**Agency Credentialing Application**

**Rehabilitative and Support Services**

Home and Community Based Services (HCBS)

Money Follows the Person (MFP)/ Mental Health Waiver

**Agency Name:**

|  |
| --- |
| **Return all requested material to:**  **Advanced Behavioral Health, Inc.**  **213 Court Street**  **Middletown, CT 06457**  **Attn: Ann Marie Luongo, Program Manager**  ***Please remember to make a copy of all documentation submitted.*** |

Chore Service

Highly Skilled Chore Service

Please specify each service below

Moving

Bio hazard cleaning

Extermination

Extensive cleaning

**PLEASE NOTE**: This application was created to be filled in on your computer, but you must first save the application to your computer, then complete it, print it and send to ABH®.

SECTION I

## GENERAL BUSINESS INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Business |  | | | |
| DBA (if applicable) |  | | | |
| MailingAddress: | | | | |
| City:      , State:   , Zip | | | | |
| Phone Number (   )    -      Fax Number (   )    - | | | | |
| Billing Address (if different from above): | | | | |
| City,      State,   Zip: | | | | |
| Tax ID Number/EIN: | | NPI: | Medicaid Provider ID: | 501c3 ID: |
| What percentage of the organization’s fee-for-service business is billed electronically?    % | | | | |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Chief Executive Officer:  Phone Number (   )    -      Fax Number (   )    - | |
| E-Mail: | |
| Credentialing/Certification Contact:  Phone Number (   )    -      Fax Number (   )    - | |
| E-Mail: |  |
| Billing Contact:  Phone Number (   )    -      Fax Number (   )    - | |
| E-mail: | |

**Business Classification**

1. Ownership:  Private  Public  State Operated Program

2. Status:  For-Profit  Non- Profit

**Does your business have any National Accreditations?**

JCO  CARF  other

# SECTION II

**The following information/documentation is mandatory to complete the**

**Credentialing process:**

1. Copy of any Current Agency License or Proof of Registration with Department of Consumer Protection
2. Proof of Insurance
3. W-9
4. Signed DSS Performing Provider Agreement- Each agency must complete, even if currently enrolled through DSS

**BACKGROUND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Please complete this section in its entirety. If a question does not apply to your facility, you may check Not Applicable (N/A).*** | Yes | No | N/A |
| Has the agency's state license/certification ever been revoked, suspended, or limited? |  |  |  |
| Are you or is any person associated with your business an employee of the state of Connecticut? If yes, specify agency name, department and position: |  |  |  |
| Is the owner or executive director of the business a conservator for someone the organization tends to support? |  |  |  |
| Has any person on this application had an allegation of abuse, neglect or exploitation of a vulnerable person that was substantiated? |  |  |  |
| Has either the executive director or any of the business owners or board members ever been directly found to be responsible for an HCBS waiver provider’s closure or for the termination of an HCBS waiver provider’s Provider Agreement? |  |  |  |
| Have any of the business owners, employees, agents, independent contractors or proposed subcontractors been convicted of a crime involving injury or harm to a person or plead guilty to any crime involving a public contract? If yes, attach a detailed explanation, including the dates and circumstances. |  |  |  |
| Is any person listed on this application currently on probation for, or ever been convicted of a felony or forfeited bond? If yes, attach a detailed explanation, including the dates and circumstances. |  |  |  |
| Is there action pending to revoke, suspend, or limit the agency's OTHER (i.e. COA, AOA, etc) certification/accreditation? |  |  |  |
| Has the business ever had any sanctions imposed by Medicare and/or Medicaid? |  |  |  |
| Is there any pending litigation against the business? If yes please attach a detailed explanation. |  |  |  |
| **Note:** If you have answered yes to any of the above questions, please complete the form on the next page by providing the current status and details. Please include the following: description of incident, including correspondence with state licensing boards, and/or a detailed description of any litigation, including settlements, court awards, etc. Please feel free to include a personal summary of the events. However, your application cannot be processed without the necessary official documentation. |  |  |  |
|  |  |  |  |
|  | | | |

**Completed and signed by: Date**

(All signatures must be original)

**Chore Service**

**Service Definition:**

Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.

**Rate:**

Chore Service: $4.12/unit (1 unit=15 minutes)

**Highly Skilled Chore Service**

**Service Definition:**

One-time only unique or specialized services in order to maintain a healthy and safe environment may be provided if required. Examples of these include but are not limited to moving, extensive cleaning- that requires additional equipment, or extermination services.

*Specific Qualifications:*

**Moving**: Requires a permit from the Department of Transportation

Must complete a Household Goods Carrier application through the Department of Transportation

<http://www.ct.gov/dot/cwp/view.asp?a=1386&q=415026>

**Repair/Contracting:** Agency/Individual licensed contractor. All Electricians, plumbers, and other contractors must hold the appropriate license to perform highly skilled chore services.

**Biohazard cleaning:** personal protective equipment (PPE) uniforms/equipment must be worn when exposed to blood borne pathogens. ABH will not reimburse for any PPE equipment being used for a Bio Hazard cleaning.

**Extensive Cleaning:** Cleaning that requires additional equipment ex: carpet cleaning

**Extermination**: Any person who applies pesticides or assists in the commercial application of pesticides in Connecticut, in other than a supervisory capacity, must have an operational certification (also called an operator license).

http://www.ct.gov/deep/cwp/view.asp?a=2710&q=324242

Limitations:

Chore Service and Highly Skilled Chore Service will be provided only in cases where neither the individual , nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for the provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to the authorization of service.

Highly Skilled Chore service requires submission of a written quote.

All Written quotes must be itemized and include a detailed breakdown of the charges being accessed.

Rate: Approved quote, maximum 10,000 per waiver year

Highly skilled chore services are subject to prior authorization by DSS.

*If a Highly Skilled Chore Service job is completed without prior authorization from DSS the agency/party assumes the risk that they may not be compensated.*