PROVIDER QUALIFICATION INSTRUCTIONS

**APPLICATION TO PROVIDE DDDS HCBS SERVICES**

SEE THE “APPLICATION TO PROVIDE NON-RECURRING DDDS HCBS SERVICES FOR THE FOLLOWING SERVICES:

* Assistive Technology (not otherwise covered by Medicaid)
* Home or Vehicle Accessibility Adaptations
* Specialized Medical Equipment and Supplies (not otherwise covered by Medicaid)
* Orientation, Mobility, and Assistive Technology (Pathways to Employment)
* Community Transition

1. **INTRODUCTION**

The Division of Developmental Services (DDDS) seeks to provide a robust network of quality providers to deliver services and supports available under the DDDS Medicaid Home and Community-based Services (HCBS) Lifespan Waiver and the Pathways to Employment State Plan Amendment (PTE). DDDS accepts applications on an open and continuous basis as required by Medicaid regulations.

DDDS must approve an entity’s application prior to it providing an HCBS service(s). Entities seeking DDDS approval must submit the following completed documents to DDDS:

* Application to Provide DDDS HCBS Services (hereafter referred to as the “provider application”)
* Requirements Summary Checklist
* Application narrative

If you are applying to become an Authorized Provider of Residential Habilitation services AND you are simultaneously applying to provide Community Transition services, you must submit the following documents to DDDS:

* Application to Provide DDDS HCBS Services (hereafter referred to as the “provider application”)
* Requirements Summary Checklist
* Application narrative sections
* Requirements Summary Checklist Non-Recurring Services for Community Transition
* Application narrative section #4 from Provider Qualification Instructions Non-Recurring Services

The written proposal must include all information and supporting documentation. Appendix A displays a checklist of all documents that DDDS requires for a complete application. DDDS will return incomplete applications to the submitting agency. All documents submitted with the application become the property of DDDS. Applicants should retain a copy of all documents they submit to DDDS.

Completion of the provider application does not guarantee DDDS approval. Approval of a provider to deliver DDDS HCBS services does not guarantee that waiver members will select the provider. Per Medicaid requirements, HCBS waiver members have the right to choose their providers.

If approved, providers must enroll with the Medicaid agency to provide DDDS HCBS waiver services and must respond to the Delaware Department of Health and Social Services RFP process. Approval by DDDS is a prerequisite to enroll with the Medicaid agency to deliver most DDDS HCBS services. The Medicaid agency will ask for the DDDS qualification letter during the enrollment process. Providers of DDDS HCBS services will be required to sign contracts with both the Medicaid agency and with DDDS.

During the application process DDDS staff may provide information about the provider qualification process and waiver services but may not provide legal, technical, financial, or other business information.

1. **DOCUMENTATION REQUIREMENTS**

Applicants must answer ALL QUESTIONS and clearly cite the question number in its application narrative. The applicant must submit a Requirements Summary Checklist (see Appendix A) in Word format that includes each question number. The applicant must submit each response as a separate .pdf document. For example, you must submit Item #A.1.1 and Item #A.1.2 as separate .pdf documents. The applicant must answer the questions in the order found in the application. DDDS encourages both thoroughness and conciseness in applications. If a question does not apply the applicant must include a response to the question by responding “N/A” and including the reason the question is not applicable. If a provider does not have the information to answer a question, the provider should explain the reason for the lack of information as its response. For example, if the agency has not created an Advisory Council, the agency should state this as its response and include its plan to establish an Advisory Council. Do not leave any questions unanswered. DDDS will return incomplete applications.

Existing providers that are applying to provide a new service must answer all questions and clearly cite the question number in its application narrative. Some questions will state that if there have been no changes since the agency’s last approved application, or within two (2) years of the current application (whichever is closest in date), the applicant may note “No Change” for the response to those questions. The Requirements Summary Checklist identifies those questions.

DDDS completes an initial screening of each application related to the following business and fiscal operations:

C1 – Legal Structure

C5 – Financial Stability

C6 – Internal Auditing and Compliance System

C7 – Business Documentation

Section 5 – Budget

DDDS forwards applications that receive a score of 13 or greater to the full committee for review.

Members of the Authorized Provider Committee score applications by assigning a maximum of 100 points across five (5) criteria: 100/100

1. Programs and Services 30/30
2. Service Integrity | Health and Safety 15/15
3. Business Practices 15/15
4. Service Description 30/30
5. Budget 10/10

The Service Description section contains separate sections for Lifespan Waiver services and for Pathways services. A provider may request approval for multiple services across both authorities using a single application. For example, an agency may apply to provide Supported Employment – Group services via the Lifespan Waiver and Pathways. Exercise caution to ensure familiarity with scope and eligibility criteria for each authority.

DDDS will deny applications that receive an average score of less than 80 points. If the Authorized Provider Committee determines the interested applicant is not eligible, DDDS will send a denial letter that includes the reason(s) for denial. The provider may submit a new/revised application after six (6) months from the date of the denial letter.

DDDS will schedule interviews with agencies whose applications score 80 points or more. The Authorized Provider Committee will score the interview by assigning a maximum of 100 points. DDDS reserves the right to reject any application that scores 0 points on any question or sub-question or on any component of the interview.

**INSTRUCTIONS FOR APPLICATION NARRATIVE**

1. **PROGRAMS AND SERVICES – ALL SERVICES (30 points)**

A1 – AGENCY OVERVIEW (Maximum: 4 points)

A1.1 Describe the services your agency provides and the target population(s) for each.

A1.2 Describe your professional experience providing the services for which you are

Applying and state how long your agency has been in business.

A1.3 Describe the relationships you have (or plan to make) with community stakeholders.

A1.4 Describe your agency’s mission, vision, and values and how the agency uses these principles to inform its structure, personnel, service delivery, and business practices.

A1.5 Describe how your agency works with other providers and community resources to empower the individuals you serve and to ensure coordination of services.

A1.6 Document the unduplicated number of individuals the agency has served over the

past five (5) years.

A1.7 Describe the agency’s plan for ensuring compliance with licensure, certification, and other standards described in the Lifespan Waiver (Appendix C) and/or Pathways to Employment (Services). If providing residential habilitation services, describe how will the agency ensure DHCQ compliance with all sites.

A2 – SERVICE DELIVERY MODEL (Maximum: 5 points)

Answer the following questions for each Lifespan Waiver service and/or Pathways service that you are applying to provide. If applying to provide more than 1 service, name your files as follows: A2-service name.

A2.1 Describe how your agency supports diversity, equity, and inclusion and cultural competence to increase each waiver member’s independence, health, and safety.

A2.2 Describe how your agency applies the CMS HCBS Settings Rule to the services you

provide and for the service(s) for which you are applying.

A2.3 Describe how your agency complies with the DDDS Provider Standards for Home and

Community-based services (hereafter referred to as the “DDDS HCBS Standards”) for

each service you are applying to provide. NOTE: Your response should reflect knowledge

of the DDDS HCBS Standards.

Applicants can find the DDDS HCBS standards on the DDDS website at the following link:

<http://dhss.delaware.gov/dhss/ddds/files/providerstds07012018.pdf>

A3 – I/DD EXPERIENCE (Maximum: 5 points)

A3.1 Describe how the agency builds and maintains positive relationships with families and

support systems that support individuals’ inclusion in their community.

A3.2 Describe the professional experience of all officers (CEO, CFO, COO, Owner, Operator, etc.) listed in the application.

A4 – ORGANIZATIONAL STRUCTURE AND STAFFING (Maximum: 5 points)

A4.1 Explain the proposed staffing patterns, staffing to supervisor ratios, and typical schedules

and activities for the service(s) for which the agency is applying.

A4.2 Provide an organizational chart of your agency and the detailed organizational chart of the units responsible for the service(s) for which you applying to DDDS. Include the reporting relationships of key personnel.

A4.3 Explain what the agency expects staff to know and do in their role providing the service for which the agency is applying.

A4.4 Describe any commonly controlled or affiliate organizations, related party, significant contracts, management service(s) and assignment relationships for all involved entities, primarily national organization affiliations, investor participation, and subcontracted operational business supports. Include Delaware-specific leadership roles and describe how each person’s unique experience will contribute to the success of the proposed service(s).

A4.5 Explain any enforcement orders, violations, or sanctions related to any service or operation that the applicant provider oversees.

A4.6 Include the resumes or CVs of key team members (example: organization/business officers, upper management support for business and operations).

A4.7 Include the position description | duties of staff who support the program for which the agency is applying and include required qualifications and competencies (certifications, licenses, testing, etc.) of program staff.

A5 – PERSON-CENTERED APPROACH (Maximum: 5 points)

A5.1 Explain what “person-centered” means to your agency and how you translate this approach into practice.

A5.2 Describe how the agency operationalizes its expectations of staff in supporting individuals from a person-centered perspective, including policies, procedures, and practices.

A5.3 Describe how you participate in the person-centered planning process as a provider and how you translate your part of the plan into the delivery of services.

A5.4 Explain how your agency works with individuals and their support systems to discover their needs, interests, and preferences.

A6 – SERVICE PLANNING (Maximum: 5 points)

A6.1 Explain how your agency supports self-advocacy in developing and implementing service plans.

A6.2 Explain your processes for ensuring that service goals are individualized, measurable, accomplished, and documented.

A6.3 Describe how an individual’s person-centered plan is connected to service delivery.

A6.4 Describe your approach to working with individuals who may be resistant, have significant support needs, or otherwise struggle with making progress toward service goals.

A6.5 Describe the activities and strategies your agency uses to assist individuals to achieve their desired outcomes.

A-7 – LETTERS OF REFERENCE (Maximum: 1 point)

Provide letters of reference from two (2) organizations or qualified entities that can attest to the current quality of the service for which you are applying to DDDS. If you are a provider that is new to Delaware, a new provider, or an existing provider proposing to offer a new service, you must provide letters of reference that can attest to the quality of previous or other work that your agency has performed. Reference letters must be signed, dated within the past 12 months, and printed on the letterhead of the reference.

1. **SERVICE INTEGRITY | HEALTH AND SAFETY – ALL SERVICES (15 points)**

B1 – QUALITY IMPROVEMENT AND ASSURANCE PLAN (Maximum: 3 points)

B1.1 Describe your agency’s philosophy on continued quality improvement.

B1.2 Identify the position(s) responsible for implementing each component of the Quality Assurance | Quality Improvement plan.

B1.3 Describe how the agency involves individuals and/or families in developing and implementing the plan.

B1.4 Describe how the agency identifies and tracks key performance measures.

B1.5 Describe how the agency uses data to improve the delivery of services and whether improvement plans are successful.

B1.6 Describe the agency’s timeline for implementing the plan.

B1.7 Describe how the agency uses the plan to remediate problems and improve services.

B1.8 Submit the agency’s quality assurance plan.

B2 – MEDICAID COMPLIANCE PLAN (Maximum: 1 points)

Submit the agency’s Medicaid Compliance Plan. The agency’s Medicaid Compliance Plan must contain the following essential elements:

* Written policies and procedures that set forth compliance expectations; provide guidance; and describe reporting, investigations, and resolution of non-compliance.
* Designation of a compliance officer who reports directly to the senior administrator and the governing body.
* Effective and regular training of employees, executives, and the governing body.
* Reporting process that allows for anonymous good-faith reporting.
* Monitoring, auditing, and internal reporting systems.
* Staff disciplinary policies that are fairly enforced and address non-compliant behavior or failure to report non-compliance.
* Corrective actions and remedial measures.

B3 – CLIENT RIGHTS POLICY (Maximum: 3 points)

B3.1 Describe your agency’s methods to empower individuals in service to proactively practice their rights without retaliation and to educate individuals about their rights.

B3.2 Identify your agency’s actions to protect the personal health information and practice compliance with the Health Insurance Portability and Accountability Act (HIPAA).

B3.3 Describe the agency’s capacity to comply with DDDS “Behavior Support Plans” policy.

B3.4 Describe the agency’s capacity to comply with DDDS “Use of Restraints and Restrictive Procedures for Behavior Support” policy.

B3.5 Submit the agency’s Client Rights policy.

B4 – INTERNAL CLIENT DISPUTE RESOLUTION PROCESS (Maximum: 3 points)

B4.1 Describe the types of grievances or complaints that participants may register.

B4.2 Describe the agency’s process and timelines for addressing grievances/complaints.

B4.3 Describe the mechanisms the agency uses to resolve grievances/complaints.

B4.4 Submit the agency’s dispute or resolution process for Lifespan Waiver members and/or Pathways To Employment participants, including required forms. (NOTE: address your internal grievance procedures for staff in B6.4h).

B5 – INCIDENT REPORTING PROCEDURES (Maximum: 3 points)

B5.1 Describe the extent to which the agency’s policy is consistent with the DDDS Abuse, Neglect, Mistreatment, Financial Exploitation and Significant Injury Policy regarding the reporting and investigation of suspected abuse, mistreatment, misappropriation of property, and injury for individuals receiving DDDS HCBS services.

B5.2 Submit the agency’s incident reporting policy and procedures.

B6 – PERSONNEL MANAGEMENT POLICIES (Maximum: 2 points)

B6.1 Describe the agency’s philosophies on developing policies and procedures.

B6.2 Explain how you disseminate policy information to staff.

B6.3 Explain your agency’s efforts to recruit and retain program and supervisory staff.

B6.4 Submit the agency’s policies and procedures for the following personnel operations:

1. Recruitment
2. Pre-employment screening practices that include, at a minimum:
   1. screened through the Delaware Background Check Center (Adult Abuse Registry, Sex Offender Registry, Office of Inspector General, Child Protection Registry, Division of Professional Regulation, finger-print verification) OR via alternate sources for background checks and 2 reference checks in lieu of service letters if providing the following services: Day Habilitation, Community Participation, Prevocational Services, Supported Employment (Individual and Group), Behavioral Consultation, and Supported Living.
   2. 10-panel drug screening
   3. service letters and/or letters of reference from prior employers
   4. PPD screening
3. Orientation and Training that include, at a minimum:
   1. DDDS Proclamation of Beliefs and Guiding Principles
   2. Confidentiality | HIPAA (PM #5)
   3. Abuse Reports (PM #46)
   4. Individual Rights | Rights Complaints reporting
   5. Orientation to individuals being supported
4. Staff development
5. Performance appraisals
   1. Written job descriptions for each position providing direct or indirect services to service recipients that outline job qualifications, duties and responsibilities, and competencies or testing requirements.
6. Staff competency
7. Supervision | clinical oversight of staff
8. Internal grievance | complaints system for staff (NOTE: address your grievance procedures for Lifespan Waiver members and PTE members in section B4).
9. **BUSINESS PRACTICES – ALL SERVICES (15 points)**

C1 LEGAL STRUCTURE (0 points)

Identify the legal structure of your business (ex: sole proprietorship, LLC, general or limited partnership). Submit your agency’s formation documents (ex: LLC paperwork, incorporation paperwork, etc.).

C2 COMPOSITION OF GOVERNING BODY (Maximum: 3 points)

C2.1 Describe the orientation and training your agency provides to new members.

C2.2 Describe the governing body’s diversity planning, including how it involves self-advocates and their families.

C2.3 Include a roster of the agency’s governing body.

C3 DESCRIPTION OF LOCAL ADVISORY BOARD (Maximum: 3 points)

C3.1 Describe the advisory board’s diversity and the inclusion of parents and self-advocates.

C3.2 Describe the frequency of meetings and the duties of the advisory board.

C3.3 Include minutes from your past three (3) advisory board meetings.

C3.4 If the organization does not have a local advisory board, provide your plan to organize one (including your plan for diversity and inclusion and your timeline).

C4 MARKETING ANALYSIS (Maximum: 3 points)

Describe in detail why the agency is proposing to provide this service. Cite the data the agency used to determine that Delaware needs and can support the service for which the agency is seeking approval. Explain why the agency selected specific geographic areas or target populations to serve.

C5 FINANCIAL STABILITY (Maximum: 3 points)

Describe your agency’s financial stability and liquidity. The description should include:

C5.1 The agency’s policy and procedure about operating reserves.

C5.2 Include a notarized letter from a CPA firm (dated within 60 days of the application submission) attesting to the agency’s debt to income liquidity ratio and a minimum of operating reserves for six (6) months or an available line of credit for the same amount.

C6 – INTERNAL COMPLIANCE AND AUDITING SYSTEM (Maximum: 3 points)

C6.1 Describe your agency’s audit process including the auditing schedule.

C6.2 Explain how your agency addresses deficiencies, discrepancies, and findings in an audit.

C6.3 Explain your agency’s capacity to bill in a timely manner and according to Medicaid billing requirements.

C7 – BUSINESS DOCUMENTATION (0 points)

Submit a copy of the agency’s current Delaware business license or 501 (c) (3) documentation.

**BUDGET – ALL SERVICES (10 points)**

AA1 – Submit the agency’s annual operating budget with income and expenditures.

AA2 – Using the current provider rates published on the DDDS website, submit a start-up budget for Year 1 of the service for which the agency is applying that details income and expenditures. Include the agency’s assumptions in preparing the start-up budget. Describe how the agency is projecting income for the start-up budget.

1. **SERVICE DESCRIPTION – LIFESPAN WAIVER SERVICES (30 points)**

Submit a detailed description of the service for which the agency is requesting approval. The service descriptions must match the services included in Section IB of the on the Provider Application. The agency must explain in detail how it will fulfill the service requirements contained in Appendix C of Delaware’s latest approved Application for the 1915 (c) Home and Community-Based Services Waiver. The agency must describe its organizational practices such as program hours, transportation expectations, and other key practices critical to the success of the service for which the agency is applying. Each application must also include the following information based on the service for which the agency is applying.

NOTE: Each service contains a unique prefix for the numbered questions related to that specific service. You must name each response you submit using the correct prefix and number.

**DAY HABILITATION**

D1 – Describe the agency’s experience in providing service and supports to help a diverse population of waiver members: some members to acquire new skills, some members to improve existing skills, some members to maintain skills and functioning, and some members to prevent or slow regression in skills.

D2 – Describe the agency’s experience in coordinating its services with an individual’s person-centered support plan.

D3 – Describe the agency’s success in helping waiver members obtain and/or maintain skills that build positive social behavior and interpersonal competence and to increase independence and personal choice.

D4 – Describe how the agency supports individuals to exercise their option to achieve their desired level of participation in the community and how the agency exposes individuals to a broad array of community experiences. Give an example of how the agency has done this.

D5 – Describe any site locations used.

D6 - In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

D7 - Submit the agency’s universal and/or standard precautions and infection control and infestation protocols, including bed bugs.

**COMMUNITY PARTICIPATION**

E1 – Describe the agency’s experience in providing service and supports to help a diverse population of waiver members: some members to acquire new skills, some members to improve existing skills, some members to maintain skills and functioning, and some members to prevent or slow regression in skills.

E2 – Describe the agency’s experience in coordinating its services with an individual’s person-centered support plan.

E3 – Describe the agency’s success in helping waiver members obtain and/or maintain skills that build positive social behavior and interpersonal competence and to increase independence and personal choice.

E4 – Describe how the agency maximizes community integration | community inclusion for its participants.

E5 – Describe how the agency ensures appropriate staffing coverage. In the event of an emergency, illness, or vacation, how does the agency ensure appropriate staffing coverage for individuals receiving services? Submit the agency’s emergency operational plan that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

E6 – Explain how the agency supports waiver members to achieve their desired level of participation in the community.

**PERSONAL CARE**

F1 – List the types | tasks of personal care assistance the agency provides.

F2 – Explain how the agency addresses choice by waiver members including: time of day for service delivery; gender, language, and other characteristics of direct care staff; etc.

F3 - Describe the agency’s capacity to comply with electronic visit verification (EVV) requirements under the Cares Act when implemented by the state of Delaware. NOTE: DDDS will suspend providers who do not use EVV as of the implantation date they come into compliance.

F4 - Describe the agency’s efforts to maximize continuity of care (consistency in direct care staff with each service recipient).

F5 – Describe how the agency complies with DE Administrative Code Title 16, Section 3345, or DE Administrative Code Title 16, Section 3350, and/or DE Administrative Code Title 16, Section 3351.

**PREVOCATIONAL SERVICES**

G1 – Describe the agency’s service coordination with the Division of Vocational Rehabilitation, and other providers of prevocational services.

G2 – Describe the agency’s success at transitioning waiver members from pre-vocational services to obtaining competitive, integrated employment for which waiver members are compensated at or above minimum wage and at or above a living wage.

G3 – Describe how the agency tailors service delivery to the waiver member’s person-centered plans.

G4 – Explain the agency’s ability to offer options that include non-disability specific settings, such as volunteering in the community or engaging in community activities.

G5 - In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?
* How does your staff train individuals on what to do in an emergency at their work location?
* How does your staff train individuals on what to do if their scheduled ride does not arrive after their shift ends?

G6 - Submit the agency’s universal and/or standard precautions and infection control and infestation protocols, including bed bugs.

**RESIDENTIAL HABILITATION**

H1 – Describe the agency’s approach to securing accessible and affordable homes so that people can age in place safely and successfully.

H2 - In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

H3 - Submit the agency’s universal and/or standard precautions and infection control and infestation protocols, including bed bugs.

H4 – Explain how the agency supports waiver members who have an emergency placement due to serious health and safety issues, who are victims of abuse or neglect, or who have experienced the loss of a primary caregiver.

H5 – Explain the specific activities the agency provides as components of its program (self-advocacy training, independent living training, cognitive services, etc.).

**RESPITE**

I1 – Describe the agency’s delivery of in-home respite and/or out-of-home respite, including the settings in which the agency provides services (participant’s residence, community settings).

I2 – Describe how the agency coordinates respite services to provide relief to the primary caregiver.

I3 – Describe how the agency supports and helps acclimate individuals who receive respite due to a short-term crisis.

I4 - Describe the agency’s capacity to comply with electronic visit verification (EVV) requirements under the Cares Act when implemented by the state of Delaware. NOTE: DDDS will suspend providers who do not use EVV as of the implantation date they come into compliance.

I5 – Describe how the agency complies with DE Administrative Code Title 16, Section 3345, or DE Administrative Code Title 16, Section 3350, and/or DE Administrative Code Title 16, Section 3351.

**SUPPORTED EMPLOYMENT – INDIVIDUAL**

J1 – Describe the agency’s success at obtaining competitive, integrated employment for which waiver members are compensated at or above minimum wage and at or above a living wage. For information about the living wage, visit [Living Wage Calculator (mit.edu)](https://livingwage.mit.edu/).

J2 - Describe the agency’s coordination with other agencies to support waiver members who desire to become self-employed.

J3 – Describe the supported employment strategies and practices the agency uses to find jobs for people with I/DD. Describe the agency’s understanding of job carving and how the agency uses it to find/create jobs for individuals with I/DD.

J4 – How does your staff train individuals on what to do in an emergency at their work location?

How does your staff train individuals on what to do if their scheduled ride does not arrive after their shift ends?

NOTE: the following **additional** questions pertain to provider-managed sites only. In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan (EOP) that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

J5 – Describe the job sites where waiver members currently work, including company names, positions, and job activities.

J6 – If assistive technology is needed to initiate, promote, or enhance employment, describe how the agency collaborates with related services and employers to support the waiver member’s employment goals.

**SUPPORTED EMPLOYMENT – GROUP**

K1 – Describe the agency’s success at obtaining competitive, integrated employment for which waiver members are compensated at or above minimum wage and at or above a living wage. For information about the living wage, visit [Living Wage Calculator (mit.edu)](https://livingwage.mit.edu/).

K2 - Describe the agency’s coordination with other agencies to support waiver members who desire to become self-employed.

K3 – Describe the supported employment strategies and practices the agency uses to find jobs for people with I/DD. Describe the agency’s understanding of job carving and how the agency uses it to find/create jobs for individuals with I/DD.

K4 – How does your staff train individuals on what to do in an emergency at their work location?

How does your staff train individuals on what to do if their scheduled ride does not arrive after their shift ends?

NOTE: the following **additional** questions pertain to provider-managed sites only. In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan (EOP) that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

K5 – Describe the job sites where waiver members currently work, including company names, positions, and job activities.

K6 – If assistive technology is needed to initiate, promote, or enhance employment, describe how the agency collaborates with related services and employers to support the waiver member’s employment goals.

K7 – Explain how the agency facilitates a transition from small group supported employment to individual supported employment when an individual is ready to work independently in a community integrated employment setting.

**ASSISITIVE TECHNOLOGY (NOT OTHERWISE COVERED BY MEDICAID)**

See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services.

**BEHAVIORAL CONSULTATION SERVICES**

L1 – Describe the agency’s experience using Positive Behavior Support (PBS) as a model for practice. Describe the agency’s approach to developing and implementing person-centered PBS assessments and plans.

L2 – Describe how the agency will work to ensure implementation of the least intrusive effective behavior interventions.

L3 – Describe how the agency will support individuals who have I/DD co-occurring with psychiatric conditions.

L4 – Describe the agency’s experience with providing consultation, training, and direction to support teams and other direct support professionals who work with waiver members who display challenging, maladaptive, or self-limiting behaviors.

L5 – When a waiver member needs psychiatric services, describe the role of the Behavior Analyst in accessing services.

L6 - Submit a sample Functional Behavioral Assessment and resulting Positive Behavioral Support Plan.

L7 – Describe how the agency ensures that Behavior Analysts have minimum education, training, and/or experience described in the Lifespan Waiver, Appendix C.

**COMMUNITY TRANSITION**

See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services.

**HOME OR VEHICLE ACCESSIBILITY ADAPTATIONS**

See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services.

**NURSE CONSULTATION SERVICES**

M1 - Explain how your program’s Nurse Consultants have the requisite knowledge to work with individuals with ID\D, cognitive impairments, autism, mobility issues, concurrent mental health issues, and health challenges.

M2 – Describe the agency’s process for auditing and providing oversight of medication orders, updating the MARs, and supporting nursing oversight of medication records and the person’s response to their medication regime.

M3 – Describe the agency’s experience with completing nursing assessments, developing integrated medical plans of care, and monitoring the effectiveness of health interventions.

M4 – Describe how the agency works with service recipients and their support systems to enhance self-management of health conditions and to increase preventative behaviors.

M5 – Describe the agency’s protocols for responding to emergency situations.

M6 – Describe how the agency ensures that any Registered Nurse (RN) that is involved in creating this service complies with licensure requirements per DE Code Title 24, Chapter 19 §1910.

**SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES NOT OTHERWISE COVERED BY MEDICAID**

See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services.

**SUPPORTED LIVING**

N1 – Describe how the agency promotes and supports waiver members to participate in integrated activities in the community.

N2 – Explain how the agency ensures that service delivery demonstrates comfort, safety, and respect of the waiver member’s residence.

N3 – Describe how the agency monitors implementation of individual service plans and teaching and support strategies.

N4 – Explain how the agency provides self-advocacy training to waiver members.

N5 – Describe the agency’s capacity to comply with electronic visit verification (EVV) requirements under the Cares Act when implemented by the state of Delaware. NOTE: DDDS will suspend providers who do not use EVV as of the implantation date they come into compliance.

1. **SERVICE DESCRIPTION – PATHWAYS TO EMPLOYMENT SERVICES (30 points)**

Submit a detailed description of the service for which the agency is requesting approval. The service descriptions must match the services included in Section IC of the Provider Application. The agency must explain in detail how it will fulfill the service requirements contained in the “Services” section of Delaware’s latest approved 1915 (i) State Plan Amendment. The agency must describe its organizational practices such as program hours, transportation expectations, and other key practices critical to the success of the service for which the agency is applying. Each application must also include the following information based on the service for which the agency is applying.

**CAREER EXPLORATION AND ASSESSMENT**

O1 – Explain how the agency helps individuals identify their interests and career direction and develop a plan for achieving competitive, integrated employment.

O2 - Explain the process by which the agency conducts community-based career assessments within the time limits of the program.

O3 – Describe how the agency provides services in settings that comply with the HCBS Settings Rule and that support the individual’s communication needs.

O4 – Explain how the agency ensures that services do not duplicate other community resources including benefits that the Division for the Visually Impaired offers through vocational rehabilitation programs.

O5 – Explain how the agency balances the participant’s interests, abilities, and skills with jobs available in the local labor market.

**SUPPORTED EMPLOYMENT – INDIVIDUAL**

P1 – Describe the agency’s success at obtaining competitive, integrated employment for which waiver members are compensated at or above minimum wage and at or above a living wage. For information about the living wage, visit [Living Wage Calculator (mit.edu)](https://livingwage.mit.edu/).

P2 - Describe the agency’s coordination with other agencies to support waiver members who desire to become self-employed.

P3 – Describe the supported employment strategies and practices the agency uses to find jobs for people with I/DD. Describe the agency’s understanding of job carving and how the agency uses it to find/create jobs for individuals with I/DD.

P4 – How does your staff train individuals on what to do in an emergency at their work location?

How does your staff train individuals on what to do if their scheduled ride does not arrive after their shift ends?

NOTE: the following **additional** questions pertain to provider-managed sites only. In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan (EOP) that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

P5 – Describe the job sites where waiver members currently work, including company names, positions, and job activities.

P6 – If assistive technology is needed to initiate, promote, or enhance employment, describe how the agency collaborates with related services and employers to support the waiver member’s employment goals.

P7 – If the agency will include job placement support as a component of its program, explain the process for re-authorizing the job placement strategy every 90 days.

**SUPPORTED EMPLOYMENT – SMALL GROUP**

Q1 – Describe the agency’s success at obtaining competitive, integrated employment for which waiver members are compensated at or above minimum wage and at or above a living wage. For information about the living wage, visit [Living Wage Calculator (mit.edu)](https://livingwage.mit.edu/).

Q2 - Describe the agency’s coordination with other agencies to support waiver members who desire to become self-employed.

Q3 – Describe the supported employment strategies and practices the agency uses to find jobs for people with I/DD. Describe the agency’s understanding of job carving and how the agency uses it to find/create jobs for individuals with I/DD.

Q4 – How does your staff train individuals on what to do in an emergency at their work location?

How does your staff train individuals on what to do if their scheduled ride does not arrive after their shift ends?

NOTE: the following **additional** questions pertain to provider-managed sites only. In the event of an emergency**/**disaster how will your agency’s administration support the operational needs of each of your service locations to ensure proper care and treatment for each of the individuals receiving services? Submit the agency’s emergency operational plan (EOP) that addresses:

* What are the agency’s administrative plans that will support the overall operational needs of each of the sites you operate (to include supplies, notifications, etc.) using an “all hazard” approach to emergencies/disasters?
* What are the agency’s plans to address sheltering-in-place planning and relocation planning (primary, secondary, and tertiary relocation sites)?
* What are the agency’s emergency communication and chain of command (these often differ from your normal day-to-day operations) and how does it activate and operate during an emergency?

Q5 – Describe the job sites where waiver members currently work, including company names, positions, and job activities.

Q6 – If assistive technology is needed to initiate, promote, or enhance employment, describe how the agency collaborates with related services and employers to support the waiver member’s employment goals.

Q7 – Explain how the agency facilitates a transition from small group supported employment to individual supported employment when an individual is ready to work independently in a community integrated employment setting.

**BENEFITS COUNSELING**

R1 – Describe how the agency provides services in settings that comply with the HCBS Settings Rule and that support the individual’s communication needs.

R2 – Explain how the agency ensures its staff has current knowledge of various benefits programs to support individuals’ informed decision-making.

R3 – Describe how the agency trains its staff to translate complex benefits information into language individuals can use to make informed choices.

**FINANCIAL COACHING PLUS**

S1 – Explain how the agency coordinates financial coaching with information the individual gathered through benefits counseling services.

S2 – Describe how the agency supports individuals to practice diligence about the increasing sophistication of identify theft and predatory lending schemes on an ongoing basis.

S3 – Explain how the agency responds to and supports individuals whose financial goals change.

**PERSONAL CARE**

T1 - List the types | tasks of personal care assistance the agency provides in supporting individuals in getting ready for work, in getting to work, or at the workplace.

T2 – Explain how the agency addresses choice by waiver members including: time of day for service delivery; gender, language, and other characteristics of direct care staff; etc.

T3 - Describe the agency’s capacity to comply with electronic visit verification (EVV) requirements under the Cares Act when implemented by the state of Delaware. NOTE: DDDS will suspend providers who do not use EVV as of the implantation date they come into compliance.

T4 Describe the agency’s efforts to maximize continuity of care (consistency in direct care staff with each service recipient).

T5 – Describe how the agency complies with DE Administrative Code Title 16, Section 3345, or DE Administrative Code Title 16, Section 3350, and/or DE Administrative Code Title 16, Section 3351.

**ORIENTATION, MOBILITY, AND ASSISTIVE TECHNOLOGY**

See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services

**APPENDIX A**

**HCBS PROVIDER APPLICATION**

**REQUIREMENTS SUMMARY CHECKLIST**

**FOR DDDS HCBS SERVICES**

DDDS uses the same Requirements Summary Checklist (see next page) for both new applicants and for existing providers applying to operate a new service. Agencies may apply for services funded by the Lifespan Waiver and/or the Pathways State Plan Amendment authorities. The Checklist includes separate, labeled “Service Description” sections for Lifespan Waiver services and for the Pathways services.



NEW APPLICANTS must submit all documents listed on the Requirements Summary Checklist.



EXISTING PROVIDERS must submit all documents that are listed on the Requirements Summary Checklist in red font. Existing providers must respond to requirements that are in black font only if there has been a change since its last application OR within the last 2 state fiscal years, whichever is less and must type “NC” indicating “No Change” for all other questions in the Page # column of the Requirements Summary Checklist.

For example:

| CRITERIA | REQUIREMENT | LABEL | INCLUDED | |
| --- | --- | --- | --- | --- |
| YES | NO |
| General Requirements | Provider Application to Provide HCBS |  |  |  |
| Requirements Summary Checklist |  |  |  |
| Programs and Services | Agency overview | A1 |  |  |
| Service delivery model | A2 |  |  |
| Description of I/DD experience | A3 |  |  |

You must use the [Requirements Summary Checklist](https://www.dhss.delaware.gov/dhss/ddds/files/RequirementSummaryChecklist_Final.docx) shown below in your submission. DDDS will reject any Requirements Summary Checklist that does not follow this format.

**You must submit the Requirements Summary Checklist in Word format ONLY.**

**HCBS PROVIDER APPLICATION**

**REQUIREMENTS SUMMARY CHECKLIST**

**DDDS HCBS SERVICES**

| CRITERIA | | REQUIREMENT | | | LABEL | | PROVIDER INCLUDED | | DDDS | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YES | NO | | |
| General Requirements | | Provider Application to Provide HCBS | | |  | |  | |  |  | | |
| Requirements Summary Checklist | | |  | |  | |  |  | | |
| Programs and Services | | A1. AGENCY OVERVIEW | | |  | |  | |  |  | | |
| Services & target populations | | | A1.1 | |  | |  |  | | |
| Professional experience with services | | | A1.2 | |  | |  |  | | |
| Community stakeholders | | | A1.3 | |  | |  |  | | |
| Mission, vision, values | | | A1.4 | |  | |  |  | | |
| Empower & coordinate | | | A1.5 | |  | |  |  | | |
| Unduplicated # served | | | A1.6 | |  | |  |  | | |
| Licensure, certification & standards | | | A1.7 | |  | |  |  | | |
| A2. SERVICE DELIVERY MODEL | | |  | |  | |  |  | | |
| Diversity, equity, inclusion | | | A2.1 | |  | |  |  | | |
| HCBS Settings Rule | | | A2.2 | |  | |  |  | | |
| DDDS Provider Standards | | | A2.3 | |  | |  |  | | |
| A3. I/DD EXPERIENCE | | |  | |  | |  |  | | |
| Relationships & community inclusion | | | A3.1 | |  | |  |  | | |
| Professional experience of officers | | | A3.2 | |  | |  |  | | |
| A4. ORGANIZATION STRUCTURE | | |  | |  | |  |  | | |
| Staffing patterns, ratios, schedules | | | A4.1 | |  | |  |  | | |
| Organizational chart | | | A4.2 | |  | |  |  | | |
| Staff knowledge | | | A4.3 | |  | |  |  | | |
| Affiliations, contracts, subcontracts | | | A4.4 | |  | |  |  | | |
| Violations & sanctions | | | A4.5 | |  | |  |  | | |
| Resumes or CVs of key team members | | | A4.6 | |  | |  |  | | |
| Position descriptions | job duties of program staff | | | A4.7 | |  | |  |  | | |
| A5. PERSON-CENTERED APPROACH | | |  | |  | |  |  | | |
| Translating into practice | | | A5.1 | |  | |  |  | | |
| Operationalization | | | A5.2 | |  | |  |  | | |
| Participation in process | | | A5.3 | |  | |  |  | | |
| Discover needs & interests | | | A5.4 | |  | |  |  | | |
| A6. SERVICE PLANNING | | |  | |  | |  |  | | |
| Supports self-advocacy | | | A6.1 | |  | |  |  | | |
| Goals | | | A6.2 | |  | |  |  | | |
| Plan connected to service delivery | | | A6.3 | |  | |  |  | | |
| Working with individuals | | | A6.4 | |  | |  |  | | |
| Achieving desired outcomes | | | A6.5 | |  | |  |  | | |
| A7. LETTERS OF REFERENCE | | |  | |  | |  |  | | |
| Two (2) letters of reference | | | A7 | |  | |  |  | | |
| Service Integrity | Health and Safety | | B1. QUALITY IMPROVEMENT PLAN | | |  | |  | |  |  | | |
| CQI philosophy | | | B1.1 | |  | |  |  | | |
| Responsible positions | | | B1.2 | |  | |  |  | | |
| Involving individuals & families | | | B1.3 | |  | |  |  | | |
| Performance measures | | | B1.4 | |  | |  |  | | |
| Uses data to improve service delivery | | | B1.5 | |  | |  |  | | |
| Timeline for implementing QA plan | | | B1.6 | |  | |  |  | | |
| Agency’s use of plan | | | B1.7 | |  | |  |  | | |
| Quality Assurance Plan | | | B1.8 | |  | |  |  | | |
| B2. MEDICAID COMPLIANCE PLAN | | |  | |  | |  |  | | |
| Medicaid compliance plan (including all 7 components) | | | B2 | |  | |  |  | | |
| B3. CLIENT RIGHTS POLICY | | |  | |  | |  |  | | |
| Empower individuals | | | B3.1 | |  | |  |  | | |
| HIPAA | | | B3.2 | |  | |  |  | | |
| DDDS “Behavior Support Plans” policy | | | B3.3 | |  | |  |  | | |
| DDDS “Restraints and Restrictive Procedures” policy | | | B3.4 | |  | |  |  | | |
| Client Rights policy | | | B3.5 | |  | |  |  | | |
| B4. INTERNAL DISPUTE RESOLUTION | | |  | |  | |  |  | | |
| Types of grievances & complaints | | | B4.1 | |  | |  |  | | |
| Process & timelines | | | B4.2 | |  | |  |  | | |
| Mechanisms to resolve grievances | | | B4.3 | |  | |  |  | | |
| Dispute resolution process and forms | | | B4.4 | |  | |  |  | | |
| B5. INCIDENT REPORTING | | |  | |  | |  |  | | |
| Consistency with DDDS policies | | | B5.1 | |  | |  |  | | |
| Incident reporting policy and procedures | | | B5.2 | |  | |  |  | | |
| B6. PERSONNEL MANAGEMENT | | |  | |  | |  |  | | |
| Agency’s philosophy | | | B6.1 | |  | |  |  | | |
| Mechanism for disseminating policy | | | B6.2 | |  | |  |  | | |
| Recruitment & retention | | | B6.3 | |  | |  |  | | |
| Personnel operations policies (a-h) | | | B6.4 | |  | |  |  | | |
| Business Practices  Business Practices  (continued) | | C1. LEGAL STRUCTURE | | |  | |  | |  |  | | |
| Legal structure | | | C1 | |  | |  |  | | |
| C2. COMPOSITION OF GOVERNING BODY | | |  | |  | |  |  | | |
| Orientation & Training | | | C2.1 | |  | |  |  | | |
| Diversity planning | | | C2.2 | |  | |  |  | | |
| Roster of governing body | | | C2.3 | |  | |  |  | | |
| C3. LOCAL ADVISORY BOARD | | |  | |  | |  |  | | |
| Diversity & inclusion | | | C3.1 | |  | |  |  | | |
| Frequency & duties | | | C3.2 | |  | |  |  | | |
| Minutes from past 3 advisory board meetings | | | C3.3 | |  | |  |  | | |
| Plan to organize Advisory Board | | | C3.4 | |  | |  |  | | |
| C4. MARKETING ANALYSIS | | |  | |  | |  |  | | |
| Marketing analysis | | | C4 | |  | |  |  | | |
| C5. FINANCIAL STABILITY | | |  | |  | |  |  | | |
| Operating reserves policy | | | C5.1 | |  | |  |  | | |
| Notarized letter from CPA firm | | | C5.2 | |  | |  |  | | |
| C6. INTERNTAL COMPLINCE & AUDITING | | |  | |  | |  |  | | |
| Audit process & schedule | | | C6.1 | |  | |  |  | | |
| Deficiencies & findings | | | C6.2 | |  | |  |  | | |
| Capacity to bill Medicaid | | | C6.3 | |  | |  |  | | |
| BUSINESS DOCUMENTATION | | |  | |  | |  |  | | |
| Business documentation | | | C7 | |  | |  |  | | |
| Budget | | Agency’s annual operating budget | | | AA1 | |  | |  |  | | |
| Start-up budget for Year 1 | | | AA2 | |  | |  |  | | |
| Service Description for Lifespan Waiver Services | | Detailed program narrative of service for each service included in the application. Potential applicants must answer ALL questions for the service(s) for which they are applying. NOTE: These must match services identified on the Application. | | |  | |  | |  |  | | |
| Day Habilitation | | Agency’s experience in providing services and supports to help a diverse population | | | D1 | |  | |  |  | | |
| Agency’s experience in supporting person-centered plans | | | D2 | |  | |  |  | | |
| Agency’s success in increasing independence | | | D3 | |  | |  |  | | |
| Agency’s support to help achieve desired level of participation in the community | | | D4 | |  | |  |  | | |
| Site locations | | | D5 | |  | |  |  | | |
| Emergency operational plan | | | D6 | |  | |  |  | | |
| Standard precautions and infection control | | | D7 | |  | |  |  | | |
| Community Participation | | Agency’s experience in providing services and supports to help a diverse population | | | E1 | |  | |  |  | | |
| Agency’s experience in supporting person-centered plans | | | E2 | |  | |  |  | | |
| Agency’s success in increasing independence | | | E3 | |  | |  |  | | |
| Community inclusion | | | E4 | |  | |  |  | | |
| Staffing | emergency operational plan | | | E5 | |  | |  |  | | |
| Agency’s support to help achieve desired level of participation in the community | | | E6 | |  | |  |  | | |
| Personal Care | | Types | tasks of assistance | | | F1 | |  | |  |  | | |
| Addresses choice | | | F2 | |  | |  |  | | |
| Compliance with EVV | | | F3 | |  | |  |  | | |
| Maximize continuity of care | | | F4 | |  | |  |  | | |
| Licensure and certification | | | F5 | |  | |  |  | | |
| Prevocational  Services | | Service coordination with Voc. Rehab | | | G1 | |  | |  |  | | |
| Success at transitioning members | | | G2 | |  | |  |  | | |
| Tailored service delivery | | | G3 | |  | |  |  | | |
| Options for service delivery | | | G4 | |  | |  |  | | |
| Emergency operational plan | | | G5 | |  | |  |  | | |
| Standard precautions and infection control | | | G6 | |  | |  |  | | |
| Residential Habilitation | | Approach to accessibility, affordability | | | H1 | |  | |  |  | | |
| Emergency operational plan | | | H2 | |  | |  |  | | |
| Standard precautions and infection control | | | H3 | |  | |  |  | | |
| Support for emergency placements | | | H4 | |  | |  |  | | |
| Program components | | | H5 | |  | |  |  | | |
| Respite | | Delivery and settings | | | I1 | |  | |  |  | | |
| Coordinates services | | | I2 | |  | |  |  | | |
| Supports and acclimates individuals | | | I3 | |  | |  |  | | |
| Compliance with EVV | | | I4 | |  | |  |  | | |
| Licensure and certification | | | I5 | |  | |  |  | | |
| Supported Employment – Individual | | Success at competitive employment | | | J1 | |  | |  |  | | |
| Coordinate for self-employment | | | J2 | |  | |  |  | | |
| Supported employment strategies | | | J3 | |  | |  |  | | |
| Emergency operational plan | | | J4 | |  | |  |  | | |
| Job sites | | | J5 | |  | |  |  | | |
| Collaboration with AT | | | J6 | |  | |  |  | | |
| Supported Employment – Group | | Success at competitive employment | | | K1 | |  | |  |  | | |
| Coordinate for self-employment | | | K2 | |  | |  |  | | |
| Supported employment strategies | | | K3 | |  | |  |  | | |
| Emergency operational plan | | | K4 | |  | |  |  | | |
| Job sites | | | K5 | |  | |  |  | | |
| Collaboration with AT | | | K6 | |  | |  |  | | |
| Transition to Individual Supported Employment | | | K7 | |  | |  |  | | |
| Assistive Technology Not Otherwise Covered by Medicaid | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Behavioral Consultation | | Experience using PBS model | | | L1 | |  | |  |  | | |
| Least intrusive interventions | | | L2 | |  | |  |  | | |
| Support for co-occurring conditions | | | L3 | |  | |  |  | | |
| Support for persons with challenging behaviors | | | L4 | |  | |  |  | | |
| Role of BA in accessing psychiatric services | | | L5 | |  | |  |  | | |
| Functional Behavioral Assessment and BSP | | | L6 | |  | |  |  | | |
| Minimum education & experience | | | L7 | |  | |  |  | | |
| Community  Transition | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Home or Vehicle Modification | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Nurse Consultation | | Requisite knowledge | | | M1 | |  | |  |  | | |
| Oversight of nursing activities | | | M2 | |  | |  |  | | |
| Experience in health services | | | M3 | |  | |  |  | | |
| Self-management and prevention | | | M4 | |  | |  |  | | |
| Emergency situations | | | M5 | |  | |  |  | | |
| Licensure and qualifications | | | M6 | |  | |  |  | | |
| Specialized Medical Equipment | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Supported Living | | Integrated activities | | | N1 | |  | |  |  | | |
| Residence | | | N2 | |  | |  |  | | |
| Monitors ISPs and support strategies | | | N3 | |  | |  |  | | |
| Self-advocacy training | | | N4 | |  | |  |  | | |
| Compliance with EVV | | | N5 | |  | |  |  | | |
|  | |  | | |  | |  | |  |  | | |
| Service Description for Pathways to Employment services | | Detailed program narrative of service for each service included in the application. Potential applicants must answer ALL questions for the service(s) for which they are applying. NOTE: These must match services identified on the Application. | | |  | |  | |  |  | | |
| Career Exploration and Assessment | | Identifies interests and career direction | | | O1 | |  | |  |  | | |
| Community-based career assessments | | | O2 | |  | |  |  | | |
| Compliance with HCBS Settings Rule | | | O3 | |  | |  |  | | |
| Avoids duplication with DVI | | | O4 | |  | |  |  | | |
| Balances participant interest with local labor market | | | O5 | |  | |  |  | | |
| Supported Employment – Individual | | Success at competitive employment | | | P1 | |  | |  |  | | |
| Coordinate for self-employment | | | P2 | |  | |  |  | | |
| Supported employment strategies | | | P3 | |  | |  |  | | |
| Emergency operational plan | | | P4 | |  | |  |  | | |
| Job sites | | | P5 | |  | |  |  | | |
| Collaboration with AT | | | P6 | |  | |  |  | | |
| Job placement strategy re-authorization | | | P7 | |  | |  |  | | |
| Supported Employment – Small Group | | Success at competitive employment | | | Q1 | |  | |  |  | | |
| Coordinate for self-employment | | | Q2 | |  | |  |  | | |
| Supported employment strategies | | | Q3 | |  | |  |  | | |
| Emergency operational plan | | | Q4 | |  | |  |  | | |
| Job sites | | | Q5 | |  | |  |  | | |
| Collaboration with AT | | | Q6 | |  | |  |  | | |
| Transition from Individual Supported Employment | | | Q7 | |  | |  |  | | |
| Benefits Counseling | | Compliance with HCBS Settings Rule | | | R1 | |  | |  |  | | |
| Knowledge of benefits programs | | | R2 | |  | |  |  | | |
| Translate complex information | | | R3 | |  | |  |  | | |
| Financial Coaching Plus | | Coordinates with Benefits Counseling | | | S1 | |  | |  |  | | |
| Identify theft and predatory lending | | | S2 | |  | |  |  | | |
| Changing financial goals | | | S3 | |  | |  |  | | |
| Personal Care | | Types | tasks of assistance | | | T1 | |  | |  |  | | |
| Addresses choice | | | T2 | |  | |  |  | | |
| Compliance with EVV | | | T3 | |  | |  |  | | |
| Maximize continuity of care | | | T4 | |  | |  |  | | |
| Licensure and certification | | | T5 | |  | |  |  | | |
| Orientation, Mobility, and Assistive Technology | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | Y | | | N |
| Did the application include all required sections? | | | |  | |  | |  | | |  |
|  |  | | If “Yes” forward to Authorized Provider Committee  If “No” send notification to applicant | | | | | | | | |
| DDDS Signature | |  | |  | |  | |  | | | |
| Date | |  | |  | |  | |  | | | |