

Allegheny County Department of Human Services
Application for Admission of New Providers
Section I. Provider Information

1. A. Agency name/contracting entity: _____

B. Doing business as: _____

2. A. Agency address: _____

B. Phone number: _____

FAX number: _____

C. E-mail address: _____

D. Website URL: _____

3. Current geographic area(s) of operation: _____

Proposed geographic area(s) of operation in Allegheny County

4. Director/CEO _____

5. Contact person: _____

Phone number: _____

E-mail address: _____

6. Status (sole proprietor, partnership, corporation (for-profit or non-profit -501C3): Provide a copy of I.R.S statement confirming non-profit status: _____

7. State and date of incorporation: _____

8. Date corporation began providing services: _____

9. Agency references: Attach names, addresses and phone numbers.

10. Projected date of availability of services in Allegheny County: _____

11. Board of Directors (see template provided as Attachment I [posted online as well])

A. Please provide the following information for each of your board members:

1. Name and title
2. Home address
3. Phone number
4. Relationship (Employee, former employee, relative of employee, consumer, advocate)
5. Term of office
6. Place of employment and title
7. All corporations or partnerships that the board member serves as officer, trustee, director or in a managerial position (exercising control over day-to-day operations) OR in which the board member has an ownership interest equal to 10% or more of the partnership or corporation.
8. Does this board member have personal interest in any contract or agreement for compensation from the provider agency?
9. Does this board member participate in other corporate boards?
If yes, which boards?
10. Is this board member affiliated with Allegheny County in any way?
If yes, explain

B. What type of Board of Directors does your agency have

- | | | |
|-------------------------|-----|----|
| 1. Advisory duties? | Yes | No |
| 2. Governing duties? | Yes | No |
| 3. Contributing duties? | Yes | No |

C. Does your agency have a consumer on the board? Yes No

D. Does your agency have a consumer's family member on the board? Yes No

E. Does your agency have a consumer/family advisory group on the board? Yes No

F. Does the board have a representation from the general community (Geographic area and/or service community)? Yes No

G. Chief Executive Officer (CEO)

- | | | |
|--|-----|----|
| 1. Is your CEO a voting member of the board? | Yes | No |
| 2. Is your CEO related to any of the board members? | Yes | No |
| 3. Does your CEO have any business interests with board members? | Yes | No |

H. Related parties

- | | | |
|--|-----|----|
| 1. Is this corporate board the board for any other corporate entity? | Yes | No |
|--|-----|----|

2. Do you have a corporate lawyer? Yes No
 If yes, is s/he a member of your board? Yes No
3. Is the corporate lawyer related to a member of the board? Yes No
4. Does the corporation have any relationship with other entities? Yes No
- a. Report to another board or parent company? Yes No
- b. Have an affiliation with another corporate entity or organization (e.g., hospital, national association, etc.)? Yes No
- c. If yes, does this result in a conflict of interest or potential conflict of interest?
 Yes No
 If yes, explain.

5. Does your board have a conflict of interest statement? Yes No
 If yes, provide a copy.

12. Provide copies of minutes of board meetings for last fiscal year.

13. Provide a copy of the agency by-laws.

14. Provide certified audited financial statements and management letters (if any) for the previous three fiscal years. (If latest fiscal-year audit is not completed, provide unaudited financial statements). If no audited financial statements are available, provide copies of the federal income tax returns for the past three years.

15. Describe organization's major sources of support and revenue. This should include donations, fund raising activities, grants, and program income.

16. Describe organization's major sources of financing, e.g. long-term debt, short-term borrowing or line of credit. Explain how proceeds of debt financing were used (if applicable).

17. Provide details of organization debt, including the outstanding balance, interest rate, term, monthly obligation and if secured or unsecured.

18. Provide a copy of the agency policy on confidentiality as approved by the board of directors. Does it comply with federal guidelines? Yes No

If the provider does not have a policy at the time of application, will you develop one and have it approved by your board of directors? Yes No

19. On a separate sheet, list all related-party entities defined as follows:

A. The provider or individuals are associated with or affiliated with and have control of or are controlled by the organization furnishing the services, facilities or supplies.

B. Common ownership exists when an individual possesses significant ownership or equity in the provider and the institution or organization serving the provider.

20. Does the provider and/or parent company of the provider (if applicable) currently have a contract with any other Allegheny County department? Yes No

If yes, which department?

For period?

For amount? \$

To provide what services?

21. On a separate sheet, list all subcontractors that provider applicant has entered into a formal agreement with for the performance of professional services. The listing should include name, address, contact person, phone number, function, units and dollar amount of subcontractor's agreement.

22. Provide a copy of applicant's current table of organization.

23. Certify that this agency or subcontractors are not currently under suspension or debarment by the Commonwealth of Pennsylvania, any other state, county or the federal government.

24. Provide copies of relevant monitoring reports received from federal, state, or other local funding sources, in the last three fiscal years (if applicable).

25. Will you allow a credit check by Allegheny County? Yes No

If no, explain.

26. Is the organization aware of any current, threatened or pending litigation against it?

Yes No

If yes, please attach an explanation and the anticipated disposition.

27. Have you ever obtained or been denied a performance or fidelity bond, or has your bond ever been revoked?

Yes No

If yes, explain.

28. Has an application to be an Allegheny County provider been denied in the past?

Yes No

If yes, explain.

29. Have you ever filed for bankruptcy?

Yes No

If yes, explain.

30. Have you paid all taxes for the past year(s), including real estate taxes, employer related taxes and employee withheld taxes?

Yes No

If no, explain.

31. Do you have the capability to do electronic billing? (see Attachment II) Yes No

32. Do you currently carry the insurance required to enter into a letter agreement with Allegheny County Department of Human Services? (see Attachment III)? Yes No

33. What is the percentage of the administrative overhead of your agency for the last fiscal year?

_____ %

34. Is there a written indirect cost allocation plan? Yes No

35. Will you allow Allegheny County staff to perform a random sample of your clinical records, if applicable, for the site to be under the contract? Yes No

If no, explain

36. Complete internal control questionnaire (section II).

37. Complete the workstatement program description (section III).

38. Complete and sign signature page (section IV).

39. Complete a roster of staff names, degrees and salaries, and certify that all staff has, or will have Act 33 and 34 clearances, including new hires. [(posted online as) Attachment IV]

40. Copy and complete Management Representation Letter on agency letterhead [(posted online as) Attachment V]

Please submit all information contained in the application package to:

Administrator

Bureau of Contracts and Compliance

Allegheny County Department of Human Services

Human Services Building - Suite 500

One Smithfield Street

Pittsburgh, PA 15222-2221

Name

Title

Name

Title

16. How many authorized check signers are there? _____

A. How many signatures are required for checks? _____

B. Name and title of all authorized check signers.

Name

Title

Name

Title

Name

Title

Name

Title

Allegheny County Department of Human Services
Application for Admission of New Providers
Instructions for Completing the Workstatement Program Description

The instructions below should be followed when preparing the Workstatement Program Descriptions. Agencies/Contracting entities may use a spreadsheet or word-processing program to make completion of the forms easier.

1. **Name of program:** If your program component has a separate name, such as “Adult Development Training” state the name here. Otherwise, just use the type of service, such as Residential Vocational Rehabilitation Services, etc.
2. **Type of service provided:** List the services provided by this program, such as Community Residential, Life Skills, etc.
3. **Address(es):** List all the addresses and phone numbers of each site.
4. **Contact person’s name and phone number:** This would be the person whom the County should contact with any questions or concerns regarding the program.
5. **Goal of program:** This should indicate what outcome you wish to achieve by providing this service rather than what process you are using. For example, a goal of providing 24 Hour Title XIX services would not be acceptable. An acceptable goal would be to increase clients’ functioning and decrease need for hospitalization, prevent disintegration of families, etc.
6. **Operationally defined objectives:** What are the programmatic service objectives for this program? What are the expected outcomes for consumers?
7. **Days/hours of operation:** Include the days of the week and the times that your program is in operation (Example: Monday, Wednesday and Friday, 9 a.m. - 5 p.m.)
8. **Licensed consumer capacity:** The total number of consumers that can be served at any given time.
9. **Number of unduplicated consumers projected to be served per year:** Total number of individual consumers to be served this year.
10. **Define what constitutes a unit of service:** (e.g., 1 hour, 1 overnight Stay, 1 trip, etc.)
11. **Total annual units of service projected:** Total number of units that you project to provide in a fiscal year. (Days, hours, units depending on service type)
12. **Number of unduplicated consumers served last year:** Total number of consumers served during the previous fiscal year.
13. **Describe consumers served:** Describe consumers who are eligible to be served, i.e., age range, gender and other demographic information if applicable.

14. **Admission requirements:** Describe the admission criteria, including: Who makes the determination, what is the process for continuity of care for individuals not being admitted, whether or not there is a waiting list, and if so, how do you determine priority for the admission.
15. **Method and frequency of utilization review:** Describe the process currently being used for Utilization Management.
16. **Criteria used to determine discharge:** Describe the criteria used to determine discharge and the process for continuity of care for the consumer.
17. **Describe program content and/or methods:** Describe the program if different from the operational objectives.
18. **Describe how you currently evaluate program's effectiveness during current contract period:** At least one form of outcome measurement needs to be used. Provide a copy of last year's evaluation report and any outcome measurement tool(s) to be utilized this year.
19. **Describe how you evaluate consumer satisfaction:** Provide a copy of your most recent satisfaction survey, if applicable.
20. **Licenses and accreditations held by the agency:** List and provide copies of all licenses held by the organization. Identify those that are specifically applicable to the proposed service.

**Allegheny County Department of Human Services
Application for Admission of New Providers**

Section III. Workstatement Program Description

1. Name of agency/contracting entity: _____
Name of program _____

2. Type of service(s) provided

Phone: _____ FAX: _____

3. Addresses and phone numbers of all program facilities:

4. Contact person's name and phone number: _____

5. Goals and mission statement of the program:

6. Program outcomes – defined objectives:

7. Days/hours of operation: _____

8. Licensed consumer capacity: _____

9. Number of unduplicated consumers projected to be served per year: _____

10. Unit of service (hour, day, etc.,) _____

11. Total annual units of service projected: _____

12. Number of unduplicated consumers served last year: _____

13. Describe the consumers to be served:

14. Describe admission requirements:

15. Describe method and frequency of utilization review:

16. Describe criteria used to determine discharge:

17. Describe program content and/or methods:

18. Describe how you currently evaluate program effectiveness:

19. Describe how you evaluate consumer satisfaction:

20. List all licenses and accreditations held by the agency:

**Allegheny County Department of Human Services
Application for Admission for New Providers**

Section IV. Signature Page

As an authorized signatory for _____ ,
(Provider name)

I hereby certify to the best of my knowledge and belief, that the enclosed information regarding our application for admission as a new provider to the Allegheny County Department of Human Services is true and accurate.

Signature: _____ Date: _____

Print/Type Name: _____

Print/Type Title: _____

**Allegheny County Department of Human Services
Application for Admission of New Providers**

Attachment I

Template to Report Information Regarding Board Members

Complete this form for each board member.

Board member of						
Name			Title			
Home Address				e-mail address		
Phone number						
Relationship		employee	former employee	relative of employee	consumer	advocate
Term of office						
Place of employment			Title			
Corps. or partnerships on which the board member serves OR in which the board member has an >10% ownership	Yes	If yes, which ones?				
	No					
Participant on other corporate boards?	Yes	If yes, which ones?				
	No					
Affiliated with Allegheny County in any way?	Yes	If yes, how?				
	No					

**Allegheny County
Department of Human Services
Application for Admission of New Providers**

**Attachment II
Minimum Computer Hardware/Software Requirements**

The organization must have access to a computer with the following minimum hardware/software requirements:

Operating System

Windows 2000 Professional or higher with all current Microsoft critical updates & service packs

Hardware: System Requirements

Pentium II Processor
128 MB RAM
20 GB Hard Drive

Monitors

Capable of 800 x 600 Resolution

Internet Connection

Internet Service Provider Required
Optimal: LAN Connection
Next Best: Digital Subscriber Line or Cable Modem
Minimum: 56 K Modem

Browser

Internet Explorer 6.0 or later with all critical updates & service packs
Configured to Email Program

Email

Email Capability

**Allegheny County Department of Human Services
Application for Admission of New Providers**

**Attachment III
Minimum Insurance Requirements**

1. General Requirements

- A. All policies of insurance shall be endorsed to include Allegheny County, its elected officials, officers, appointees and employees as additional insured.

- B. All certificates of insurance shall provide that the insurance company notify the Director in writing, at least thirty (30) days prior to any termination of the policy or any alterations in the policy which change, restrict or reduce the insurance provided or change the name of the insured.

2. Types of Coverage

A. Commercial General Liability

- 1. Commercial General Liability Insurance which will protect the Service Provider in providing the services from claims for damage or injury to persons, including wrongful death, and for damage to property which may arise from operations by the Service Provider or by any subcontractor of the Service Provider or by anyone directly or indirectly employed by either the Service Provider or subcontractor. The Commercial General Liability Policy will include, but not be limited to, the following:
 - a. Contractual liability on a blanket basis or contractual liability specifically covering an Agreement with Allegheny County.
 - b. Products Liability and Completed Operations;
 - c. The Service Provider shall maintain general liability limits of no less than \$1,000,000 per occurrence.

B. Automobile Liability Insurance

- 1. The Service Provider shall maintain Comprehensive Automobile Liability Insurance covering all owned and non-owned automobiles if applicable to the service provided.

- 2. The Automobile Liability Insurance shall have a limit of no less than \$1,000,000 combined single limit for each occurrence for injury to persons and/or damage to property.

C. Professional Liability Insurance

The Service Provider shall carry Professional Liability insurance policy with limits of no less than \$1,000,000.

D. Workers' Compensation

The Service Provider shall carry Workmen's Compensation Insurance as required by law, or shall submit evidence to the director that it has qualified with the Pennsylvania Department of Labor and Industry as a self-insurer.

1. Workers Compensation: Statutory
2. Employers Liability with limits:
 - \$100,000 each accident
 - \$500,000 disease policy limit
 - \$100,000 disease each employee.

E. Fidelity Bonding

The Service Provider shall ensure that employees who have financial responsibilities related to the receipt and disbursement of funding under this agreement shall be covered by fidelity bond. The coverage required and to be maintained for surety bond insurance shall be minimally an amount which is equal to, but no less than 10% of total amount of the agreement and \$50,000 when the agreement is fee-for-service (without cap) or *per diem* funded. When the agreement is fee-for-service with a cap, fidelity bond in the amount of 10% of the total is required.

F. The insurance carrier should have an AM Best rating of no less than A-.

G. The County reserves the right to waive ANY or ALL conditions.

Allegheny County Department of Human Services
Application for Admission of New Providers

Attachment V
Representation Letter

Copy and paste the following text on agency letterhead. Then complete the attached representation letter, filling in any blank spaces as necessary. It must be signed by the CEO and CFO of the agency.

[Letterhead of Organization]

[Date]

[Organization Name and Address]

In connection with [Name of Organization] application for admission as a new provider to the Allegheny County Department of Human Services [Date], we confirm, to the best of our knowledge and belief, the following representations made to you:

1. We have made available all financial records and related data, and all audit reports and tax returns. We have not knowingly withheld from you any financial records or related data, audit report and tax returns that in our judgment would be relevant to our application as a new provider.
2. There have been no irregularities (intentional misstatements or omissions of amounts or disclosures in financial statements or misappropriations of assets) involving management or employees who have significant roles in processing transactions or safeguarding assets.
3. We have not adopted any plans nor do we have present intentions that may materially affect the carrying value of classifications of assets, liabilities, or fund balances.
4. All related party transactions have been disclosed in the application.
5. There are no violations or possible violations of laws or regulations that have come to our attention.
6. ___ [Name of Organization] _____, as a tax exempt organization under the Internal Revenue Code, is not aware of any activities that would jeopardize the organization's current status.
7. All required filings with tax authorities are current.

8. There are no material transactions that have not been properly recorded in the accounting records and there are no undisclosed assets or liabilities.

9. ____ [Name of Organization] _____ has satisfactory title to all owned assets.

10. Compensation figures we have made available to your staff are all inclusive. These compensation figures include all salaries, fringe benefits, bonuses, etc. No additional compensation was paid.

11. We have no knowledge of any fraud or suspected fraud affecting the Organization involving:

- a. Management.
- b. Employees who have significant roles in internal control, personnel, quality assurance, or other fiscal or management areas.
- c. Others where the fraud could have a material effect on the financial statements.

12. We have no knowledge of any allegations of fraud or suspected fraud affecting the organization received in communications from employees, former employees, grantors, regulators, or others.

Signature: _____ Title: _____

Printed/Typed Name of Chief Executive Officer _____

Signature: _____ Title: _____

Printed/Typed Name of Chief Financial Officer _____