

## CCFA/WA Contract Approval Checklist Revised 12/27/2010

If the provider fails to provide all the documentation their contract or initial enrollment shall be denied.

- Copies of OSI clearance on ALL staff and all subcontractors and their staff.**  
\*Old fingerprint results on staff not cleared through OIS including local county/city or state criminal history background checks will not be accepted. New background checks must be completed every 5 years.
  
- Verification, a completion certificate issued by DFCS, of Back to Basics and Advanced Skills Training for **all** CCFA assessors **and** CCFA supervisors.
  
- For Wrap Only Agencies only, at least one individual with the agency must have verification, a completion certificate issued by DFCS, for Back to Basics Training.
  
- All supervisory staff must have, at least, a:
  1. Master degree in Social Work (MSW); or
  2. Master degree in Counseling or Psychology**AND (in addition to 1 & 2)**
  3. Have an active professional license which is either a
    - a. Licensed Clinical Social Worker (LCSW),
    - b. Licensed Marriage and Family Therapist (LMFT),
    - c. Licensed Professional Counselor (LPC) granted byThe licensed must be granted by the State of Georgia's Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapist. The licensee must be in good standing with that Authority.

Supervisory Staff with extensive knowledge of social work, counseling and mental health concepts
  
- Educational verifications (for staff and subcontractors in the vendor network):
  - a. Copy of all license from the Georgia Secretary of State Office (required for all licensed individuals)
  - b. Certified transcripts for all non-licensed degreed staff. Provide a list by; name, education, and license, for each staff member and subcontractor.
  - c. Resume for non-degreed staff.

- Organizational chart detailing each individual within your agency and their specific roles/responsibilities as it relates to CCFAWA.
- Copy of Business License(s) or Letter of Incorporation recorded with Georgia's Secretary of State Office.

General business licenses are issued by county, city and municipal entities. Whether a business has to be licensed or not is determined by local rules. The provider has to look to the laws and ordinances of his/her primary place of business to determine if he has to be licensed or not. Generally speaking, many county, city and municipal entities exclude 501(c) (3) s from their licensure requirement. The vendor will have to provide you with documentation that he is not required to be licensed in the county where the business is located.

Business licenses are to be obtained from the county the business transacts business in/has a physical presence. If the business is located with a town's city limits, then the license is procured from the city.

- Identification of Counties the agency will serve.
- Signed enrollment application.
- Copy of proof of Insurance to include:
  - d. Commercial liability coverage of Professional Liability/Malpractice policy which includes Errors and Omissions for each person completing assessments or providing direct services with a minimum of \$1,000,000 per event and \$3,000,000 annual aggregate.
  - e. General commercial liability coverage of a minimum of \$100,000.00 Liability coverage must include all staff and contractor must maintain verification that all persons with whom you contract have appropriate coverage.
  - f. Vehicle Insurance: Vehicle liability, bodily injury, and property damage coverage on vehicles used by the contractor or contractors personnel in performance of transportation services provided by this contractor. The contractor or individual staff must carry a minimum of:
    - i. Liability insurance of \$100,000 per person and \$300,000; and bodily injury and property damage coverage in the amounts of \$100,000 per person and \$300,000 per occurrence).
- Identification of Agency Status (non-profit, etc.)
- A physical address, mailing address and e-mail address.

- Copies of current Georgia Driver's license for all staff.
- A brief statement of experience in assessment of children and families on agency letterhead.
- 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 and Psychologist/Psychiatrist as identified members of their support network. This list should include the names, addresses, and telephone numbers of the individual/agency.
- Four current letters of reference, letters within the six months from individuals or organizations (preferably at least one from a DFCS office) that are familiar with your work. Include their name, address, and phone number on their agency letterhead.
- Medicaid approval status (Does your agency accept Medicaid?)
- Proof of registration for Electronic Funds Transfer (ETF) with the Georgia Department of Revenue.
- Proof of registration with Team Georgia Marketplace.

## APPLICATION ATTACHMENT REVIEW GUIDE

The following attachments **must** be included as part of the application and maintained in the contract file:

1. Copy of Business License(s) or Letter of Incorporation recorded with Georgia's Secretary of State Office.
  - a. General business licenses are issued by county, city and municipal entities. Whether a business has to be licensed or not is determined by local rules. The provider has to look to the laws and ordinances of his/her primary place of business to determine if he has to be licensed or not. Generally speaking, many county, city and municipal entities exclude 501(c)(3)s from their licensure requirement. The vendor will have to provide you with documentation that he is not required to be licensed in the county where the business is located.

Business licenses are to be obtained from the county the business transacts business in/has a physical presence. If the business is located within a town's city limits, then the license is procured from the city.

2. Copy of proof of Insurance to include:
  - a. Commercial liability coverage of Professional Liability/Malpractice policy which includes Errors and Omissions for each person completing assessments or providing direct services with a minimum of \$1,000,000 per event and \$3,000,000 annual aggregate.
  - b. General commercial liability coverage of a minimum of \$100,000 Liability coverage must include all staff and contractor must maintain verification that all persons with whom you contract have appropriate coverage.
  - c. Vehicle Insurance: Vehicle liability, bodily injury, and property damage coverage on vehicles used by the contractor or contractor's personnel in performance of transportation services provided by this contractor. The contractor must carry a minimum of:
    - i. Liability insurance of \$100,000 per person and \$300,000; and
    - ii. Bodily injury and property damage coverage in the amounts of \$100,000 per person and \$300,000 per occurrence.
3. Educational verifications (for staff and subcontractors in the vendor network):
  - a. Copy of all license from the Georgia Secretary of State Office (required for all licensed individuals)
  - b. Certified transcripts for all non-licensed degreed staff. Provide a list by; name, education, and license, for each staff member and subcontractor.
  - c. Resume for non-degreed staff.
4. OIS clearance is required for all staff and all subcontractors and their staff. Office of Inspector General can administer the background investigations.
5. A copy of the current Georgia Driver's license (must be legible) for all staff.
6. A brief statement of all staff's experience in assessing children and families.
7. Attach four (4) references letters (written within the last six months) from professional individuals or organizations that are familiar with your work and

believe your agency provides quality assessment services. Include their name, address, and phone number on the agency letterhead.

8. A list of all individuals /agencies that make up your support network (subcontractors) for the provision of CCFA services. All providers must have an approved Health Check Provider and a Psychologist/Psychiatrist, that accepts Medicaid, as identified members of their support network. This list should include the names, addresses, and telephone numbers of the individual/agency and **license number** issued by the Georgia Secretary of State Office. Indicate if individuals/agencies accept Medicaid.
9. An organizational Chart which list the members of your staff and their specific roles and responsibilities in the provision of both assessment services.
10. The name, title and professional credential of all supervisory staff and the names of the individuals they are supervising.
11. Discuss any staff turnover in the past year.
12. Malpractice Fact Sheet-One submitted for each clinician.
13. Clinical Psychotherapeutic Expertise-One submitted for each clinician
14. Clinical Specialties.
15. Registration with the Georgia Department of Revenue for Electronic Funds Transfer (EFT) visit <https://etax.dor.ga.gov/eft/index.aspx> .
16. Registration with Team Georgia Marketplace.

Applications should be tabbed in accordance with the enrollment or reenrollment application numbers and attachments. The application should include a cover letter and table of contents.

Application and all attachments **must be mailed or hand delivered to:** (Applications will not be accepted if they are faxed or e-mailed.)

The Department of Human Services  
Division of Family and Children  
Attention: CCFA Statewide Assessment Program  
2 Peachtree Street, NW, Floor 26  
Atlanta, Georgia 30303

The Department of Human Services, Division of Family and Children Services reserves the right to verify any of the information provided with; the appropriate credentialing body, licensing board, insurance carrier, or criminal background check system.

For Questions or assistance call, 404-657-3459 or email [ticooper@dhr.state.ga.us](mailto:ticooper@dhr.state.ga.us).