpractice Face Sheet, **SIGNED** and **DATED**
 - One submitted for **EACH** clinician (a person qualified in the clinical practice of medicine, psychiatry, or psychology as distinguished from one specializing in laboratory or research techniques or in theory., involving direct observation of the patient) to include clinical psychotherapeutic expertise and clinical specialties.
- **Insurance** If not provided by Contractor, Contractor staff are required to obtain and maintain the following types of insurance coverage for the duration of the Contract (**Refer to Agency Insurance Requirements for explanation**):
 - **Business Auto Policy**
 - **Minimum coverage:** \$100 thousand/\$300 thousand
 - **Malpractice/Professional Liability Policy**
 - **Minimum coverage:** \$1 million/\$3 million

NOTE: Copies of insurance cards will NOT be accepted.

- **Background Clearance Letter**
 - Criminal Background Clearance **MUST** be from **Department of Human Services (DHS)**
 - Background Clearance from other entities Letters **NOT** accepted
 - Clearance Letter must be dated 2008 to present enrollment year to be considered current
 - Background clearance **MUST** be completed **every five (5) years**
 - **New Staff/Subcontractors:** Background clearance **MUST** be submitted **ON** enrollment CD

NOTE: Ensure to select DHS-Contractors/Health Agencies Providing Direct Care when registering for background clearance.

- **Georgia Driver's License**
 - Copy of **CURRENT** Georgia Driver's license
 - If Contractor staff resides in bordering state, Contractor must submit, on agency letterhead, statement to this effect.

NOTE: Non-visible pictures, non-legible driver's licenses will NOT be accepted.

- **Proof of Professional license** (licensed staff only)
 - Copy of online verification from the **Georgia Secretary of State** required
- **Certified-Original transcripts** (degreed, non-licensed staff only)
- **Resume** (non-degreed staff only)

NOTE: Training requirements under review until further notice. Only submit existing training certificates when requested.

- **Back to Basics Training Certificate**
 - Required for ALL staff/subcontractors
- **Advanced Skills Training Certificate**
 - Required for ALL Clinicians, Assessors, CCFA and WRAP Supervisors