



Support Service Professional (SSP) Triennial Qualification Form 2022

All Support Service Professionals (SSPs) are required to be qualified every three years regardless of how long they have been hired or providing services to a waiver Participant through the VF/EA (Vendor Fiscal Employer Agent) model. This form serves as documentation that the SSP has been qualified for services as identified in the approved waivers.

Complete a separate form for each SSP. Please complete this form entirely.

REQUIRED INFORMATION	
CLE Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

SSP Termination
If the SSP no longer works for you, the termination information below <u>must be completed</u> and returned to Palco. You do not have to complete the remaining sections of the form.
<input type="checkbox"/> By checking this box, I choose to terminate the SSP listed on this form.
Last Date of Employment: _____
Signature of CLE: _____ Date: _____

Qualification Verification:

By placing your initials for the following statements, you are confirming that, until the next triennial qualification process, the Support Service Professional will continue to meet the following Medicaid waiver standards and ODP qualification requirements.

1. The SSP will comply with Department standards related to provider qualifications.	
SSP's Initials: _____	CLE's Initials: _____
2. The SSP is trained, <u>by the CLE</u>, to meet the unique needs of the Participant, which includes, but is not limited to communication, mobility, and behavioral needs.	
SSP's Initials: _____	CLE's Initials: _____
3. The SSP has been trained, <u>by the CLE</u>, on the ISP and agrees to carry out ISP responsibilities.	
SSP's Initials: _____	CLE's Initials: _____

Any change in the SSP's qualifications status must be reported to Palco. A new Support Service Professional (SSP) Qualification Form must be submitted within 5 business days of the CLE being notified of the change.



Transportation:

Will the Support Service Professional provide Transportation to the participant?

- Check YES or NO to indicate if Transportation is being provided:

YES NO

If YES, the following must be submitted to Palco with this form:

1. A copy of valid **Driver's License** showing state licensed under, license number, and expiration date.
2. A copy of the current state **Motor Vehicle Registration**.
3. A copy of **Automobile Insurance** certificates for all automobiles owned, leased, and/or hired with policy numbers and expiration dates.
4. A Copy of the inspection sticker (front and back) or the invoice from the inspection station.

Enhanced 1:1 In Home and Community Habilitation or Enhanced 1:1 Respite:

Has the team identified a behavioral or medical need for enhanced services?

- Check YES or NO to indicate if an Enhanced 1:1 Service is being provided.

YES NO

If yes, check all that apply:

- W7061 Enhanced 1:1 In-Home & Community Supports
- W9863 Enhanced 1:1 In-Home Respite (15 Minute)
- W9799 Enhanced 1:1 In-Home Respite (Day)

If YES, the following section must be completed and documentation provided:

By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation.

SSP's Initials: _____

CLE's Initials: _____

Documentation for the following must be submitted to Palco with this form. Check the box to indicate documentation received, reviewed and attached.

Current Nursing License

Certified Nursing Assistant

NADD Competency-Based Clinical Certification

NADD Competency-Based Dual Diagnosis Certification

NADD Competency-Based Support Professional Certification

Registered Behavior Technician

Board Certified Assistant Behavior Analyst

Four-year degree (copy of diploma)**

**Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.



Enhanced 2:1 Home and Community Habilitation or Enhanced 2:1 Respite:

“The service requires at least one staff member who has at a minimum of a 4-year degree or who is a licensed nurse. The second staff member must have at least a high school diploma.”

Has the team identified a behavioral need for enhanced services?

- YES NO

If yes, which one?

- W7069 Enhanced 2:1 In-Home & Community Supports
- W8095 Enhanced 2:1 In-Home Respite (15 Minute)
- W9801 Enhanced 2:1 In-Home Respite (Day)

Has the team identified a medical need for enhanced services?

- YES NO

If yes, which one?

- W7069 Enhanced 2:1 In-Home & Community Supports
- W8095 Enhanced 2:1 In-Home Respite (15 Minute)
- W9801 Enhanced 2:1 In-Home Respite (Day)

If your Support Service Professional is being qualified to provide **Enhanced 2:1 services** under Home and Community Habilitation or Respite, as authorized on the ISP, you **must** submit a copy of the SSPs Nursing License and/or four-year degree or high school diploma.

If YES, the following section must be completed and documentation provided:

By placing your initials below, you are confirming that the CLE has received, reviewed and attached a copy of current Nursing License/degree documentation or High School Diploma.			
SSP's Initials: _____		CLE's Initials: _____	
Documentation for the following <u>must</u> be submitted to Palco with this form. Check the box to indicate documentation received, reviewed and attached.			
<input type="checkbox"/> Current Nursing License <input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> NADD Competency-Based Clinical Certification <input type="checkbox"/> NADD Competency-Based Dual Diagnosis Certification <input type="checkbox"/> NADD Competency-Based Support Professional Certification <input type="checkbox"/> Registered Behavior Technician <input type="checkbox"/> Board Certified Assistant Behavior Analyst	<input type="checkbox"/> Four-year degree (copy of diploma)** **Requires Bachelor's Degree or higher in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.	<input type="checkbox"/> High school diploma



Supports Broker Services:

Support Service Professional **must** successfully complete a Supports Broker Certification Program provided by ODP or its designee.

Will the Support Service Professional provide Support Broker Services?

YES NO

If YES, the following section must be completed, and documentation provided:

Documentation for the following **must** be submitted to Palco with this form. Check the box to indicate documentation received, reviewed and attached.

Supports Broker Certification

Supported Employment:

If your Support Service Professional is hired to provide supported employment services, they must have one of the following:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Will the Support Service Professional provide Supported Employment Services?

YES NO

If yes, which one?

- W7235 - Supported Employment – Career Assessment
- H2023 – Supported Employment – Job Finding and Development
- W9794 – Supported Employment – Job Coaching and Support

By placing your initials below, you are confirming that the SSP has a date of hire that is less than nine months, and the CLE has the required training certificates that meet the Supported Employment qualification requirements

SSP's Initials: _____

CLE's Initials: _____

Attestation / Signatures

Service Support Professional (SSP) Attestation:

By signing this form, I do verify, that I have read and/or have had the Individual Support Plan read to me, and I understand the requirements. I attest that I shall report any change that may affect my qualification status listed above or in the approved Waivers to my Common Law Employer within 5 business days of the change occurring.

SSP Signature

Date



Common Law Employer (CLE) Attestation:

By signing this form, I do verify, that I have read and/or have had the requirements of the approved waiver read to me, and I understand these requirements. I verify that I will submit all required SSP qualification documentation to the VF/EA. I also verify that I am in compliance with the waiver requirements. I attest that I shall report a change in my SSP's qualifications status, by submitting a new Support Service Professional (SSP) Qualification Form to Palco within 5 business days of being notified of the change.

CLE Signature

Date

**Return Form to Palco via email: enrollment@palcofirst.com, Fax: 501-821-0045
or Mail to Palco, Inc. Attn: Enrollment
P.O. Box 242930 Little Rock, AR 72223**