STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Expansion application is used by approved DIDD providers to add service(s) to its existing DIDD Provider Agreement. When DIDD approves the new service you will receive an approval letter including instructions to amend your provider agreement.

There are two types of expansion applications:

- **LONG TERM SUPPORTS EXPANSION REQUEST used to add the following services:**

  - ❒ Residential Habilitation Service
  - ❒ Supported Living Service
  - ❒ Medical Residential Services
  - ❒ Respite Service
  - ❒ Behavioral Respite Service
  - ❒ Family Model Residential Support Service

  - ❒ Day Services (Check each one the organization proposes to provide)
    - ❒ Community Based Day Service
    - ❒ Supported Employment Service
    - ❒ Facility Based Day Service
  - ❒ Personal Assistance Service
  - ❒ Individual Transportation Service
  - ❒ Personal Emergency Response System

- **CLINICAL SERVICES EXPANSION REQUEST used to add the following services:**

____Occupational Therapy ____Occupational Therapy Assistive Technology

____Physical Therapy ____Physical Therapy Assistive Technology

____Speech-Language/Hearing ____Speech-Language/Hearing Assistive Technology
____Nutrition Services ____Nursing Services
____Specialized Medical Equipment & Supplies and Assistive Technology
____Environmental Accessibility Modifications
____Orientation and Mobility Services ____Individual Transportation (only for providers of Orientation & Mobility Services)

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Frost Building
161 Rosa L. Parks Boulevard
Nashville TN 37243

LONG TERM SUPPORTS EXPANSION REQUEST

For Department of Intellectual and Developmental Disabilities (DIDD) Contracted Provider to complete:

* Please number your response according to the items below.

1. Letter of intent to expand.
2. Implementation plan for each service.
3. Plan for development, including geographic area of expansion
4. Revised agency supervision plan.
5. Revised internal QA plan.
6. Revised organizational chart.
7. Job descriptions for new services.

For DIDD

☐ QA survey report reviewed. _____
Reviewed: _____
_____

☐ Query of complaints
Reviewed: _____

☐ Query of investigations
Reviewed: _____

☐ Regional Office recommendations: _____
_____

Central Office recommendations: _____

☐ TennCare Approval: _____

Send response to:

Linda Maurice, Provider Enrollment Coordinator
State of Tennessee
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Frost Building, 2nd floor
161 Rosa L. Parks Boulevard
Nashville TN 37243
(615) 532-6568
Linda.Maurice@tn.gov

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

PROVIDER APPLICATION FOR ***EXPANSION*** OF CLINICAL SERVICES

Please provide the following information:

_____
Date of Request to Expand:

_____
Name of Organization

_____

_____
Address

_____
City State Zip Code

_____ _____ _____
Telephone Number Fax Number E-Mail Address

_____ _____ _____
Executive Director SS# * Date of Birth *

List other names used in past:
_____

From the following list, identify the services the organization proposes to add:

____Occupational Therapy ____Occupational Therapy Assistive Technology

____Physical Therapy ____Physical Therapy Assistive Technology

____Speech-Language/Hearing ____Speech-Language/Hearing Assistive Technology
____Nutrition Services ____Nursing Services
____Specialized Medical Equipment & Supplies and Assistive Technology
____Environmental Accessibility Modifications
____Orientation and Mobility Services ____Individual Transportation (only for providers Orientation & Mobility Services)

Identify the region(s) to which the organization proposes to expand services:

____East
____Middle
____West

List applicable licenses which the organization holds. If wishing to provide skilled nursing services, please provide name and license number of the Registered Nurse.

_____

_____

_____
Signature Date

_____
Title Agency

**SS# and Date of Birth are required to complete necessary background checks. Do not leave blank or list as N/A.*

Please attach a description of the services you propose to add and how such provisions will be implemented.

Send response to:

Karen Chambers ASA
Staff & Provider Development
State of Tennessee
Department of Intellectual and Developmental Disabilities
Frost Building, 2nd floor
161 Rosa L. Parks Boulevard
Nashville TN 37243
Phone: 615-532-8750
Fax: 615-532-9940
Karen.Chambers@tn.gov