



OPEN ENROLLMENT APPLICATION FOR INDIVIDUALS

Helping people achieve dignity, independence, and their dreams.”

<https://communityhealthcore.com/about-us/contractors/request-for-application/>

SECTION 1: Individual Contractor Information

Legal Name (*please print*): _____
First Middle Last

Title: _____ Maiden Name: _____

Business Address: _____

City/State: _____ Zip/Postal Code: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Gender: ☐ Female ☐ Male Date of Birth: _____

Social Security Number (*attach copy*): _____

Any languages other than English that you can perform services in: ☐ Yes ☐ No

If yes, please list _____

Identification: Driver's License Number _____ State Issued _____ Expiration Date _____

How did you hear about us?

- ☐ Community Healthcore Website
- ☐ Current employee (please specify below)
- ☐ Job Board (please specify below)
- ☐ Job Fair (please specify below)
- ☐ Social Media (please specify below)
- ☐ Newspaper (please specify below)
- ☐ Other (please specify below)

Please specify source:

SECTION 2: Services

Applicant agrees to provide the specified community service(s) at the rate of payment described in the RFA.

Open Enrollment Applicant applying for: _____

Service definitions can be found on the RFA Posting and Instructions on the Community Healthcore website located at <http://communityhealthcore.com/about-us/contractors/request-for-application/>. Please refer to the current Request for Applications for a list of rates.

What type(s) of services is Applicant applying to provide?

☐ Non-Traditional ☐ Licensed or Professional

****Non-traditional services do not require a professional license or certification. Licensed or professional services do require a professional license or certification.*

✓ **Check all services that Applicant is applying to provide.**

- Is Applicant applying to provide Behavioral Health Services for Adults?

☐ Yes ☐ No

- Is Applicant applying to provide Child and Family Services (CFS, Children's Partnership, Youth and Family Assessment Center, Community Healthcore Family Drug Treatment Court)?

☐ Yes ☐ No

- Is Applicant applying to provide Texas Health and Human Services Commission (HHSC) Services for Adults and Children?

____ Yes ____ No

- Is Applicant applying to provide Child and Family Services (Early Childhood Intervention Services)?

____ Yes ____ No

- Is Applicant applying to provide Child and Family Services (Youth Empowerment Services Waiver)?

____ Yes ____ No

- Is Applicant applying to provide Intellectual and Developmental Disabilities Services?

____ Yes ____ No

- Is Applicant applying to provide Substance Use Services? ____ Yes ____ No

SECTION 3: Geography

If services are to be provided in the Community or the Consumer's Home, in what geographic areas is Applicant willing to provide services? Check all that apply.

General Openings

• Bowie County	• Cass County	• Gregg County
• Harrison County	• Marion County	• Panola County
• Red River County	• Rusk County	• Smith County
• Upshur County		

ECI

• Smith County	• Anderson County	• Cherokee County
Inside the Loop	• Henderson County	• Rains County
Outside the Loop	• Van Zandt County	• Wood County

Service Location(s): All that apply

- Will services be provided in the Community? ____ Yes ____ No
- Will services be provided in the Consumer's Home? ____ Yes ____ No

- Will services be provided at your Business location listed on page 1? ☐ Yes ☐ No
- Will services be provided at any other Business location? ☐ Yes ☐ No

If yes, where? _____

SECTION 4: Credentials / Certifications / Requirements / (provide copies of ALL Licenses and Certifications)

Are you in compliance with HHSC (formerly TDMHMR -Texas Department of Mental Health and Mental Retardation) rules? (Available at the site)

☐ Yes ☐ No

Licensure Status – Note: Licensed providers are MD/DO, psychologist, LPC, LCSW, LMSW, LMFT, LCDC, APN, RN, LVN, ST, PT, OT, LPA, and massage therapists. Certified providers include BCBA, Art Music, and Recreation Therapists. *List name/type of license and certification below.*

Licenses	Certifications	Credential

List and submit any other credentials, certifications, and/or accreditations that Applicant currently holds. This includes documents such as Health and Human Services Commission (HHSC) Licenses or Certifications, Department of State Health Services Licenses or Certifications, Department of Aging and Disability Services Licenses and Certifications, Department of Assistive and Rehabilitative Services Licenses and Certifications, etc. If none, type "Not Applicable." (Attach a separate page, if needed)

Do you currently have a Relias account assigned to you by Community Healthcore for provider training?

☐ Yes ☐ No

Have you completed any required Community Healthcore provider training?

☐ Yes, I am a new provider, but I have completed some or all of the required training. See attached.

☐ Yes, I am a renewing provider and I have submitted training records to a Community Healthcore staff member upon the previous request.

☐ No, all service providers have registered for upcoming training or will register for upcoming training. I understand that required Community Healthcore provider training must be completed prior to any contract(s) being awarded.

****There is no cost for training. Community Healthcore will not pay for time spent in training. Community Healthcore Providers are required through this Open Enrollment to complete current service-specific training. Any specific training and reimbursement will be specified in the contract.*

SECTION 5: Other Provider Details

Describe any Contracts, Memoranda of Understanding, or employment relationships that Applicant has with Community Healthcore and/or any other state, city, or county agencies in Bowie, Cass, Gregg, Harrison, Marion, Red River, Rusk, Smith, and/or Upshur County (ies) in the last ten (10) years. Attach a separate page, if needed.

Is the Applicant excluded from performing services under any Governmental Programs or any other Government-sponsored program, including Medicaid and/or Medicare programs in any state?

_____ Yes _____ No

Please list any family member (related by blood or marriage) who is employed by Community Healthcore or serves on the Community Healthcore Board of Trustees.

Adverse Actions

Has Applicant ever been a party to a contract or held an employee position that was terminated for cause, relinquished or withdrawn; or failed to proceed with an application to avoid an adverse action, to preclude an investigation, or while under investigation relating to professional conduct?

Yes _____ No _____

Has participation in Medicare, Medicaid, or other government programs as a provider ever been or is it currently in the process of being denied, revoked, suspended, reduced, limited, censured, placed on probation, reprimanded, sanctioned, disqualified, fined, placed under board order, or not renewed?

Yes _____ No _____

Has Applicant ever been assessed a penalty by Medicaid, Medicare, or any government program?

Yes _____ No _____

Has Applicant ever been convicted of or pleaded no contest to a drug or alcohol-related offense?

Yes _____ No _____

Has Applicant ever been convicted of anything other than a minor traffic violation as an adult?

Yes _____ No _____

Has Applicant ever been sanctioned by a peer review organization or similar federal, state, regulatory program, or military agency?

Yes _____ No _____

Has Applicant ever been found to be the perpetrator of a confirmed case of client abuse, neglect, or exploitation?

Yes _____ No _____

Is Applicant currently under investigation, or has Applicant had a license or accreditation revoked, by any state/federal/local authority or licensure agency, within the last five (5) YEARS?

Yes _____ No _____

Has Applicant had any judgments or settlements entered against him/her in the last ten (10) years?

Yes _____ No _____

Has Applicant been placed on vendor hold within the past five (5) years by any funding agency or company?

Yes _____ No _____

Is the Applicant delinquent in the payment of any child support payments?

Yes _____ No _____

Is the Applicant subject to any levy by a governmental agency including but not limited to the IRS?

Yes _____ No _____

Transporting:

Applicants that will be transporting consumers must meet Safe Driving Standards. If any provider has four (4) or more points on their current DPS past 3-year driver records, then they CAN NOT TRANSPORT CONSUMERS.

Will Applicant be transporting consumers? ____ Yes ____ No

If so, please provide a copy of your current DPS Driving Record and an accident report for accident violations where you were determined to not be at-fault (if applicable).

Barred (license suspended or revoked) from driving? ____ Yes ____ No

Insurance: Effective Date _____

Expiration Date _____

Provide copies of the following:

- Current DPS 3-year driver record.
- Texas Auto liability coverage in limits required by the State of Texas with effective and expiration dates
- Current Driver's License

SECTION 6: Assurance

The applicant is not currently held in abeyance or barred from the award of a Federal or State contract. The applicant is currently in good standing with the State of Texas and has paid all applicable taxes that are currently due. If applicant cannot make both assurances, please explain why (use separate paper if necessary).

SECTION 7: Submitted Documents

- Open Enrollment Application
- Background Check Form (Included in this package)
- Conflict of Interest (Included in this package)
- Copy of Current Professional Certificate of Insurance
- Other documents asked for in the application (copy of current professional license, permit or certification)
- W-9

SECTION 8: Certify

I CERTIFY that all the information provided by me in connection with this application, whether on this application or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for a refusal to consider, or if engaged, termination.

Signature

Date