



THE GULF COAST CENTER

IDD Provider of Services

7000 Ave. B
Santa Fe, Texas 77510

Provider Name _____

Provider tele # _____

IDD CONTRACT PROVIDER SERVICE PACKET COVER SHEET

Dear Potential Provider,

Please place INITIALS in BOXES below of all ITEMS being returned.

GCC FORMS TO BE COMPLETED (signed/dated) AND RETURNED:

<input type="checkbox"/>	IDD Contract Provider Service Cover sheet (rev 10-2014)- this form (2 pgs. return)
<input type="checkbox"/>	All About Contract Respite rev (10-2012)(family/providers) (1 page)
<input type="checkbox"/>	All About Community Support (rev 9-2012)(family/providers) (1 page)
<input type="checkbox"/>	Bio Provider Information Form (rev 4-2012)
<input type="checkbox"/>	GCC-IDD-Open-Enrollment-Application NOV 2014 (complete attachment B1)
<input type="checkbox"/>	Statement of Employability
<input type="checkbox"/>	Contract Provider Background Check (rev 11-14)
<input type="checkbox"/>	DPS_Audit_Verification (print name at top, below signature and date only)
<input type="checkbox"/>	FW9
<input type="checkbox"/>	FY 2014 - 15 Community Support - Respite provider contract
<input type="checkbox"/>	Infection Control Study Manual and Test
<input type="checkbox"/>	Acknowledgement of HIPAA, RIGHTS, ENCRYPTED EMAIL (must review 1) Privacy Training Module HIPAA, 2) 2014 Contract Provider Rights Protection Training and 3) Sending Encrypted Email prior to signing)

Additional Trainings may be required that are specific to the person to whom you are providing services; for example, High Blood Pressure, Diabetes, Tube Feeding, Transferring(Wheel Chair), etc.

REQUIRED DOCUMENTS TO BE SUBMITTED ANNUALLY OR AS THEY ARE RENEWED OR UPDATED :

<input type="checkbox"/>	Copy of Valid Auto Insurance (updated regularly)
<input type="checkbox"/>	Copy of Valid Driver's License (to establish residence)
<input type="checkbox"/>	Copy of Social Security Card (required only at time contract is initiated)
<input type="checkbox"/>	Copy of High School Diploma, GED (required only at time contract is initiated)
<input type="checkbox"/>	Three Letters of Reference (if no High School Diploma /GED) (required only at time contract is initiated)
<input type="checkbox"/>	Email/Home/Cell Phone numbers (updated regularly)
<input type="checkbox"/>	Copy of Homeowners/Renter's Insurance Policy (if you provide respite in your home)
<input type="checkbox"/>	FY 2014 Home Insurance Waiver General (if you provide services in your home and you do not have insurance)

PROVIDER POOL LIST

If you are applying to provide services to more than one person or to be listed as a provider in the provider pool, you must have the below trainings in addition to the above forms and documents;

<input type="checkbox"/>	Copy of CPR
<input type="checkbox"/>	Copy of First Aid
<input type="checkbox"/>	Diabetes Study Guide and Training, High Blood Pressure Study Guide and Test, Hypothyroidism Study Guide and Acknowledgement form (included in provider packet if mailed)
<input type="checkbox"/>	Medication Administration (GCC on-line trainings -12.00/yr). Preventing and Managing Aggressive Behavior (PMAB) (as needed and determined by staff/family members)

Name of Individual and Family that you were referred by: (Please Print)

Name of Individual _____

Name of Family Member _____

(rev 10-2014)

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
FAX 409.763-5538

www.GulfCoastCenter.org

Our mission is to enable and empower individuals and families to live quality lives



THE GULF COAST CENTER

IDD Provider of Services

7000 Ave. B
Santa Fe, Texas 77510

ACKNOWLEDGEMENT PAGE

Initial Boxes below:

I am aware and understand that it is a violation of my Non-Traditional Provider Respite Services Agreement, section VI.2 Paragraph 3 to bill for respite services if I live in the same residences as the caregiver that I am providing respite services. Contract Respite is a service provided to the caregiver by a provider that must reside outside of the home of the family that is receiving the Respite Services.

****This will result in immediate termination of the contract, restitution in full for dollars paid out during the time of this violation and possible criminal charges.**

I understand that it will be my responsibility to notify the Contract Program Manager, Deanna David of any administering of medication to the individual. Medication Administration Training will be required of all contract providers that will monitor and/or assist in the administration of medication to any individual receiving Respite and/or Community Support services.

I understand that all original notes for services delivered must be received by provider services staff, with required original signatures, no later than 60 days after the delivery of the service and that any billing submitted after 60 days will not be reimbursed.

Print Name

Date

Signature

Date

Provider tele # _____

(NOTE; Please complete packet and call to make an appointment to complete contract process)

The Gulf Coast Center - IDD Provider of Services

7000 Ave. B

Santa Fe, Texas 77510

(409) 944-4453 or (409) 944-4460 / (800) 615-4763 ext. 10358.

Fax# (409) 927-4308

Attention: Deanna David, HCS/Contract Program Manager

For Provider Use Only:

Date Packet Received _____ Approved _____ Not Approved _____

(rev 10-2014)

Our mission is to enable and empower individuals and families to live quality lives

IDD CONTRACT SERVICES PACKET COVER SHEET - PROVIDERS

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
FAX 409.763-5538

www.GulfCoastCenter.org