Appendix 27 ▪ MSSP Service Vendor Application

MSSP Vendor Application

(Definition of service to be provided, including approved MSSP unit types)
(Additional specifications)

Vendor Name: _____

Address: _____

Telephone: _____ FAX: _____

Vendor SSN# or FID#: _____

Authorized Signature: _____ Telephone: _____

Print Name and Title: _____

Vendor Contact Person: _____

Title: _____ Telephone: _____

Type of Provider (check one):

☐ Incorporated, non-profit, tax-exempt ☐ Government Agency

☐ Unincorporated Group ☐ Individual

☐ Profit Agency ☐ Other:_____

_____

List the rate(s) per unit at which your organization offers to provide services to MSSP clients. For each rate, provide a breakdown of the cost factors that comprise that rate. Also, if the proposed rate is higher than that charged to other agencies please provide a thorough explanation of the reason(s) for the difference.

_____

List the days and hours of your organization's service availability.

_____

Are there any restrictions or limitations on the availability of your services such as eligibility criteria, service area, minimum number of units or maximum number of units?

If applicable, what type of business or professional licenses are held by your organization? (Type, License Number)

Type	License Number

_____

List the number and position titles of all staff (paid and volunteer) to be involved in providing services to MSSP clients. List professional certificates, licenses, degrees, etc., where appropriate (i.e., R.N., Nurse Practitioner, Medical Doctor, MSW, etc.).

_____

Describe the organization's general fiscal methods and procedures, (i.e., "double entry bookkeeping by CPA two hours per day," or "computerized accounting system with four full-time fiscal staff," etc.).

List the carrier name, carrier number, policy number and coverage limits for each type of insurance your organization maintains.
Please attach a copy of the current certificate of proof of coverage:

Type	Carrier Name	Carrier Number	Policy Number	Coverage
Comprehensive / General Liability				
Professional Liability/ Malpractice				
Performance				
Auto				
General Fidelity Bond				
Worker's Compensation				
Products Liability				
Other				

_____

Summarize your organization's experience in the provision of services to our client population.

_____

List two or more organizations/individuals, which have used your service and can comment on your organization's experience and quality of service provision.

I certify that the above is true to the best of my knowledge.

Authorized Name: _____ Title: _____

Signature: _____ Date: _____