# Texas Child-Centered Care System

# Full Credential Application for Child Placing Agencies

**Purpose:** Child Placing Agencies (CPA) will use this form to apply for the ***Full Credential***, to provide Residential Childcare Services under the Texas Child-Centered Care (T3C) System.

CPAs that obtain an Inactive Full Credential must fulfill the requirements and obtain an Active Full Credential for each Service Package and Add-On Service within 120 calendar days of being issued the Inactive Full Credential.

**Step-by-Step CPA Instructions for Completing the Full Credential Application:**

1. **Determine the T3C Foster Family Home Service Package(s) and Add-On Services that the CPA Is Seeking to become Credentialed to provide:** Review the latest edition of the *T3C System Blueprint* to determine which of the nine Foster Family Home Service Packages and three Add-On Services the CPA is seeking to obtain a Full Credential to provide. A complete list of all nine Service Packages and three Add-On Services can be found in the section titled *“T3C Foster Care Continuum and Full Array of Services*” of the current *T3C System Blueprint*, located here: <https://www.dfps.texas.gov/Texas_Child_Centered_Care/T3C_System_Blueprint.asp>.

CPAs should thoroughly review the Service Package and Add-On Service requirements fully to ensure a complete understanding of ***all*** requirements. Detailed requirements for each Service Package are in the section titled, “*Child Placing Agency/Foster Family Home T3C Service Packages”* and for each Add-On Service are in the section titled, *“Child Placing Agency/Foster Family Home T3C Add-On Services”* in the latest edition of the *T3C System Blueprint.*

CPAs may apply to provide one or up to all nine of the Service Packages and three Add-On Services in a single Full Credential Application. Alternatively, a CPA may submit additional Full Credential Application(s) in the future to add additional Service Packages and Add-On Services.

1. **Review the Full Credential Application:** CPAs are encouraged to read, review, and become familiar with the entire Full Credential Application prior to initiating completion of the first section of the Application. Sections of the Application build upon each other, so it is important to read through in full before beginning to complete the Application.

As the CPA reviews the Application, special attention should be paid to which of the requirements the CPA must have in place or meet at the time of submission of the Application (commonly referred to in the *T3C System Blueprint* and the Full Credential Application ***“In Place @Time of Application for Full Credential”****)*, and which of the requirements the CPA must attest to having in place and meeting in no more than 120 calendar days from issuance of the Inactive Full Credential (commonly referred to in the *T3C System Blueprint* and the Full Credential Application as *“****In Place on 1st Day Operating under an Active Full Credential”****)*. More information can be found on the two Full Credential category requirements in the *T3C System Blueprint*, in *Appendix III.A*.

1. **Complete the Full Credential Application:** While the Application is designed to allow for a single submission to obtain a Full Credential for more than one Service Package and Add-On Service, the CPA will be required to demonstrate the ability to specialize in/provide each distinct Service Package and Add-On Service independently. This is important, because as DFPS evaluates the Full Credential Application, staff will be assessing each Service Package and Add-On Service independently to ensure that the requirements are met to support a Full Credential being issued for each Service Package and Add-On Service that is sought. To properly complete the Full Credential Application, the CPA should review and refer to the specific requirements for each Service Package and Add-On Service as outlined in the *T3C System Blueprint*. The Full Credential Application form must be completed in its entirety before it is submitted to DFPS.

**Directions for Completing/Submitting the Full Credential Application:**

*Review the instructions below to ensure an accurate submission.*

**Response Selection Guidelines**

* The application allows for multiple selections (Yes, No, and N/A) to be checked simultaneously; however, selecting multiple options does not necessarily meet the requirements for a response. CPAs should carefully review the question and select only the option that accurately corresponds to their response. For Yes/No questions, only one option should be selected.
* Applications with conflicting responses, such as both Yes and No selected, or where the CPA fails to make appropriate requirement-based selections, may be deemed non-responsive and returned to the CPA.
* If the individual completing the Full Credential Application on behalf of the CPA fails to initial and attest to a particular statement or item that requires attestation, the application will be deemed non-responsive and returned to the CPA.

**Supporting Documentation Guidelines**

* Supporting documentation illustrating CPA’s current compliance with the requirements can be submitted in a clearly labeled separate file.
* The completed Full Credential Application and all associated documentation must be submitted via upload to the online T3C Credentialing Platform, which will be linked from the T3C website beginning in January 2025.

**Attestation Statement Instructions**

An attestation constitutes a formal declaration by the individual charged with completing the application on behalf of the CPA, affirming that the CPA comprehensively understands and meets the pertinent requirement(s). For purposes of the T3C System Credential, attesting to a statement by entering the initials of the individual responsible for completing the application, confirms that the CPA accurately and truthfully certifies that certain policies, procedures, standards, or documentation requirements have been met.

The CPA should review and address the attestation section in accordance with the following guidelines:

* Carefully review the attestation section to confirm the CPA meets all applicable requirements for the T3C Service Package(s) and Add-On Service(s) that are a part of the application for Credential.
* By providing the attestation, the CPA confirms that the requirements associated with the statement as a part of the T3C Service Package(s) and Add-On Service(s) has been met.
* Each attestation statement must be verified with the initials of the individual responsible for completing the application on behalf of the CPA. The applicant, defined as the individual completing the form, should initial each attestation to confirm it applies to the agency.
* Ensure all information provided is accurate and reflects the CPA’s current practices and capabilities.
* By certifying the application, upon submission, the designated controlling person for the CPA confirms the accuracy and truthfulness of all items attested to throughout its entirety.

**Authority to Review and Monitor:** DFPS and the SSCC’s reserve the right to request, review and monitor the CPA's compliance with any and all requirements of the T3C Service Package(s) and Add-On Service(s), including requirements attested to and all supporting documentation provided as part of the application.

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| **Response for Upload Instructions:**  Following the description of the requirement(s), the CPA will click on the field with gray text labeled “*Click to indicate uploaded file name*” that highlights in a gray box when the cursor hovers over the field in the Section/Sub-section, and:   * Specify the **FILE NAME** where the relevant information can be found; **and** * Move to the subsequent field with gray text labeled “*Click to indicate pages*” and list the **PAGE NUMBER(s)** that are responsive to the required information in the uploaded document; **and** * **HIGHLIGHT** the relevant section of the uploaded information, if it is a part of a larger handbook, policy, procedure, etc.   **Unless otherwise specified CPA may submit a document, narrative, policy, procedures, plans, manuals, etc. that demonstrates how the T3C requirements are met.**  If a response to a question **is covered** in a previously uploaded document, add the document name in the field with gray text labeled “*Click to indicate uploaded file name*” for the current section and specify the page numbers in the subsequent field. Be sure that the previously uploaded document has the section relevant to the additional response highlighted. A duplicate upload **is not required.**  ***Please note****:* The CPA should give clear details of file name and page numbers to guide the DFPS Credentialing staff to the needed information for review, which will streamline processing of the CPA’s Application. **Incomplete or unclear information** may result in the application **being denied**.  **Formatting Requirements**  File names should be no more than 50 characters total in length. When uploading a document as a part of the Application process the CPA will be able to upload files up to 2 gigabytes in the following file types: Adobe portable document format (.pdf), Microsoft office documents (such as .doc; .docx; .xls; or .ppt), and images (such as .bmp; .gif; .jpg; .jpeg; .png; and .tif). Files created in other operating systems and not saved as .pdf will not be able to be reviewed. Within the Credentialing Platform the CPA must choose from and use the DFPS developed ‘Document Classification’ field that corresponds to the required information. |

***Important:*** *Under the Active Full Credential, a CPA can begin serving children under T3C, contingent on contract amendments and the CPA’s written verification of the Full Credential requirements.*

For Technical Assistance with the T3C Credentialing Platform contact the DFPS Help Desk at **877-642-4777**. For general questions about the Full Credential Application or Credentialing process please address them to [DFPSTexasChildCenteredCare@dfps.texas.gov](mailto:DFPSTexasChildCenteredCare@dfps.texas.gov).

Provider’s specific questions related to an actual *in-process* Full Credential Application should be directed to the DFPS Credentialing team, via the [DFPSProviderCredentialing@dfps.texas.gov](mailto:DFPSProviderCredentialing@dfps.texas.gov).

| Section I: CPA Information | | |
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| Legal Name of CPA: | DBA Name (if applicable): |
| Name of individual(s) listed as designated Controlling Person(s): | |
| Name and phone number of primary contact for T3C System Credential Application purposes: | |
| CPA Emails for T3C Credential purposes:  Email 1 (primary):  Email 2 (backup): | |
| Does the CPA’s Permit include all the Permit Services identified in the ***T3C System Blueprint*** for the specific Service Package(s) and Add-On Service(s) being applied for?  Yes  No  If no, please identify the date that the request for addition of any required Permit Services was submitted to HHSC-CCR and gather documentation to provide in Section II.A. | |
| Current CPA Contract Number if CPA currently contracts directly with DFPS (also include Contract Number for Treatment Family Foster Care if currently contracted with DFPS for this service): | How many SSCCs does the CPA currently contracting with? (Select a Number)  Choose an item. |
| DFPS Region of CPA’s Headquarters:  Choose an item. | |
| CPA Permit/License Number: | |
| The CPA offers Extended Care Services:  Yes  No | |

| Indicate which of the following Service Package(s) the CPA is applying for as a part of this Full Credential Application (Select all that apply):  T3C Basic Foster Family Home Support Services  Substance Use Support Services  Short-Term Assessment Support Services (not eligible for Add-On Services)  Mental & Behavioral Health Support Services  Sexual Aggression/Sex Offender Support Services  Complex Medical Needs or Medically Fragile Support Services  Human Trafficking Victim/Survivor Support Services  Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services  T3C Treatment Foster Family Care Support Services |
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| Indicate which of the following Add-On Service(s) the CPA is applying for as a part of this Full Credential Application (Select all that apply, or the option for None of the above):  Transition Support Services for Youth & Young Adults (ages 14-22) Add-On Service  Kinship Caregiver Support Services Add-On Service  Pregnant & Parenting Youth or Young Adult Support Services Add-On Service  None of the above  **Please note that to become Credentialed to provide an Add-On Service, the CPA must be Credentialed to provide one or more Service Package(s).** |

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| Section II: Questions Required for All Service Packages *Section II applies to ALL Service Packages* Permit Services |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”***(as found in the *T3C System Blueprint*, Appendix III). |
| 1. CPA has a “Full” Permit issued by HHS-CCR (or similar body for out of state Applicants) to support the Permit Type and Permit Services required for each Service Package(s) for which Provider is applying to be Credentialed?   **Yes** Upload the CPA’s Permit to demonstrate compliance and identify below.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  **No**   1. **If CPA responded “No” to Question 1,** does the CPA have a valid acceptance letter from HHSC-CCR, or a “Provisional” or “Initial” Permit, that aligns to the Permit Type required for each Service Package that is a part of this application?   **Yes** Upload the permit to demonstrate compliance and identify below.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name    **Provide relevant page number(s) in File:**  Click to indicate page(s)    **No**  ***If CPA answered “No” to Question 1 and 2 then the CPA is not eligible for the Full Credential. Please STOP completing the form as this application will not be reviewed any further.***   1. Does CPA have a permit or a valid acceptance letter from HHSC-CCR, that includes all **Treatment, Programmatic, and/or Special Services** required for ***each*** Service Package(s) and Add-On Service(s), as specified in the *T3C System Blueprint*?   **Yes**  **No**   1. **If CPA marked “No” to Question 3**, is hiring key staff the only barrier to obtaining the permitted **Treatment, Programmatic, and/or Special Services** needed to provide each of the applied for Service Package(s) and Add-On Service(s)?   **Yes**    **No**  ***If CPA answered “No” to Question 4 then the CPA is not eligible for the Inactive Full Credential for Service Package(s) or Add-On Service(s) that require Treatment, Programmatic, and/or Special Services as a part of the permit. Please discontinue the application process as it relates to the associated applied for Service Package(s) or Add-On Service(s), as an Inactive Full Credential cannot be issued without meeting the required Permit Services requirements.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. **CPA Attestation**   **By marking “Yes” to Question 4,** and by entering the initials of the person responsible for completing this application below, the CPA attests that all permitted requirements to deliver **Treatment, Programmatic, and/or Special Services** associated with each Service Package and Add-On Service will be in place on the 1st Day Operating Under the Active Full Credential.  *Applicant Enters Initials Here (written, digital or electronic)*    ***If CPA is unable to attest to CPA Attestation Statement 5 in Section II. Subsection A, an Inactive Full Credential cannot be issued for any Service Package(s) or Add-On Service(s) that requires Treatment, Programmatic, or Special Services as a part of the permit. Please discontinue the application process as it relates to the associated Service Package(s) or Add-On Service, as an Inactive Full Credential cannot be issued without meeting this requirement.***  **Please note that at the time of submission of the T3C Verification Form, to move from the**  **Inactive to the Active Credential status, the CPA will be required to upload**  **a copy of the CPA Permit that lists Treatment Services into the DFPS Credentialing Platform. The upload file name should include “Section II. A. Statement 5” in the title.** |
| **Section II: Questions Required for All Service Packages (Continued)**  **B. Information Technology (IT) System** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”***(as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application below, the CPA attests that the agency has an active IT System(s) that, at a minimum supports the following:   * + 1. Child and organizational-level data collection to include the ability to track T3C referrals, admission and discharge data as specified in the T3C Blueprint; ***and***     2. Quality Assurance; *and*     3. Continuous Quality Improvement process; ***and***     4. Case Management Documentation; ***and***     5. Billing/Invoicing; ***and***     6. Reporting; ***and***     7. Tracking of case and program specific information/data.   *Applicant Enters Initials Here*    ***If CPA is unable to attest to the requirements outlined in CPA Attestation Statement 1 in Section II. Subsection B the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. Name of the ***IT System(s***) that the CPA is using to fulfill all requirements listed in Question 1 of Section II. Subsection B. of this Application:     *Type the name of IT System(s) Here* |
| Section II: Questions Required for All Service Packages (Continued)C. Evidence-Informed Treatment Model(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. Does CPA have documentation **that**: 2. Provides a detailed narrative (or policy if available) that describes the CPA’s Treatment Model(s) and explains how it is used as the framework/structure for the program to meet the customized physical, emotional, social, and spiritual well-being needs for children, youth, and young adults requiring the specific Service Package; ***and*** 3. Illustrates the ongoing development and implementation process for the Treatment Model, identifying the individual/s responsible for the process; ***and*** 4. Includes the data, and/or other information the CPA used to select the specific evidence-informed Treatment Model(s), along with an explanation of how the model is designed to meet the custom needs of the population requiring each Service Package; ***and*** 5. Explains how the model is trauma-informed to meet the needs of children, youth and young adults who have been victims of abuse and neglect.   **Yes** Upload, identify the file below, and move to **Question 2**.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name    **Provide relevant page number(s) in File:**  Click to indicate page(s)  **No (CPA is *not* eligible for a Full Credential. Please stop completing the form as**  **the application will not be reviewed.)**   1. Is the Treatment Model(s) integrated throughout the Policies & Procedures, including customized programming tailored to meet the unique needs of children, youth and young adults required for each specific Service Package and Add-On Service for which the CPA is seeking to be Credentialed. Examples of relevant documentation include CPA’s policies and procedures, but other materials developed to fulfill the requirement can also be uploaded to demonstrate compliance.   **Yes** Upload, identify the file below, and move to **Question 4**.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name    **Provide relevant page number(s) in File:**  Click to indicate page(s)    **No** **(CPA is *not*** **eligible for a Full Credential. Please stop completing the form as the**  **application will not be reviewed.)**   1. Has CPA: 2. Developed initial and on-going (annual) training requirements and a curriculum, incorporating the specific programming designed to meet the custom needs of children who qualify for each specific Service Package and Add-On Service for which the Applicant is seeking to become Credentialed; ***and*** 3. Developed and documented methods and practices to ensure child, youth, and young adult education and awareness of the Treatment Model(s)?   **Yes** Upload and identify the file below**.**  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  **No** **(CPA is *not*** **eligible for a Full Credential. Please stop completing the form as**  **the** **application will not be reviewed.)** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form below, the CPA attests to the following:   1. All staff and foster family home caregivers will receive initial/pre-service training on the relevant Treatment Model(s) based on the Credentialed Service Package(s) by the 1st Day Operating Under the Active Full Credential; *and* 2. The CPA will have a defined process for ensuring that all staff and foster family home caregivers receive annual training on the relevant Treatment Model(s) based on the Credentialed Service Package(s); *and* 3. All children, youth, and young adults served will be educated/aware of the Treatment Model(s) being used to support their service needs.   *Applicant Enters Initials Here*    ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection C. CPA Attestation Statement 4.*** |
| **Section II: Questions Required for All Service Packages (Continued)**   1. **Logic Model(s)** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. Provide a **graphic illustration** of the program’s Logic Model(s) in accordance with requirements defined in the “Commonly Used Terms” section of the *T3C System Blueprint*, specific to each Service Package and Add-On Service the CPA is applying for. The graphic illustration must demonstrate integration of the Treatment Model in the program.   **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)   1. CPA must submit documentation that explains how the specific Logic Model is used to inform the program’s formal continuous quality improvement (CQI) process. The documentation must include a timeline for initiation of the CQI process (if not already a part of the CPA’s program) and defined timeframes for each phase of the provider’s formal CQI process.   **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| **Section II: Questions Required for All Service Packages (Continued)**   1. **Human Trafficking Prevention Training** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency will be using the DFPS-developed Human Trafficking Prevention Training and has training staff who have successfully completed the DFPS Train-the-Trainer training. ***If CPA will not be using the DFPS-developed Human Trafficking Prevention Training, please skip to Question 2 in Section II, Subsection E. below.***  *Applicant Enters Initials Here*  Enter the names of CPA trainer(s) and the date(s) the DFPS Human Trafficking Prevention Train  the-Trainer training was completed below.  *Type the name of Trainers and Date of Training Attendance Here*  ***If the CPA is attesting to using the DFPS-developed Human Trafficking Prevention***  ***Training described in CPA Attestation Statement 1 of this subsection, please DO NOT***  ***respond to CPA Attestation Statement 2 and move to CPA Attestation Statement 3.***   1. **CPA Attestation**   ***If the CPA will not be using the DFPS Human Trafficking Prevention Training***, by entering the initials of the person responsible for completing this application, the CPA attests that the agency has developed/is utilizing a different Human Trafficking Prevention Training model that:     * 1. Meets all of the [19 DFPS Core Components](https://www.dfps.texas.gov/Texas_Child_Centered_Care/documents/UHTPT%20DFPS%20Core%20Components%20Equivalent%20Curriculum%20Guide%201.0.pdf); ***and***   2. The CPA has and will maintain curriculum and trainers qualified to provide the training to staff and caregivers within the agency.   *Applicant Enters Initials Here*  Enter the names and titles of the individual’s the CPA will be using to provide the CPA-specific  Human Trafficking Prevention Training.  *Type the name of Trainers and Date of Training Attendance Here*  Upload a copy of all the required documentation to include the curriculum and/or training  materials the CPA will be using to support the Human Trafficking Prevention Training  requirement in **Section II. Subsection E. CPA Attestation Statement 2.**  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that:   * 1. All staff and foster family home caregivers will receive the Human Trafficking Prevention Training by the 1st Day Operating Under the Active Full Credential; and   2. The CPA has a documented policy and/or process for how child/youth/young adult Human Trafficking prevention education efforts have been and will continue to be achieved in accordance with the T3C System Blueprint.   *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection E. CPA Attestation Statement 3.***  ***If the CPA is seeking to become Credentialed to provide a Service Package specifically designed for victims/survivors of Human Trafficking, additional requirements outlined in the T3C System Blueprint related to prevention training must be met. The review of the prevention training model for the Human Trafficking specific Service Packages will occur in conjunction with the Treatment Model review. Service Package Dependent Human Trafficking Prevention Training documentation should be submitted in Section III. D.*** |
| **Section II: Questions Required for All Service Packages (Continued)**  **F. Staffing Requirements**  **F.1 Staffing – LCPAA** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency currently has a Licensed Child Placing Agency Administrator that is an employee of the agency.  *Applicant Enters Initials Here*  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 1 in Section II. Subsection F.1 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***     1. Enter the name(s) and original date(s) of employment for the Licensed Child Placing Agency Administrator(s).   *Type the name of Licensed Child Placing Administrator(s) and Employment Date(s) Here* |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency will have a Full-Time Licensed Child Placing Administrator that is dedicated to the single agency and meets the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection F.1. CPA Attestation Statement 3.*** |
| **Section II: Questions Required for All Service Packages (Continued)**  **F. Staffing Requirements**  **F.2 Staffing – Program Director** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency has a job description, organizational chart(s), policies, procedures, and a training plan for the Program Director position relevant to the Service Package(s) and as outlined in the *T3C System Blueprint*.  *Applicant Enters Initials Here*  Upload a copy of the Program Director job description, organizational chart, policies, procedures,  and training plan that meets this requirement.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 1 in Section II. Subsection F.2 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. By entering the initials of the person responsible for completing this form, the CPA attests that the agency will have a Program Director hired and trained, who meets all the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.   *Applicant Enters Initials Here*  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 2 in Section II. Subsection F.2 the CPA will not be eligible for the Active Full Credential.*** |
| **Section II: Questions Required for All Service Packages (Continued)**  **F. Staffing Requirements**  **F.3 Staffing – Case Management Staff** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency has a job description, organizational chart(s), policies, procedures, and a training plan for the Case Management position relevant to the Service Package(s) and as outlined in the *T3C System Blueprint*.  *Applicant Enters Initials Here*  Upload a copy of the Case Manager job description, organizational chart, policies, procedures, and training plan that meets this requirement.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 1 in Section II. Subsection F.3 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint,* Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency will have Case Management staff hired and trained, who meet all the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 2 in Section II. Subsection F.3 the CPA will not be eligible for the Active Full Credential.***  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection F.3. CPA Attestation Statement 2.*** |
| **Section II: Questions Required for All Service Packages (Continued)**  **F. Staffing Requirements**  **F.4 Staffing – Identified Personnel and Infrastructure Functions**  For the required staffing functions of:   * Staff Training and Workforce Development; * Foster Family Home Caregiver Recruitment and Retention; * Staff Recruitment and Retention; * Intake/ Placement; * Education Liaison; * Continuous Quality Assurance and Improvement for Program; * T3C Identified Billing/ Cost Reporting/ Claims Administrator; and * Cross-System Coordination. |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Staff Training and Workforce Development*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation 1***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 1 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Foster Family Home Caregiver Recruitment and Retention*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*  Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation 2***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 2 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Staff Recruitment and Retention*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*  Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation 3***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 3 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Intake/Placement*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation 4***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 4 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Education Liaison*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation 5***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 5 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Continuous Quality Assurance and Improvement for Program*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.     *Applicant Enters Initials Here*  Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation Statement 6***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 6 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*  Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation Statement 7***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 7 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that, with relation to the ***Cross-System Coordination*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section II, Subsection F.4, CPA Attestation Statement 8***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 8 in Section II. Subsection F.4 the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Section Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this form, the CPA attests that the agency will have staff (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential, for the following functions:   1. Staff Training and Workforce Development; ***and*** 2. Foster Family Home Caregiver Recruitment and Retention; ***and*** 3. Staff Recruitment and Retention; ***and*** 4. Intake/Placement; ***and*** 5. Education Liaison; ***and*** 6. Continuous Quality Assurance and Improvement for Program; ***and*** 7. T3C Identified Billing/Cost Reporting/Claims Administrator; ***and*** 8. Cross-System Coordination.   *Applicant Enters Initials Here*    ***If CPA is unable to attest to the requirements in CPA Attestation Statement 9 in Section II. Subsection F.4 the CPA will not be eligible for the Active Full Credential.***  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection F.4. CPA Attestation Statement 9.*** |

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| Section II: Questions Required for All Service Packages (Continued)  1. Policies, Procedures, & Practices |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency has day-to-day policies and procedures that are specific to each Service Package and/or Add-On Service that are a part of the CPA’s application and address the following:   1. Review of CANS 3.0 assessment and use of results to inform services as a part of Service Plan reviews, arranging all required therapies/services, special required care and/or supervision plans; ***and*** 2. Quality Assurance and Continued Stay Guidelines, as specified in the *T3C System Blueprint*, including all required written confirmations and notifications; ***and*** 3. Anticipated Length of Service in accordance with the *T3C System Blueprint*; ***and*** 4. The approach for engagement of child and child’s family/support network, and process for inclusion of all individuals. Procedure should address where and how inclusion of all individuals will be documented by the Provider; ***and*** 5. The process and requirements for assessing/Credentialing and re-assessing/re-Credentialing of Foster Family Homes for Service Package(s) and/or Add-On Service(s); ***and*** 6. Aftercare Services (if applicable based on Service Package); **a*nd*** 7. Transition to Adulthood Services (if applicable based on Add-On Service); ***and*** 8. Add-On Service(s) (if applicable)   *Applicant Enters Initials Here*  Upload a copy of the Policies, Procedures, and any other documentation to support ***Section II, Subsection G, CPA Attestation Statement 1***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name    **Provide relevant page number(s) in File:**  Click to indicate page(s)  ***If CPA is unable to attest to the requirements listed in CPA Attestation Statement 1 in Section II. Subsection G the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.***   1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency has training materials that are, or will be, used to educate staff/caregivers on the T3C System Policy and Procedures relevant to the Credentialed Service Packages and Add-On Services. The training materials must include a timeline that shows how/when the T3C specific training will be integrated into pre-service and on-going annual training.  *Applicant Enters Initials Here*  Upload a copy of the training materials to support ***Section II, Subsection G, CPA Attestation Statement 2***.  **Provide File Name(s) of Supporting Documentation:**  Click to indicate uploaded file name    **Provide relevant page number(s) in File:**  Click to indicate page(s)    ***If CPA is unable to attest to the requirements in CPA Attestation Statement 2 in Section II. Subsection G the CPA is not eligible for the Inactive Full Credential. Please discontinue the application process as an Inactive Full Credential cannot be issued without meeting this requirement.*** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have all staff and caregivers trained on the T3C System Policies and Procedures related to the relevant Service Package(s) and Add-On Service(s) as outlined in the *T3C System Blueprint* by the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***If CPA is unable to attest to the requirements in CPA Attestation Statement 3 in Section II. Subsection G the CPA will not be eligible for the Active Full Credential.***  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section II. Subsection G. CPA Attestation Statement 3.*** |

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| Section III: Required Questions that are Service Package Dependent   1. Service Package Dependent Information Technology (IT) System |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency has an IT System(s) that can accommodate billing/invoicing of ***paid*** Intermittent Alternate Care (IAC) for the relevant Service Package(s) and Add-On Service(s) as outlined in the *T3C System Blueprint*.  *Applicant Enters Initials Here*   1. Name of the ***IT System(s****)* that the CPA is using to fulfill the ***paid*** Intermittent Alternate Care (IAC) requirements:   *Type the name of IT System(s) Here* |

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| CPAs that are applying for **ONLY T3C Basic Foster Family Home Support Services:**   1. CPAs that are applying for Add-On Services will Move to **Section IV** 2. CPAs that are **NOT** applying for Add-On services will move to **Section V** |
| **Section III: Required Questions that are Service Package Dependent (Continued)**  **B. Service Package Dependent Staffing Requirements**  **B.1 Service Package Dependent Staffing – Treatment Director** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application,  that the CPA that the agency has, or will have, a **Treatment Director(s)** who meets the  qualifications of the relevant Service Package(s) for which the CPA is applying.  *Applicant Enters Initials Here*   1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency has a job description, organizational chart, policies, procedures, and a training plan that reflects the **Treatment Director(s)** requirements and roles and responsibilities in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.  *Applicant Enters Initials Here*  Upload a copy of the Treatment Director(s) job description, organizational chart, policies, procedures, and training plan that meets this requirement.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix II). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have a **Treatment Director(s)** hired and trained, who meets the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection B.1. CPA Attestation Statement 3.*** |
| CPAs who are applying for **ONLY Complex Medical Needs or Medically Fragile Support Services** will Move to **Section III. B.4.** |
| **Section III: Required Questions that are Service Package Dependent (Continued)**   1. **Service Package Dependent Staffing Requirements**   **B.2 Service Package Dependent Staffing – Crisis Management Staff** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Crisis Management Staff*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section III, Subsection B.2, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix II). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have **Crisis Management Staff** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection B.2. CPA Attestation Statement 2.*** |

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| **Section III: Required Questions that are Service Package Dependent (Continued)**  **B. Service Package Dependent Staffing Requirements**  **B.3 Service Package Dependent Staffing – Therapist(s)** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Therapist(s)*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section III, Subsection B.3, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix II). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have **Therapist(s)** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection B.3. CPA Attestation Statement 2.*** |
| Providers who are applying for **ONLYShort-Term Assessment Support Services** will move to **Section V.** |
| **Section III: Required Questions that are Service Package Dependent (Continued)**  **B. Service Package Dependent Staffing Requirements**  **B.4 Service Package Dependent Staffing – Aftercare case Management** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Aftercare Case Manager*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section III, Subsection B.4, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix II). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have **Aftercare Case Management staff** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection B.4. CPA Attestation Statement 2.*** |

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| Providers who are applying for **ONLY *sexual aggression/sex offender support services* or**  ***substance use support services*:**   1. Providers who are applying for Add-On Services will Move to **Section IV** 2. Providers who are **NOT** applying for Add-On services will move to **Section V**   **ONLY** Providers who are applying for ***Complex Medical Needs or Medically Fragile Support Services***, **and/or** ***IDD/Autism Spectrum Disorder Support Services*** Packages need to complete **Section C.1**.  All other Providers move to **Section III. C.2**. |
| **Section III: Required Questions that are Service Package Dependent (Continued)**  **C. Service Package Dependent Staffing Requirements**  **C.1 Service Package Dependent Staffing – Registered Nurse(s) On Staff** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency has, or will have a ***Registered Nurse(s)*** who meets the qualifications of the relevant Service Package(s) for which the CPA is applying.  *Applicant Enters Initials Here*   1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency has a job description, organizational chart, policies, procedures, and a training plan that reflect the ***Registered Nurse(s)*** requirements and roles and responsibilities in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*. The policies and procedures should include the process that the CPA will use to regularly review the workload of this staff based on the CPA’s Treatment Model and considering case complexity.  *Applicant Enters Initials Here*  Upload a copy of all the required documentation to support ***Section III, Subsection C.1, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application the CPA attests that the CPA will have a ***Registered Nurse(s)*** hired and trained, who meets the educational/experiential requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection C.1. CPA Attestation Statement 3.*** |

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| Providers who are applying for **ONLY *Complex Medical Needs or Medically Fragile Support Services*:**   1. Providers who are applying for Add-On Services will Move to **Section IV** 2. Providers who are **NOT** applying for Add-On services will move to **Section V** |
| **Section III: Required Questions that are Service Package Dependent (Continued)**  **C. Service Package Dependent Staffing Requirements**  **C.2 Service Package Dependent Staffing – Behavior Support Specialist/Mentor** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Behavior Support Specialist(s)/Mentor(s)*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section III, Subsection C.2, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have ***Behavior Support Specialist(s)/Mentor(s)*** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Service Package(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection C.2 CPA Attestation Statement 2.*** |
| Providers who are applying for **ONLY *mental & behavioral health support services* or *idd/autism spectrum disorder support services* or *t3c treatment foster family care support services*:**   1. Providers who are applying for Add-On Services will Move to **Section IV** 2. Providers who are **NOT** applying for Add-On services will move to **Section V**   **ONLY** Providers who are applying for ***Human Trafficking Victim/Survivor Support Services******Package*** need to complete **Section III. D.**  All other Providers move to **Section IV**. |
| **Section III: Required Questions that are Service Package Dependent (Continued)**  **D. Service Package Dependent Human trafficking prevention training** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency has documentation to support that all the requirements identified below have been fulfilled:   1. The CPA has purchased and/or developed a training curriculum designed for Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking; ***And*** 2. The CPA has staff (including contracted or external staff) that have been identified and trained to deliver the Human Trafficking Prevention Training for victims/survivors of Human Trafficking.   *Applicant Enters Initials Here*    Upload a copy of all the training curriculum and a document that includes the identified staff (including contracted or external staff) that are/will be delivering the Human Trafficking Prevention Training for victims/survivors.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place on 1st Day Operating Under Active Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that:   1. All relevant staff and foster family home caregivers will receive the Human Trafficking Prevention training specifically designed for victims/survivors of Human Trafficking by the 1st Day Operating Under the Active Full Credential; and 2. The CPA has a documented policy and/or process for how child/youth/young adult Human Trafficking prevention education efforts have been and will continue to be achieved in accordance with the *T3C System Blueprint* for victims/survivors of Human Trafficking.   *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section III. Subsection D. CPA Attestation Statement 2.*** |

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| **ONLY** CPAs that are applying for ***ADD-ON SERVICES*** need to complete **Section IV. A.**  All other Providers move to **Section V** |
| **SECTION IV: Required Questions That Are Add-On Service Dependent (Continued)**   1. **Add-On Service Dependent Information Technology (IT) System** |
| Full Credential **Minimum** Requirement for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**   By entering the initials of the person responsible for completing this application, the CPA attests that the agency has an IT System(s) that can accommodate billing/invoicing for Add-On Service(s), in addition to specific Service Package(s) as outlined in the *T3C System Blueprint*.  *Applicant Enters Initials Here*   1. Name of the ***IT System(s****)* CPA is using to fulfill the billing/invoicing of Add-On Service(s) requirements:   *Type the name of IT System(s) Here* |
| **ONLY** CPAs who are applying for ***Transition Support Services for Youth & Young Adults Add-On Service*** need to complete **Section IV. B.1.**  All other Providers move to **Section IV B.2.** |
| **SECTION IV: Required Questions That Are Add-On Service Dependent (Continued)**  **B. Add-On Service Dependent Staffing**  **B.1. Service Package Dependent Staffing – Transitional Support Staff/Mentor** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Transitional Support Staff/Mentor*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section IV, Subsection B.1, CPA***  ***Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is “***In Place on 1st Day Operating under an Active Full Credential”***(as found in *T3C System Blueprint,* Appendix III*).* |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have ***Transitional Support Staff/Mentor*** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Add-On Service(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section IV. Subsection B.1 CPA Attestation Statement 2.*** |
| **ONLY** CPAs who are applying for ***Kinship Caregiver Home Support Add-On Service*** need to complete  **Section IV. B.2.**  All other Providers move to **Section IV. B.3**. |
| **SECTION IV: Required Questions That Are Add-On Service Dependent (Continued)**  **B. Add-On Service Dependent Staffing**  **B.2. Service Package Dependent Staffing – Kinship Caregiver Home Support Staff** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Kinship Caregiver Home Support Staff*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section IV, Subsection B.2, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is “***In Place on 1st Day Operating under an Active Full Credential”***(as found in *T3C System Blueprint,* Appendix III*).* |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have ***Kinship Caregiver Home Support Staff*** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Add-On Service(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section IV. Subsection B.2 CPA Attestation Statement 2.*** |
| **ONLY** Providers who are applying for ***Pregnant & Parenting Youth or Young Adult Support Add-On Service*** need to complete **Section IV. B.3.**  All other Providers move to **Section V**. |
| **SECTION IV: Required Questions That Are Add-On Service Dependent (Continued)**  **B. Add-On Service Dependent Staffing**  **B.3. Service Package Dependent Staffing – Parenting Support Staff/Mentor** |
| Full Credential **Minimum** Requirements for this subsection is ***“In Place @ Time of Application for Full Credential”*** (as found in the *T3C System Blueprint*, Appendix III). |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that, with relation to the ***Parenting Support Staff/Mentor*** function the agency has the following:   1. An organizational chart that includes this function if using agency staff; ***OR***, if contracting for, or entering into a formal agreement with an individual/ entity to fulfill this function, an organizational chart that identifies who within the organization has oversight of the contract/agreement; ***And*** 2. Job description or identify function responsibilities for staff performing this function; ***OR*** a scope of work if contracting or entering into a formal agreement with an individual/entity to fulfill this function; ***And*** 3. Policies, procedures, and a training plan for staff or contractor/entity fulfilling this function. The policies and procedures should address the process that the CPA will use to regularly assess the workload of the positions in accordance with the CPA’s Treatment Model and considering case complexity.   *Applicant Enters Initials Here*    Upload a copy of all the required documentation to support ***Section IV, Subsection B.3, CPA Attestation Statement 1***.  **Provide File Name of Supporting Documentation:**  Click to indicate uploaded file name  **Provide relevant page number(s) in File:**  Click to indicate page(s) |
| Full Credential **Minimum** Requirement for this subsection is “***In Place on 1st Day Operating under an Active Full Credential”***(as found in *T3C System Blueprint,* Appendix III*).* |
| 1. **CPA Attestation**     By entering the initials of the person responsible for completing this application, the CPA attests that the agency will have ***Parenting Support Staff/Mentor*** (including contracted or external staff) hired and trained, who meet all the requirements for the relevant Add-On Service(s) as outlined in the *T3C System Blueprint* in place on the 1st Day Operating Under the Full Credential.  *Applicant Enters Initials Here*  ***Please note that at the time of submission of the T3C Verification Form, to move from the***  ***Inactive to the Active Full Credential status, the CPA will be required to upload***  ***documentation into the DFPS Credentialing Platform that demonstrates the CPA met***  ***requirements attested to in Section IV. Subsection B.3 CPA Attestation Statement 2.*** |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.texas.gov/policies/Website/default.asp). |

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| **SECTION V – ATTESTATION CERTIFICATION** | |
| I attest that all items attested to in this application are true, accurate and correct. I affirm that I have entered my initials to indicate the representation of my attestation throughout the application and the initials entered throughout the application match the initials below. I further affirm that the named legal entity has authorized me, as its representative to attest to all parts of this application. | |
| Signature of the primary individual who completed the application/attestations on behalf of the CPA:  **X** | Date: |
| Name of the primary individual who completed the application/attestations for the CPA (Printed): | Initials of the primary individual who completed the application/attestations for the CPA: |

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| SECTION VI – APPLICATION CERTIFICATION | |
| I certify, that all information provided in this Application, including all attestation statements are complete and accurate, and that the named legal entity has authorized me, as its representative, to submit this Application, and that the legal entity complies with all eligibility requirements.  I have informed DFPS of any changes to information or documents previously submitted regarding the named legal entity. | |
| Signature of Designated Controlling Person for the CPA:  **X** | Date: |
| Name of Designated Controlling Person for the CPA (Printed): | |

*Note: The signatures can be handwritten and scanned, an electronic signature, or a digital signature, but a scripted font is not a legal or electronic signature and will not be accepted.*