



# APPLICATION FOR VENDORSHIP APPROVAL 09/2012

## Therapeutic Behavioral Services (*DARS Service Item Code HCPCS H2019*)

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME (last, first, middle):** \_\_\_\_\_

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_

**TAX ID# or SSN:** \_\_\_\_\_

**DARS VENDOR # (if applicable):** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EDUCATIONAL DEGREE(S):** \_\_\_\_\_

**ARE YOU A LICENSED OR REGISTERED HEALTHCARE PROVIDER?** Yes  No

**TYPE OF VIRGINIA LICENSE (attach copy):** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**ADDITIONAL CREDENTIALS? (specify and/or attach copy of documents):** \_\_\_\_\_

**FLUENT IN LANGUAGE OTHER THAN ENGLISH? (Specify):** \_\_\_\_\_

→ Have you included a copy of your wrongful act and aggregate professional liability insurance in compliance with current Code of Virginia regulations ? Yes  No

→ Have you included copies of your vita/resume, supporting documentation, and relevant licenses? Yes  No

If NO, why not? \_\_\_\_\_

→ Did you sign *DARS Provision of Services Agreement* on page 5? Yes  No

\* Vendors can request general approval for *Therapeutic Behavioral Services* which qualifies them to work with any disability population. Vendors can also request recognition as having special training / expertise in working with people with *autism* and/or *acquired brain injury*. You must submit the required documentation to be approved with a specialization in autism or acquired brain injury.

**(A) Type of Vendorship Application\*** (check all that apply):

- \_\_\_\_\_ **Therapeutic Behavioral Services** (any disability population)
- \_\_\_\_\_ **Therapeutic Behavioral Services with *Specialization in Autism***
- \_\_\_\_\_ **Therapeutic Behavioral Services, with *Specialization in Acquired Brain Injury***
- 
- 

**(B) Application Package** (please include the following information):

- 1. Program description and scope of services that includes:**
- name of organization and primary contact person [name, address, phone, fax, e-mail];
  - program management structure [names, qualifications/credentials, and background/experience of **(1)** program managers **and** **(2)** direct service providers]. Please include specific and relevant background / experience / training / supervision related to the proposed service. (*Please refer to Service Item Code HCPCS H2019 – Purchase of Service Agreement for additional guidance information on qualified providers of Therapeutic Behavioral Services*);
  - nature and description of services to be provided [e.g., **Applied Behavior Analysis, Positive Behavior Support**, or both]. (*Please refer to Service Item Code HCPCS H2019 – Purchase of Service Agreement for additional guidance information on these two services.*);
  - strategies for assuring consumer direction/participation in all phases of service delivery and the involvement of consumer selected support team members designated by the consumer; and
  - outcomes expected for consumers and methods to assess effectiveness of services.

**2. If applying for approval of specialization in autism and/or acquired brain injury, you must provide the following required information / documentation:**

Documentation of any combination of a minimum of two years of training or experience working directly with individuals with autism or acquired brain injury, which should include training and experience in the provision of behavior intervention / support services.

**(C) REIMBURSEMENT RATES:**

The agency has established that vendors of Therapeutic Behavioral Services will be reimbursed at the rate of \$65 per hour.



***Please submit completed vendorship application to:*** Patricia Goodall, DARS Brain Injury Services Unit, 8004 Franklin Farms Drive, Henrico, VA 23229; Fax 804/662-7663; E-mail [Patti.Goodall@dars.virginia.gov](mailto:Patti.Goodall@dars.virginia.gov).

**Questions?** Contact Patricia Goodall (Brain Injury) at [Patti.Goodall@dars.virginia.gov](mailto:Patti.Goodall@dars.virginia.gov) or Richard Kriner (Autism) at [Richard.Kriner@dars.virginia.gov](mailto:Richard.Kriner@dars.virginia.gov) or call Toll Free 800-552-5019, TTY Toll Free 800-464-9950.

**APPLICATION FOR TBS HCPCS H2019 VENDORSHIP APPROVAL**

*09/12 DARS Office Use Only*

*Please check and date appropriate status:*

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_

**Provisional Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_

**Not Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pending:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_

**If application is Provisional, Not Approved, or Pending, what is needed for approval?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed (DARS Representative):** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **PROVISION OF SERVICES AGREEMENT FOR THERAPEUTIC BEHAVIORAL HEALTH SERVICES PROVIDERS**

---

The following minimum standards have been established to assure the proper selection and use of quality behavioral health services for Department for Aging and Rehabilitative Services (DARS) customers. Providers must meet these standards in a cooperative, ethical manner. Vendors approved for the provision of behavioral health services to DARS customers agree to meet the following standards:

- 1.0 Service Provision.** The vendor must provide specific, qualified, adequate, and economical client services, which meet demonstrated client needs on a regional or statewide basis. The vendor shall charge only for units of service as approved by DARS. Exceptions must be pre-approved by the agency.
- 2.0 Vendor Eligibility Requirements.** The vendor must meet the licensing or other requirements outlined in the vendorship application form. Vendors must be in good standing in the Commonwealth of Virginia as a *Board Certified Behavior Analyst*, a *Board Certified Assistant Behavior Analyst*, or an *Endorsed Positive Behavior Support (PBS) Facilitator*.
- 3.0 Laws/Regulations/Ordinances.** The vendor must be in initial and continuing compliance with all appropriate and relevant federal, state, and local laws, regulations, and ordinances applicable to the vendor's operation, staffing, location, and activities (e.g., Americans with Disabilities Act, 1973 Rehabilitation Act, Civil Rights Act, Fair Labor Standards Act, Virginia Department of Health Professions).
- 4.0 Confidentiality.** The vendor shall establish and maintain confidentiality of all consumer information and records that are of a personal nature, as required by federal and state laws.
- 5.0 Ethical Conduct.** The vendor agrees to maintain high standards of business and ethical conduct in regard to all services inherent in this relationship. Especially prohibited is gift giving or other favors provided by any vendor to any Department representative.
- 6.0 Nondiscrimination.** The vendor shall provide full and equal services, comparable to those for other individuals, and without regard to race, color, religion, national origin, age, sex or disability.
- 7.0 Onsite Evaluations.** The vendor shall permit periodic onsite evaluations by the Department representatives as deemed necessary by the Department.
- 8.0 Fiscal Policies.** The vendor agrees to comply with the policies adopted by the Department for the fiscal administration and control of rehabilitative services programs, subject to Department audit and examination, upon request.

- 8.1 Agency Fees and Billing.** The vendor agrees to accept the fees established by the Department for Aging and Rehabilitative Services. The vendor shall not charge more than the maximum fee allowed for services and shall charge only for services that have been provided. Comparable third party benefits for payment of services shall be used when available. The Department shall pay only the balance remaining following payment by any third party if the balance does not exceed the agency's established maximum fee for that procedure or service. If the provider's insurance contract stipulates that its established reasonable and customary fee for a services(s) be accepted as *payment in full*, DARS shall not pay the balance which remains after the third party payment.
- 8.2 Invoices.** The vendor agrees to accept written authorizations from DARS to bill the agency for the provision of Therapeutic Behavioral Services. Invoices should be sent to DARS at least monthly and should be accompanied by brief progress notes (a Functional Behavior Assessment and written Behavior Support Plan should be submitted initially).
- 8.3 Consumer Payments.** The vendor shall not charge to, or accept payment from, a DARS customer or his/her family for any service authorized by the Department unless the amount of such service, charge, or payment is previously known to, and where applicable, approved by the Department for Aging and Rehabilitative Services.
- 9.0 Competency Areas.** The vendor shall provide services only in established competency areas (i.e., those in which established education and experience requirements have been met).
- 10.0 Agency Standards.** The vendor must maintain all provisions of these standards to remain on the Department's list of approved, active vendors of Therapeutic Behavioral Services.



## DARS PROVISION OF SERVICES AGREEMENT

I attest that the information I have provided to the Department for Aging and Rehabilitative Services (DARS) in this *Vendor Application for Licensed Behavioral Health Services Provider* is complete and accurate. I certify that I have read carefully all of the information provided to me by the Department for Aging and Rehabilitative Services in this vendor application packet. I understand, and agree to abide by, the terms of the *DARS Provision of Services Agreement for Therapeutic Behavioral Services* provider.

Name (please print!): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SEPTEMBER 2012