



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF INTELLECTUAL DISABILITIES SERVICES
ANDREW JACKSON BUILDING, 15th FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

LONG TERM SUPPORTS EXPANSION REQUEST

For DIDS Contracted Provider to complete:

- Letter of intent to expand _____
- Most recent (latest) financial statement. _____
- Update of information regarding operational reserves (i.e. proof of line of credit) _____

- DIDS definitions for proposed services. _____

- Plan for development, including geographic area of expansion. _____
- Revised agency supervision plan. _____
- Revised internal QA plan. _____
- List of current services provided. _____
- Revised organizational chart. _____
- Job descriptions for new services. _____

For DIDS

- 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
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