

Support Service Professional (SSP) Qualification Form

This form serves as documentation that the SSP has been qualified for services as identified in the approved waiver. The form has seven sections, please review each section and complete the form entirely. If services are added to the authorization at any point, a new qualification form will be required.

REQUIRED INFORMATION	
Common Law Employer (CLE) Name	ID
SSP Name	ID or Last 4 of SSN
Participant Name	ID

Section One: Qualification Verification

By placing your initials for the following statements, you are confirming that the Support Service Professional will continue to meet the following Medicaid waiver standards and ODP qualification requirements. Any change in the SSP's qualifications status must be reported to Palco, by submitting a new Support Service Professional (SSP) Qualification Form to Palco, within 5 business days of being notified of the change.

Please read and initial:

1. The SSP will comply with Department standards related to provider qualifications.	
SSP's Initials: _____	CLE's Initials: _____
2. The SSP is trained 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 on the ISP and agrees to carry out ISP responsibilities.	
SSP's Initials: _____	CLE's Initials: _____

Please answer each of the next 5 questions by checking either Yes or No:

1. Has the SSP continuously lived in the state of PA for the past 2 years?	
<input type="checkbox"/> YES , the SSP has continuously lived in the state of PA for the past 2 years.	<input type="checkbox"/> NO , the SSP has <u>not</u> continuously lived in the state of PA for the past 2 years; <i>the SSP must submit to FBI fingerprinting.</i>

2. Is the Participant the SSP will be providing services to at least 18 years of age?	
<input type="checkbox"/> YES , the Participant is at least 18 years of age.	<input type="checkbox"/> NO , the Participant is a <u>minor</u> ; the SSP must mail the Child Abuse History Clearance Check form found in the SSP Enrollment Packet and submit to FBI fingerprinting.
3. Is the SSP a legally responsible individual as defined in section C-2-d of the approved Waiver?	
<input type="checkbox"/> YES , the SSP is a legally responsible individual as defined in section C-2-d of the approved Waiver.	<input type="checkbox"/> NO , the SSP is <u>not</u> a legally responsible individual.
<i>A legally responsible individual is a person who has a legal obligation under the provisions of law to care for another person, including parents of minors (natural or adoptive), spouses, and legally-assigned relative caregivers of minor children.</i>	
4. Is the SSP a Court-Appointed Legal Guardian of the Participant?	
<input type="checkbox"/> YES , the SSP is a Court-Appointed Legal Guardian.	<input type="checkbox"/> NO , the SSP is <u>not</u> a Court-Appointed Legal Guardian.
<i>A legal guardian is a person who has legal standing to make decisions on behalf of the participant (e.g., a guardian who has been appointed by the court).</i>	
5. Is the SSP a Relative of the Participant?	
<input type="checkbox"/> YES , the SSP is a relative of the participant. What is the relationship of the SSP to the participant? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent of an adult child <input type="checkbox"/> Brother <input type="checkbox"/> Half-Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Niece <input type="checkbox"/> Adult child or stepchild of a parent with an intellectual disability </div> <div style="width: 50%;"> <input type="checkbox"/> Parent of an adult child <input type="checkbox"/> Grandparent <input type="checkbox"/> Sister <input type="checkbox"/> Half-Sister <input type="checkbox"/> Uncle <input type="checkbox"/> Nephew <input type="checkbox"/> Adult grandchild of a grandparent with an intellectual disability </div> </div>	<input type="checkbox"/> NO , the SSP is <u>not</u> a relative of the participant (for example, friend, neighbor, hired SSP)
<i>A relative is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant.</i>	

Valid Driver's License or State/Federal Issued Identification:

All Support Service Professionals **must** submit a valid driver's license or state/federal identification or any other documentation that verifies the the SSP's identity. **You must submit a copy with this qualification form.**

Section Two: Transportation Please read and answer.

Will the Support Service Professional provide Transportation to the participant?

☐ 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.

Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan

Section Three: 1:1 Services Please read and answer.

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

Has the team identified a behavior or medical need for enhanced 1:1 service to be provided?

☐ YES ☐ NO

If yes, which one?

- ☐ 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: _____

What type documentation has been 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, Gerontology, or Therapeutic Recreation.**

Section Four: 2:1 Services Please read and answer.

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 behavior or 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 **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: _____	
What type documentation has been 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, Gerontology or Therapeutic Recreation.	<input type="checkbox"/> High school diploma

Section Five: Support Broker Services Please read and answer.

Supports Broker Services (W7096)

If your Support Service Professional is being hired to provide support broker services:

- Support Service Professional **must** successfully complete a Supports Broker Certification Program provided by ODP or its designee. Support Service Professionals must complete this program prior to enrollment as a Supports Broker.

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

Section Six: Support Employment Please read and answer.

Supported Employment

If your Support Service Professional is hired to provide supported employment services:

- Your Support Service Professional must have one of the following by 7/1/19 or within 6 months if hired after 1/1/19:
 - 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

Which Supported Employment Service will the Support Service Professional provide?

- ☐ **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 six months and the supervisor has the required training certificates that meet the Supported Employment requirements. That required training document was reviewed and submitted

SSP's Initials: _____

CLE's Initials: _____

Section Seven: Criminal Background Checks and Attestation with Signatures

Please read and sign.

Criminal background checks and child abuse clearances (if the Participant is under 18), must be obtained for the Support Service Professional (SSP) before they can become initially qualified and issued a "Good to Go" status. If the SSP does not provide valid clearances, Palco will pay for, process, and maintain the results for all required clearances. The Common Law Employer or SSP may request copies of the results. In accordance with the approved waivers, SSPs must:

- Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
- Have child abuse clearances (when the Waiver participant is under age 18) as per 23 Pa. C.S. Chapter 63.
- Have FBI Fingerprinting when the SSP has NOT continuously lived in PA for the past two (2) years or when the Waiver participant is under age 18.

	PA State CRC	FBI Fingerprinting	Child Abuse Clearances
All SSPs:	✓		
SSPs who have NOT continuously lived in PA for the past two years:	✓	✓	
SSPs providing services to a Participant who is a under the age of 18:	✓	✓	✓

Child Abuse Clearances

Requirements for new SSP's during the initial qualification and beginning July 1, 2015, clearances must be obtained every 60 months. Any SSP currently employed and has been prior to December 31, 2014 is required to obtain updated clearances, as follows:

- By December 31, 2015, if the clearance is older than 60 months; or
- By December 31, 2015, if you have not received clearance because you were employed in the same position and was not required to obtain clearances under prior law.
- If you received clearances prior to 2008 and were not required to obtain the FBI clearance, the three required clearances would be obtained consistent with the timeframes above.

If the SSP's clearances are current, they may use their clearances to:

- To apply for employment;
- To serve as an employee;
- To apply as a volunteer; and
- To serve as a volunteer

However, when transferring clearances prior to beginning new employment or service, an employee must swear or affirm in writing that they have not been disqualified from employment or service under section 6344(c) or have not been convicted of an offense similar in nature to a crime listed in section 6344(c) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Support Service Professional 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. By signing, I give consent for Palco to perform the required checks as outlined above. 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 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 with Supporting Documentation to Palco:**

Fax: 501-821-0045

Email: enrollment@palcofirst.com

Mail- Palco, Inc.
Attn: Enrollment
P.O. Box 242930 Little Rock, AR 72223