



## BERRY FAMILY SERVICES, INC.

"Meeting the Needs of the Disabled and Their Families"

Dear Prospective Provider:

I would like to thank you for taking an interest in being a Contract Provider for Berry Family Services. I have enclosed an Application, Contractor Guidelines, Consents for Background Checks, and Billing Instructions for all Contract Providers.

Please complete the Application and return it to me along with copies of the following items:

- A. Current Driver's License
- B. Current Auto Insurance (Waiver form provided upon request)
- C. Social Security Card
- D. Proof of Education:
  - 1. High School Diploma with graduation date OR
  - 2. Competency Evaluation with 3 letters of recommendation from non-family members. Recommendation letters must be on BFS approved forms. These form will be provided by BFS upon request.
- E. Background check consent form and DPS Computerized Criminal History (CCH) Verification form

Once I receive all the items and complete the background checks I will send you the training information. All training information needs to be reviewed carefully in order to provide a safe environment for individuals with intellectual and developmental disabilities. Please be aware that each Contract Provider must complete all necessary training in order to provide services and to be reimbursed. The training is a requirement of the state and we must make sure that each Contract Provider completes the training. If you have any questions or concerns please feel free to contact me at the number listed below.

Thank you,



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## CONTRACT PROVIDER GUIDELINES

Contract Providers must be at least age 18, have a valid social security number, and are required to complete a Form W-9 and a Contract Form. The Contract Provider must complete an Authorization to Release Criminal History Background and all required training. Providers who are referred by the IDD Individual to Berry Family Services (BFS), are also required to complete an Authorization to Release Criminal History Background. Serious offenses confirmed by the background check will result in the disqualification of the Contract Provider.

The Internal Revenue Service requires Contract Providers to complete a Form W-9, which includes such information as name, address, and social security number at year-end. BFS will issue a Form 1099-Misc. to Contract Providers who provide services totaling \$600.00 or over per calendar year. Please note that as a contract provider, you are considered to be an independent contractor and not an employee of Berry Family Services, Inc. You are responsible for payment of your taxes and are not eligible for unemployment benefits.

A separate contract form must be completed for each consumer served and for each service provided. A new contract must be completed and signed by all parties if pay rates change or services provided are added or deleted. The contracts will be effective on a month to month basis and will be reviewed annually.

All forms must be submitted to the Berry Family Services Contracts Department prior to services being provided to the consumer. Reimbursement checks for services provided will not be processed until all of the necessary paperwork is received and approved by BFS.



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## INDEPENDENT CONTRACTOR APPLICATION

Applications are considered for all independent contractors, and contractors are treated during the agreement, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law. This application or any attachments thereto become a part of Berry Family Services records and are not returned.

Name: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
Area Code Phone No. Area Code Phone No.

Address: \_\_\_\_\_  
Number Street Apt# City State Zip Code

Email Address: \_\_\_\_\_

Consumer : \_\_\_\_\_ Date of Application: \_\_\_\_\_

Interested in:  Full Time  Part Time Days/Hours Available: \_\_\_\_\_

Pay Expected: \_\_\_\_\_ When will you be available to work? \_\_\_\_\_

Social Security #: \_\_\_\_\_

Did you serve in the U.S. Armed Forces? \_\_\_\_\_ If Yes, In what Branch? \_\_\_\_\_

Are you eligible for employment in the United States? \_\_\_\_\_

Please list any other names under which you have worked (reference purposes):  
\_\_\_\_\_

### EDUCATION RECORD:

Last Grade of School completed: \_\_\_\_\_ Diploma or GED? \_\_\_\_\_

List your education since high school, including colleges, business, technical, trade, correspondence and military service schools.

School Name	Address	From	To	Major/Minor/ Course Title	# Of Credit Hours	Degree or Certificate
		Mo. Yr.	Mo. Yr.			
		/	/			
		/	/			
		/	/			
		/	/			



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## CERTIFICATIONS/LICENSES/PROFESSIONAL REGISTRATIONS:

Professional License No.	Type of License	TX	Expiration Date

## PLEASE LIST ANY SPECIAL SKILLS OR EXPERIENCE:

### LANGUAGES:

\_\_\_\_\_  Speak     Write     Read  
 \_\_\_\_\_  Speak     Write     Read

### EMPLOYMENT HISTORY:

Please give accurate complete full-time and part-time employment record. Start with your present or most recent employer. You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.

1.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____	Telephone _____ Employed - ( month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving _____
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2.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____	Telephone _____ Employed - ( month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving _____
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3.

Company Name _____ Address _____ Name of Supervisor _____ State Job Title and Duties _____	Telephone _____ Employed - ( month and year) From _____ To _____ Monthly Salary Start _____ Last _____ Reason for Leaving _____
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We may contact the employers listed unless you indicate those you do not want us to contact.

### DO NOT CONTACT

Employer Number	Reason

### PERSONAL REFERENCES: (Do not list relatives)

Name	Occupation	Address	Phone

### MEMBERSHIP in PROFESSIONAL or CIVIC ORGANIZATIONS

(Exclude those, which may disclose your race, color, religion or national origin)

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### DRIVING RECORD/TRAFFIC VIOLATIONS:

1. Do you have a valid Drivers License? \_\_\_\_\_ If Yes, List State Issued in \_\_\_\_\_

License No: \_\_\_\_\_  Class C  Class A-CDL  Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)?  Yes  No

3. Have you received a Driving While Intoxicated (DWI) or Driving Under Influence (DUI) citation during the last 36 months (3 years)?  Yes  No

4. Is your driver's license currently suspended?  Yes  No

### CONVICTIONS:

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes  No If "Yes," describe in full. \_\_\_\_\_

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## CONSENTS FOR BACKGROUND CHECKS

### CRIMINAL HISTORY CHECK:

In connection with my application for contract I understand that a Criminal Background Check must be completed. I acknowledge by signing this consent that I am giving permission for Berry Family Services or its agents to conduct the background check. I hereby authorize, without reservation any law enforcement agency or other entities to furnish the requested information

I acknowledge that a telephonic facsimile (FAX) or photocopy shall be as valid as the original.

The following information is required by law enforcement agencies for positive identification purposes when checking records. It is confidential and will not be used for any other purposes. Fingerprinting may be required as part of this process. Providers will be contacted if this is necessary.

Please Print Name: First		Middle	Last	Date of Birth	Gender
Social Security #	Driver's License #	State Issuing	Name as it appears on Driver's License		
Signature				Date	

### EMPLOYEE MISCONDUCT REGISTRY and NURSES AIDE REGISTRY CHECKS:

In an effort to better serve and protect facility residents and consumers the 76th Legislature passed Senate Bill 967 creating the Employee Misconduct Registry (E.M.R.), creating Chapter 253, Health and Safety Code.

The Employee Misconduct Registry (E.M.R.) is being implemented to track acts of misconduct by unlicensed or uncredentialed contractors who provide direct care by capturing substantiated findings of:

- \* Abuse
- \* Neglect
- \* Exploitation
- \* Misappropriation of resident or consumer property

BFS is required to access the E.M.R. to determine if an individual is eligible for a contract in:

- \* Nursing facilities
- \* Intermediate care facilities for the mentally retarded that are licensed by the department
- \* Assisted living (personal care) facilities
- \* Adult foster care (Type C) facilities
- \* Adult day care facilities

In compliance with the statutory language and rules implementing the E.M.R., all facilities are now required to reference both the E.M.R. and the Nurse Aide Registry prior to hiring all contractors and deny a contract to any person who is listed on the registries as unemployable.

I, \_\_\_\_\_, acknowledge that I have read the Employee Misconduct Registry letter. I further understand that if I am listed in the registry, I may be denied a contract or could be terminated from BFS.

Contract Provider

Date

5700 Rowlett Rd. #110, Rowlett, Texas 75089 • Phone: 972-412-4707 • Fax: 877-855-8288

www.berryfamilyservices.com



# BERRY FAMILY SERVICES, INC.

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## TxHmL & HCS Provider Billing and Service Delivery Log Instructions

### INVOICE:

1. In order to be paid, you must submit an Invoice and Service Delivery Log. A separate invoice must be submitted in the case of multiple services and/or IDD Individuals. Invoices and all required paperwork must be submitted bi-weekly or monthly.
2. Payments will be placed on hold until all documents are received and have all required information.
3. Community First Choice (CFC)/Respite Billing deadline: Noon on Thursday for payment the following week on Friday
4. In Home Day Habilitation Billing deadline: (Paid Monthly) Billing submitted by the 3rd business day of the following month services were provided, payment can be expected on or around the 15<sup>th</sup>.
5. Corporate Day Habilitation Billing deadline: (Paid Monthly) Billing submitted by the 3rd business day of the following month services were provided, payment can be expected on or around the 20<sup>th</sup>.
6. It is the provider's responsibility to confirm their paperwork has been received by this deadline. Any billing documents received after this deadline will be processed for the following pay period. Providers may call the front desk to verify receipt of documents at 972-412-4707.
7. Billing documents received 60 days after the days worked are not guaranteed for payment and are subject to hours available on the plan.
8. Sign invoice at the bottom before turning it in.
9. Invoices should be sent to:  
Berry Family Services                      OR                      Fax: (877) 855-2609  
5700 Rowlett Road #110                      Attn: Billing Department  
Rowlett, TX 75089

Attn: Billing Department

### SERVICE DELIVERY LOG (SDL):

1. For each day you work with the IDD Individual, you must enter the date, time started and time ended
2. Enter the total hours worked that day
3. Enter the Activity Code for all services that apply
4. Sign at the bottom of the SDL
5. Have the IDD Individual, Parent, Guardian, or other family member sign and date each SDL. Please understand the signatures cannot be dated before services were completed.

### IMPLEMENTATION PLAN OUTCOMES/STRATEGIES:

1. For each day you work with the IDD Individual, you must work on his/her Outcomes/Strategies
2. Each day put a "+" if the outcome/strategy/objective was achieved/completed as written

### INCIDENTS/CONCERNS/SPECIAL EVENTS:

1. Enter the date for each Incident/Special Event and write a brief description of what occurred.
2. Please continue on back of SDL for additional space.

\*\*\*Reminders: Use only black ink and never use white-out. Should you make an error, draw one (1) line through the error and initial it.

Contract Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

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