						Katie	Becke	tt A				
SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employmen t	Personal Assistance/ Supportive Home Care	Support Coordination	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environmental Accessibility Modifications	Enabling Technology	Transportation	Other Services
Katie Beckett				Katie		Katie			Katie Beckett Part		Katie Beckett Part	
Part A				Beckett Part		Beckett Part			A - Minor Home		A Community	
(Contracted				A -		A - Respite			Modification (KB-A		Transportation	
exclusively				Supportive		(KB-A RES)			MHM		(KB-A TRANS)	
through				Home Care								
BlueCare)				(KB-A SHC)								
									Katie Beckett Part			
									A - Assistive			
									Technology,			
									Adaptive			
									Equipment, and Supplies (KB–A			
									ATAES)			

PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY
REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

#### **Katie Beckett B**

				ı	Macic	. DCC	NCLL D					
SERVICE CATEGORIES:	Residential	Day	Employment	Personal Assistance /Supportiv e Home Care	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environment al Accessibility Modifications	Enabling Technolog Y	Transportation	Other Services
Katie Beckett Part B* (Contracted exclusively through DDA)				Katie Beckett Part B Supportive Home Care (KB–B SHC) Katie Beckett Part B Supportive Home Care (KB–B SHC)		Katie Beckett Part B Respite (KB–B RES)			Katie Beckett Part B Minor Home Modification (KB-B MHM		Katie Beckett Part B Community Transportation (KB–B TRANS)	Katie Beckett Part B Community Integration Support Services (KB-B CISS)
								Katie Beckett Part B Assistive Technology, Adaptive Equipment, and Supplies (KB-B ATAES)				

			19150	Hoı	me ar	nd Co	ommu	nity	Based Wa	iver		
SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistanc e	Support Coordination	Respite	Therapy/ Clinical Services	Ancillar y Services	Ancillary Services Minor Home Modification and Environmental Accessibility Modifications	Enabling Technolo gy	Transportation	Other Services (See the service definition)
1915C Home and Community Based Waiver	DDA 1915c Family Model Residential Support (DDA FMRS)	DDA 1915c Communi ty Participat ion Supports (DDA CP)	DDA 1915c Supported Employment Discovery (DDA DISC)	DDA 1915c Personal Assistance (DDA PA)*	DDA 1915c Support Coordination (DDA SUPP COORD) Providers of Support Coordination services are prohibited from providing any other 1915C Waiver service(s). However, Providers of Support Coordination services may apply to provide services under the Katie Beckett A and B, ECF CHOICES, and CHOICES.	DDA 1915c Respite (DDA RESP)	DDA 1915c Behavior Services: Behavior Analyst (DDA BA)		DDA 1915c Environmental Accessibility Modifications (DDA EAM)	DDA 1915c Specialized Medical Equipment Supplies and Assistive Technology (DDA SMESAT)	DDA 1915c Individual Transportation (DDA IND TRANSP)  * The 1915c Individual Transportation service applies only if requesting the Personal Assistance service, Respite service or Orientation and Mobility service. The 1915c Individual Transportation service is not a stand- alone service.	
	DDA 1915c Medical Residential Services* (DDA MEDRES)	DDA 1915c Intermitt ent Employm ent & Communi ty Integratio n Wrap- Around Supports (DDA IECW)	DDA 1915c Supported Employment Individual - Job Development (DDA SE IND JD) [consists of Job Dev (ID) Plan or Self- Employment (SE) Plan, Job Dev (ID)Start-Up or Self- Employment (SE) Start-Up] DDA 1915c SE- Ind JD			DDA 1915c Behaviora I Respite (DDA BA RESP)	DDA 1915c Behavior Services: Behavior Specialist (DDA BS)	DDA 1915c Persona I Emerge ncy Respon se System (DDA PERS)		DDA 1915c Enabling Technolog y (DDA ETECH)		

PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY
REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

#### 1915c Home and Community Based Waiver SERVICE Ancillary Transportation Services CATEGORIES: **Employment** See Initial Personal Minor Home Ancillar **Enabling** Credentialing Modification Other Services (See the Assistanc Support Therapy/ Technolo Residential Day Respite **Clinical Services** service definition) Certification Coordination and STANDARDS: Services gy Requirements Environmental Accessibility below Modifications DDA 1915c DDA DDA 1915 DDA 1915c Residential 1915c Nursing (DDA Supported Habilitation (DDA NURS) Non-**Employment** RES HAB) Residenti Exploration al (DDA EXPL) Homebo und Support Services (DDA NRSHMB DDA 1915c Semi-DDA 1915c DDA 1915c Independent Living Supported Nutrition (DDA (DDA SIL) Employment NUTR) Individual - Job Coaching (DDA JCICE) [consists of Job Coaching - Individualized Integrated Employment (JC IIE) and Job Coaching for Self-Employment (JC DDA 1915c DDA 1915c DDA 1915c Occupational Supported **Supported Living** Employment -Therapy (DDA (DDA SL) Small Group OT) (DDA SESG) (Examples include mobile crews, small enclaves and other small groups participating in

integrated employm

			19150	Ho	me ar	nd C	ommu	nity	Based W	aiver		
SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistanc e	Support Coordination	Respite	Therapy/ Clinical Services	Ancillar y Services	Ancillary Services Minor Home Modification and Environmental Accessibility Modifications	Enabling Technolo gy	Transportation	Other Services (See the service definition)
			DDA 1915c Supported Employment - Benefits Counseling (DDA BENE)				DDA 1915c Orientation and Mobility* (DDA O&M)					
							DDA 1915c Physical Therapy (DDA PT)					
							DDA 1915c Speech, Language and Hearing (DDA SLH)					
							DDA 1915c Speech, Language and Hearing Assistive Technology((DD A SLP)					
							Hearing Assistive Technology((DD					

PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY
REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environment al Accessibility Modifications	Enabling Transportation	Transportation	Other Services (See the service definition)
Employment and Community First (ECF) Choices	ECF Community Stabilization and Transition (ECF CLS CST) Up to 90 Days	ECF Communi ty Integrate d Support Services (ECF CISS)	ECF Co-Worker Supports (ECF CWS)	ECF Personal Assistance (ECF PA)		ECF Respite (ECF RESP)	ECF Specialized Consultation and Training Occupational Therapy (ECF SCT OT)	ECF Assistive Technology/ Adaptive Equipment and Supplies (ECF ATAES)		ECF Enabling Technology (ECF ETECH)	ECF Community Transportation Non- Emergency Transportation/ Stand Alone Transportation (ECF TRANS)	ECF Community Support, Development, Organization and Navigation (ECF CSDON)
	ECF Community Living Supports (ECF CLS) Level:	ECF Independ ent Living Skills Training (ECF ILST)	ECF Discovery (ECF DISC)	ECF Supportive Home Care (ECF SHC)			ECF Specialized Consultation and Training Physical Therapy (ECF SCT PT)		ECF Minor Home Modifications (ECF MHM)			ECF Health Insurance Counseling / Forms Assistance (ECF HICFA)
	ECF Community Living Supports Family Model (ECF CLS-FM) Level:   1a  1b  2  3  4		ECF Exploration for Wage Employment (Also known as Exploration for CIE) (ECF EXPL WE)				ECF Specialized Consultation and Training Nurse Education Training and Delegation(ECF SCT RN)					ECF Peer-to-Peer Support Self Direction Employment and Community Support and Navigation (ECF PPSN)

PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY
REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environment al Accessibility Modifications	Enabling Transportation	Transportation	Other Services (See the service definition)
	ECF Behavioral Health Community Stabilization and Transition (ECF CLS BHCST) Level 2a		ECF Exploration for Self- Employment (ECF EXPL SE)				ECF Specialized Consultation and Training Speech,Language and Pathlogy (ECF SCT SLP)					ECF Decision Making Supports formerly known as (f.k.a.) Conservatorship and alternative to Conservatorship Counseling (ECF DMS)
	ECF Behavioral Health Community Stabilization and Transition (ECF CLS BHCST) Level: 2b		ECF Job Coaching  - Integrated, Competitive Employment (ECF JCICE)				ECF Specialized Consultation and Training Nutrition (ECF SCT NUTR)					(ECI DIVIS)
	ECF Emergency Placement (ECF CLS EPCST)		ECF Job Coaching - Self- Employment (ECF JCSE)				ECF Specialized Consultation and Training - Behavior service (ECF SCT BEHAV SRVS)					
	ECF Intensive Behavioral Family- Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7)		ECF Job Development Plan (ECF JDSEP)				ECF Specialized Consultation and Training Orientation and Mobility (ECF SCT O&M)					

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REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

SERVICE CATEGORIES:  STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environment al Accessibility Modifications	Enabling Transportation	Transportation	Other Services (See the service definition)
	ECF Intensive Behavioral Community Transition and Stabilization Services Group 8 (ECF IBCTSS 8)		ECF Self- Employment Plan (ECF SEP)									
			ECF Job Development Startup (ECF JDSU)									
			ECF Self- Employment Startup (ECF SESU)									
			ECF Situational Observation and Assessment (ECF SOA)									
			ECF Supported Employment Small Group (Max 2 People) Enclave (ECF SESGE)									

# ATTACHMENT 1 PROVIDER CREDENTIALING STANDARDS KATIE BECKETT (PART A), KATIE BECKETT (PART B), 1915c HCBS WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES, AND CHOICES PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY

EASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environment al Accessibility Modifications	Enabling Transportation	Transportation	Other Services (See the service definition)
			ECF Supported Employment Small Group (Max 3 People) Mobile Work Crew (ECF SE SGMWC)									
			ECF Integrated Employment Path Services: Prevocational Training (ECF IEPS)									
			ECF Benefits Counseling (ECF BENE) ECF Career Advancement (ECF CAREER)									

					CHC	DICE	S					
SERVICE CATEGORIES:  STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance/SU PPORTIVE HOME CARE IN-HOME	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environmenta l Accessibility Modifications	Enabling Technolo gy	Transportation	Other Services (See the service definition)
CHOICES	CHOICES Community Living Supports (HCBS CLS): Levels: □1 □ 2 □ 3	CHOICES Adult Day Care (HCBS ADC)	CHOICES Exploration for Wage Employment (CHOICES EXPL)			CHOICES Respite – In-Home (HCBS IHR)			CHOICES Minor Home Modifications (HCBS MHM)	CHOICES Enabling Technolo gy (HCBS ETECH)	CHOICES Community Transportation (CHOICES TRANS)	CHOICES Home Delivered Meals (HCBS HDM)
	CHOICES Community Living Supports – Family Model (HCBS-FM): Levels: □ 1 □ 2 □ 3		CHOICES Exploration for Self- Employment (CHOICES EXPL-SE)	CHOICES Personal Care (HCBS PC)				CHOICES Personal Emergency Response System- Installation (HCBS PERS- Inst)				CHOICES Pest Control (CHOICES PC)
	CHOICES Adult Care Home (HCBS ACH): Levels:   1  2		CHOICES Discovery (CHOICES DISC)					CHOICES Personal Emergency Response System-Monthly Fee (HCBS PERS-Mo)				CHOICES Community Transportation (CHOICES TRANS)
	☐ CHOICES  Assisted Care Living Facility (HCBS ACLF)		CHOICES Situational Observation and					CHOICES Assistive Technology (HCBS AT)				

					CHC	DICE	S					
SERVICE CATEGORIES:  STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance/SU PPORTIVE HOME CARE IN-HOME	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environmenta l Accessibility Modifications	Enabling Technolo gy	Transportation	Other Services (See the service definition)
			Assessment (CHOICES SOA) CHOICES Job Dev Plan									
			(CHOICES JDP)  CHOICES Job  Dev Start Up  (CHOICES  JDSU)									
			CHOICES Self- Employment Start Up (CHOICES SESU)									
			CHOICES Job Coaching – Integrated, Competitive Employment (CHOICES JCICE)									
			CHOICES Job Coaching - Self- Employment (CHOICES JCSE)									

					CHC	DICE	S					
SERVICE CATEGORIES:  STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance/SU PPORTIVE HOME CARE IN-HOME	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environmenta l Accessibility Modifications	Enabling Technolo gy	Transportation	Other Services (See the service definition)
			CHOICES Co- Worker Supports (CHOICES CWS)									
			CHOICES Integrated Employment Path Services: Pre-Vocational (CHOICES IEPS:PV)									
			CHOICES Career Advancement (CHOICES CAREER									
			CHOICES Benefits Counseling (CHOICES BENE)									

SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment See Initial Credentialing Certification Requirements below	Personal Assistance	Support Coordinati on	Respite	Therapy/ Clinical Services	Ancillary Services	Ancillary Services Minor Home Modification and Environmental Accessibility Modifications	Enabling Technology	Transportation	**Other Services see the Credentialing Application, Attachments 2, Attachment 3 ,and Attachment 4
Credentialing Application	~	~	~	<b>~</b>	~	<b>*</b>	~	~	<b>~</b>	<b>~</b>	~	~
Disclosure form	~	~	~	<b>✓</b>	~	<b>~</b>	~	~	~	~	~	~
TN Business State License and/or County of TN Business License, as applicable	~	~	~	~	~	~	~	~	~	~	~	~
TN-Business State License/ and Applicable to Out of State Enabling Technology Providers only Certificate of Existence/Authorizatio n with an Out of State Business License (											<b>~</b>	
Job descriptions to match job titles on the Org. Chart	~	~	~	~	~	~	~	~	~	~	~	~
Organizational (Org.) Chart	~	<b>~</b>	~	~	~	<b>~</b>	~	~	~	~	~	~
Minimum Required Policies and Review Guidelines	~	~	~	~	~	~	~	~	~	~	~	~
Policies and Procedures (See Attachment 3)	~	~	~	~	~	~	~	~	~	~	~	~
Automobile Insurance Coverage quote <u>or</u> valid	~	<b>~</b>	~	~		<b>✓</b>					~	

#### ATTACHMENT 1 PROVIDER CREDENTIALING STANDARDS

#### KATIE BECKETT (PART A), KATIE BECKETT (PART B), 1915c HCBS WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES, AND CHOICES

RELEX TO THE CREDITIALING AFFECATION, ATTACHMENT 2, ATTACHMENT 4												
Certificate of												
Insurance										ļ		
Comprehensive General Liability Insurance quote or valid Certificate of Insurance	<b>~</b>	<b>~</b>	~	~	<b>~</b>	<b>~</b>	<b>~</b>	~	~	~	~	~
Worker's Compensation /Employer Liability Insurance quote or valid Certificate of Insurance	~	~	<b>~</b>	~	~	<b>~</b>	~	<b>~</b>	~	<b>~</b>	~	~
Professional Malpractice Liability quote <u>or</u> valid Certificate of Insurance							<b>~</b>					
Projected budget	~	~	~	<b>~</b>	~	~					~	
Proof of operational reserves or line of credit (see instruction and application for specific details)	~	~	~	~	~	~					~	
Resume for Executive Director/Managing Employee	~	~	~	~	~	~					~	
Service License see Attachment 2	~	~	~	~	~	~	~	~	~	~	~	~
Tax Forms (W-9 , IRS 147c and Substitute W-9)	~	~	~	~	~	~	~	~	~	~	~	~
Volunteer and Criminal History System (VECHS) Form and Receipt Proof	~	~	~	~	~	~	~	~	~	~	~	~

# ATTACHMENT 1 PROVIDER CREDENTIALING STANDARDS KATIE BECKETT (PART A), KATIE BECKETT (PART B), 1915c HCBS WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES, AND CHOICES PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

-					,	,			
TN Residential	<b>~</b>								
Provider Self-									
Assessment									
TN Non-Residential		<b>✓</b>	~						
Provider Self-									
Assessment									
Submit the							<b>✓</b>		
<u>ADDITIONAL</u>									
<u>REQUIREMENTS</u>									
SPECIFIC TO									
ENABLING									
TECHNOLOGY see the									
table below									
Other Services: refer									<b>✓</b>
to Credentialing									
Application									
Attachments 2, 3 ,and									
4 for all other									
requirements									

PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS AS INDICATED FOR THE PROGRAM SERVICE CATEGORY
REFER TO THE CREDENTIALING APPLICATION, ATTACHMENT 2, ATTACHMENT 3, AND ATTACHMENT 4

#### INITIAL CERTIFICATION REQUIREMENTS SPECIFIC TO EMPLOYMENT SERVICES\*

**FOR EMPLOYMENT SERVICES:** To meet initial credentialing [Applicable to Employment Service providers across all programs (1915c, ECF Choices, and CHOICES], the provider must submit a job description for the Supported Employment Manager/Front Line Supervisor and this position must display on the organizational chart

\*\*PLEASE NOTE: Providers only applying for the Employment Services in any one or all the programs (1915c, ECF Choices, and CHOICES), The provider submits its application directly to DDA. The provider must meet credentialing then DDA will submit approval for the provider to obtain the Medicaid ID number.

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#### **ADDITIONAL REQUIREMENTS SPECIFIC TO ENABLING TECHNOLOGY:**

#### **Enabling Technology Credentialing Criteria**

#### Align the organization's Mission and Vision with DIDD and TennCare:

**Mission:** Does the organization use language within their mission statement that describes the use of technology to support people to live more independently?

**Vision:** Does the organization's Vision statement include <u>at least 5</u> of the following topics: health, safety, independence, person-centered, empowering, innovation, cost-effective, and/or self-determination?

Show history and experience utilizing technology to support persons with I/DD or direct experience with providing Enabling Technology services (or similar services such as assistive technology, specialized medical equipment, remote support services, alternative technology solutions, etc.) in Tennessee or other states:

**History and Experience:** Does the organization explain <u>at least 1 year</u> of history and experience utilizing technology to support persons with I/DD within Tennessee; or direct experience with providing Enabling Technology services in <u>at least one other state</u>?

Provide an adequate description of their Enabling Technology services:

#### **Enabling Technology Service description:**

- Does the description of the organization's service delivery environments (i.e. home, community, and/or employment) align with the Enabling Technology service definition?
- Does the description of the organization's Enabling Technology solutions and supports align with the Enabling Technology service definition?
- Does the description of the organization's Information Technology (IT) services (i.e. maintenance, installation, programming, technical support, etc.) align with the Enabling Technology service definition?

#### Provide an adequate description of their Enabling Technology Team:

**Enabling Technology Team description:** Does the description of the organization's Enabling Technology Team include adequate details for each of the following topics: roles, responsibilities, expectations, and location(s) of service delivery (i.e. office locations, assigned regions, etc.)?

Provide evidence of a person-centered approach and process for the utilization of Enabling Technology:

**Person-centered approach and process:** Does the organization provide evidence of the adoption of person-centered language and practices within their Enabling Technology service model?

Provide an adequate description of a plan for routine maintenance and back-up supports for their Enabling Technology solutions and services:

#### The routine maintenance and back-up support plan:

- Does the plan include redundancy(s) that ensure the functioning of critical technology systems?
- Does the plan include a communication plan for assuring back-up staff support (when applicable)?
- Does the plan include parameters on service uptime/downtime/latency; or specific response times for restoration/intervention/back-up supports (when applicable)?