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**Managed Care Organization (Mco)**

**county expansion request form**

*The Department of Disability and Aging (DDA) serves as the credentialing authority for the 1915c, Employment and Community First (ECF) Waiver program, Katie Beckett (KB) Services- Part A and B (collectively “provider services”), and ECF Providers who provide CHOICES Waiver Services. Effective June 1, 2024, DDA serves as the credentialing authority for CHOICES Providers who also provide 1915c, and/ or Katie Beckett services.*

***INTRODUCTION****: The purpose of this form is to request a regional county expansion for the same service and the same MCO the agency (provider) is currently contracted ( recredentialed) or credentialed.*

## ***\*\*\* Please complete the Expansion CREDENTIALING Application if you wish to ADD new program(s), New service(s), or NEW region (s) \*\*\****

# **APPLICATION SUBMISSION GENERAL GUIDELINES for county expansion**

1. Submit the County Expansion Request Form to [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov) .
2. Type in the Subject section your organization’s name and each current region (s) ( West, or Middle, or East) you are requesting the county expansion.
3. For each uploaded document label the document’s name. For Example you are uploading the document name:

* County Expansion Request Form

If each uploaded document is not named, this may delay the downloading process and impact credentialing of your application.Graphic files such as:  JPEG (photo) or TIFF, will not be accepted.

**Note:**Due to documentation uploading capacity limitation, you may need  to continue uploads onto  more than one submission. Remember for each submission, type in the Subject line your organization’s  name and the current region(s) ( West, or Middle, or East ) you are requesting the county expansion. Also label the name of each uploaded document.

**Note**: If you decide to upload a ZIP FILE. Please ensure the uploaded file states the name of your organization and the region. Also label the name of each document within the ZIP FILE.

1. DDA will email confirmation of your application within two (2) business days. It is very important you contact DDA if you do not receive this email.
2. Please allow 30 calendar days before requesting the status of your application.
3. For questions, contact the DDA Provider Enrollment Coordinator by email at [DDA.Provider.Application@tn.gov](mailto:DDA.Provider.Application@tn.gov) or phone (615) 532-6530

# **Provider Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Agency Legal Name:** | | | **DBA:** | | |
| Tax ID/FEIN: | NPI: | | Medicaid ID: | | Taxonomy: |
| **Provider Primary Contact Information** | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone Number: | | | Fax Number: | | |
| Credentialing Contact Name and Title: | | | | | |
| Email Address: | | | Provider Website URL: | | |

# **Date of most recent credentialing or recredentialing date: *Click or tap to enter a date.***

# **mark BELOW The MCO The agency (Provider) is CURRENTLY CREDENTIAL OR CONTRACTED (RECREDENTIALED) requesting the county expansion:**

Wellpoint  BlueCare  United Health Care

**PLEASE MARK THE SERVICES AND PROGRAMS YOU ARE CURRENTLY CREDENTIALED OR CONTRACTED( RECREDENTIALED)**

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| **EMPLOYMENT Services: *PLEASE NOTE:*** *Providers only applying for the Employment Services in any 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* |

**Katie Beckett** **Part A**  **N/A**

**\* Katie Beckett Part A Is CONTRACTED exclusively THROUGH BlueCare**

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| **PROGRAM SERVICES** |
| **PERSONAL ASSISTANCE/ SUPPORTIVE HOME CARE - IN-HOME :** Katie Beckett Part A - Supportive Home Care (KB–A SHC) |
| **RESPITE SERVICE:**  Katie Beckett Part A - Respite (KB–A RES) |
| **ANCILLARY SERVICE:**  Katie Beckett Part A - Assistive Technology, Adaptive Equipment, and Supplies (KB–A ATAES) |
| **ANCILLARY SERVICE:**  Katie Beckett Part A - Minor Home Modification (KB–A MHM) |
| **DAY SERVICE** :: Katie Beckett Part A - Community Integration Support Services (KB–A CISS) |
| **TRANSPORTATION SERVICE** : Katie Beckett Part A Community Transportation (KB–A TRANS) |

**Katie Beckett Part B**  **N/A**

**\* Katie Beckett Part B Is CONTRACTED exclusively THROUGH BlueCare**

| **PROGRAM SERVICES** |
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| **THE FOLLOWING ARE PROGRAM SERVICES FOR KATIE BECKETT PART B:**  **PERSONAL ASSISTANCE /SUPPORTIVE HOME CARE-IN HOME SERVICE:** Katie Beckett Part B Supportive Home Care (KB–B SHC) |
| **RESPITE SERVICE**: Katie Beckett Part B Respite (KB–B RES) |
| **ANCILLARY SERVICE** : Katie Beckett Part B Assistive Technology, Adaptive Equipment, and Supplies  (KB–B ATAES) |
| **ANCILLARY SERVICE** : Katie Beckett Part B Minor Home Modification (KB–B MHM) |
| **DAY SERVICE** : Katie Beckett Part B Community Integration Support Services (KB–B CISS) |
| **TRANSPORTATION SERVICE** : Katie Beckett Part B Community Transportation (KB–B TRANS) |

**1915c WaiverS**  **N/A**

| **PROGRAM ServiceS** |
| --- |
| **RESIDENTIAL SERVICE:** DDA 1915c Family Model Residential Support (DDA FMRS) |
| **RESIDENTIAL SERVICE :** DDA 1915c Medical Residential Services\* (DDA MEDRES)  *\*Must apply for Nursing Services* ***and*** *either Residential Habilitation or Supported Living* |
| **RESIDENTIAL SERVICE:** DDA 1915c Residential Habilitation (DDA RES HAB) |
| **RESIDENTIAL SERVICE:** DDA 1915c Semi-Independent Living (DDA SIL) |
| **RESIDENTIAL SERVICE** DDA 1915c Supported Living (DDA SL) |
| **Day SERVICE:**  DDA 1915c Community Participation Supports (DDA CP) |
| **Day SERVICE:** DDA 1915c Intermittent Employment & Community Integration Wrap-Around Supports (DDA IECW) |
| **Day SERVICE:**  DDA 1915c Non-Residential Homebound Support Services (DDA NRSHMB) |
| **EMPLOYMENT Services** DDA 1915c Supported Employment Discovery (DDA DISC) |
| **EMPLOYMENT Service:** DDA 1915 Supported Employment Exploration (DDA EXPL) |
| **EMPLOYMENT Service:** DDA 1915c Supported Employment Individual - Job Development (DDA SE IND JD) *[consists of Job Dev (JD) Plan or Self-Employment (SE) Plan, Job Dev (JD)Start-Up or Self- Employment (SE) Start-Up] DDA 1915c - 1915c SE - Ind JD* |

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| **EMPLOYMENT Service:** DDA 1915c Supported Employment Individual - Job Coaching (DDA JCICE)  *[consists of Job Coaching - Individualized Integrated Employment (JC IIE) and Job Coaching for Self-Employment (JC SE)]* |
| **EMPLOYMENT Service:** DDA 1915c Supported Employment - Small Group (DDA SESG)  *(Examples include mobile crews, small enclaves and other small groups participating in integrated employment)* |
| **EMPLOYMENT Service:** DDA 1915c Supported Employment - Benefits Counseling (DDA BENE) |

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| **THERAPY/CLINICAL Service:** DDA 1915c Behavior Services: Behavior Analyst (DDA BA) |
| **THERAPY/CLINICAL Service:** DDA 1915c Behavior Services: Behavior Specialist (DDA BS)  *\*Must have a Behavior Analyst to provide oversight.* |
| **THERAPY/CLINICAL Service:** DDA 1915c Nursing (DDA NURS) |
| **THERAPY/CLINICAL Service:** DDA 1915c Nutrition (DDA NUTR) |
| **THERAPY/CLINICAL Service:** DDA 1915c Occupational Therapy (DDA OT) |
| **THERAPY/CLINICAL Service:** DDA 1915c Orientation and Mobility\* (DDA O&M) |
| **THERAPY/CLINICAL Service:** DDA 1915c Physical Therapy (DDA PT) |
| **THERAPY/CLINICAL Service:** DDA 1915c Speech, Language and Hearing (DDA SLH) |
| **THERAPY/CLINICAL Service:** DDA 1915c Speech, Language and Hearing Assistive Technology (DDA SLP) |
| **ANCILLARY SERVICE:**DDA 1915c Environmental Accessibility Modifications (DDA EAM) |
| **ANCILLARY SERVICE:**DDA 1915c Personal Emergency Response System (DDA PERS) |
| **ANCILLARY SERVICE:**DDA 1915c Specialized Medical Equipment Supplies and Assistive Technology (DDA SMESAT) |
| **ENABLING TECHNOLOGY SERVICE:**DDA 1915c Enabling Technology (DDA ETECH) |
| **PERSONAL ASSISTANCE SERVICE:** DDA 1915c Personal Assistance (DDA PA)\* |
| **RESPITE SERVICES:** DDA 1915c Respite (DDA RESP)\* |
| **RESPITE SERVICES:** DDA 1915c Behavioral Respite (DDA BA RESP) |
| **SUPPORT COORDINATION SERVICE:** 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.* |
| **TRANSPORTATION SERVICE:** 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.* |

**ECF CHOICES**  **N/A**

| **PROGRAM SERVICES** |
| --- |
| **RESIDENTIAL SERVICE:** ECF Community Stabilization and Transition (ECF CLS CST) Up to 90 Days\*  *\*This service is used prior to placing persons in the appropriate level for CLS services. Please select when applying to provide CLS and CLS-FM services.* |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports 1a (ECF CLS 1a) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports 1b (ECF CLS 1b) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports 2 (ECF CLS 2) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports 3 (ECF CLS 3) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports 4 (ECF CLS 4) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports Family Model 1a (ECF CLS-FM 1a) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports Family Model 1b (ECF CLS-FM 1b) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports Family Model 2 (ECF CLS-FM 2) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports Family Model 3 (ECF CLS FM 3) |
| **RESIDENTIAL SERVICE:** ECF Community Living Supports Family Model 4 (ECF CLS FM 4) |
| **RESIDENTIAL SERVICE:** ECF Behavioral Health Community Stabilization and Transition 2a  (ECF CLS BHCST 2a) |
| **RESIDENTIAL SERVICE:** ECF Behavioral Health Community Stabilization and Transition 2b  (ECF CLS BHCST 2b) |
| **RESIDENTIAL SERVICE:** ECF Emergency Placement (ECF CLS EPCST)  *\*This is a temporary service used in conjunction with CLS Services. Please select when applying to provide CLS and CLS-FM services.* |
| **RESIDENTIAL SERVICE:** ECF Intensive Behavioral Family-Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7) |
| **RESIDENTIAL SERVICE:** ECF Intensive Behavioral Community Transition and Stabilization Services Group 8 (ECF IBCTSS 8) |
| **DAY SERVICE:**ECF Community Integrated Support Services (ECF CISS) |
| **DAY SERVICE:**ECF Independent Living Skills Training (ECF ILST) |
| **EMPLOYMENT SERVICE:** ECF Co-Worker Supports (ECF CWS) |
| **EMPLOYMENT SERVICE:** ECF Discovery (ECF DISC) |
| **EMPLOYMENT SERVICE:** ECF Exploration for Wage Employment (Also known as Exploration for CIE) (ECF EXPL WE) |
| **EMPLOYMENT SERVICE:** ECF Exploration for Self-Employment (ECF EXPL SE) |
| **EMPLOYMENT SERVICE:** ECF Job Coaching – Integrated, Competitive Employment (ECF JCICE) |
| **EMPLOYMENT SERVICE:** ECF Job Coaching - Self-Employment (ECF JCSE) |
| **EMPLOYMENT SERVICE:** ECF Job Development Plan (ECF JDSEP) |
| **EMPLOYMENT SERVICE:** ECF Self-Employment Plan (ECF SEP) |
| **EMPLOYMENT SERVICE:** ECF Job Development Startup (ECF JDSU) |
| **EMPLOYMENT SERVICE:** ECF Self-Employment Startup (ECF SESU) |
| **EMPLOYMENT SERVICE:** ECF Situational Observation and Assessment (ECF SOA) |
| **EMPLOYMENT SERVICE:** ECF Supported Employment Small Group (Max 2 People) Enclave (ECF SESGE) |
| **EMPLOYMENT SERVICE:** ECF Supported Employment Small Group (Max 3 People) Mobile Work Crew (ECF SE SGMWC) |
| **EMPLOYMENT SERVICE:** ECF Integrated Employment Path Services: Prevocational Training (ECF IEPS) |
| **EMPLOYMENT SERVICE:** ECF Benefits Counseling (ECF BENE) |
| **EMPLOYMENT SERVICE:** ECF Career Advancement (ECF CAREER) |
| **ANCILLARY SERVICE:** ECF Assistive Technology/Adaptive Equipment and Supplies (ECF ATAES) |
| **ANCILLARY SERVICE:** ECF Minor Home Modifications (ECF MHM) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Occupational Therapy (ECF SCT OT) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Physical Therapy (ECF SCT PT) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Speech Language Pathology (ECF SCT SLP) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Nurse Education, Training and Delegation (ECF SCT RN) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Nutrition (ECF SCT NUTR) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Behavioral Services (ECF SCT BEHAV SRVS) |
| **THERAPY/CLINICAL Service:**ECF Specialized Consultation and Training Orientation and Mobility (ECF SCT O&M) |
| **PERSONAL ASSISTANCE SERVICE:** ECF Personal Assistance (ECF PA) |
| **PERSONAL ASSISTANCE SERVICE:** ECF Supportive Home Care (ECF SHC) |
| **RESPITE SERVICE:** ECF Respite (ECF RESP) |
| **Enabling Technology SERVICE:** ECF Enabling Technology (ECF ETECH) |
| **OTHER SERVICE:** ECF Community Support, Development, Organization and Navigation (ECF CSDON) |
| **OTHER SERVICE:** ECF Health Insurance Counseling / Forms Assistance (ECF HICFA) |
| **OTHER SERVICE:** ECF Peer–to-Peer Support Self Direction Employment and Community Support and Navigation (ECF PPSN) |
| **OTHER SERVICE:** ECF Decision Making Supports formerly known as (f.k.a.) Conservatorship and alternative to Conservatorship Counseling (ECF DMS) |
| **TRANSPORTATION SERVICE:** ECF Community Transportation *Non-Emergency Transportation/ Stand Alone Transportation* (ECF TRANS) |

**CHOICES**  **N/A**

##### The New provider credentialing application is for CHOICES applicants interested in providing services along with ANY OF THE FOLLOWING PROGRAM SERVICE: kATIE Beckett-A, Katie Beckett-B,1915C, AND/OR ecf choices

##### Should you wish to provide CHOICES as a stand-alone program, credentialing is conducted by the MCO. Therefore, CONTACT THE MCO FOR THEIR APPLICATION AND SUBMIT IT DIRECTLY TO THE MCO.

| **PROGRAM SERVICES** |
| --- |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports 1 (HCBS CLS 1) |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports 2 (HCBS CLS 2) |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports 3 (HCBS CLS 3) |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports Family Model 1 (HCBS CLS FM 1) |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports Family Model 2 (HCBS CLS FM 2) |
| **RESIDENTIAL SERVICE:**CHOICES Community Living Supports Family Model 3 (HCBS CLS FM 3) |
| **RESIDENTIAL SERVICE:**CHOICES Adult Care Home (HCBS ACH 1) |
| **RESIDENTIAL SERVICE:**CHOICES Adult Care Home (HCBS ACH 2) |
| **RESIDENTIAL SERVICE:**CHOICES Assisted Care Living Facility (HCBS ACLF) |
| **DAY SERVICE:**CHOICES Adult Day Care (HCBS ADC) |
| **EMPLOYMENT SERVICE:** CHOICES Exploration for Wage Employment (CHOICES EXPL) |
| **EMPLOYMENT SERVICE:** CHOICES Exploration for Self-Employment (CHOICES EXPL-SE) |
| **EMPLOYMENT SERVICE:** CHOICES Discovery (CHOICES DISC) |
| **EMPLOYMENT SERVICE:** CHOICES Situational Observation and Assessment (CHOICES SOA) |
| **EMPLOYMENT SERVICE:** CHOICES Job Dev Plan (CHOICES JDP) |
| **EMPLOYMENT SERVICE:** CHOICES Self-Employment Plan (CHOICES SEP) |
| **EMPLOYMENT SERVICE:** CHOICES Job Dev Start Up (CHOICES JDSU) |
| **EMPLOYMENT SERVICE:** CHOICES Self-Employment Start Up (CHOICES SESU) |
| **EMPLOYMENT SERVICE:** CHOICES Job Coaching – Integrated, Competitive Employment (CHOICES JCICE) |
| **EMPLOYMENT SERVICE:** CHOICES Job Coaching - Self-Employment (CHOICES JCSE) |
| **EMPLOYMENT SERVICE:** CHOICES Co-Worker Supports (CHOICES CWS) |
| **EMPLOYMENT SERVICE:** CHOICES Integrated Employment Path Services: Pre-Vocational (CHOICES IEPS:PV) |
| **EMPLOYMENT SERVICE:** CHOICES Career Advancement (CHOICES CAREER) |
| **EMPLOYMENT SERVICE:** CHOICES Benefits Counseling (CHOICES BENE) |
| **Personal Assistance / SUPPORTIVE HOME CARE – IN-HOME:** CHOICES Personal Care (HCBS PC) |
| **RESPITE SERVICE:**CHOICES Respite In-Home (HCBS- IHR) |
| **ANCILLARY SERVICE:** CHOICES Assistive Technology (HCBS AT) |
| **ANCILLARY SERVICE:** CHOICES Minor Home Modifications (HCBS MHM) |
| **ANCILLARY SERVICE:** CHOICES Personal Emergency Response System- Monthly Fee (HCBS PERS-Mo) |
| **ANCILLARY SERVICE:** CHOICES Personal Emergency Response System- Installation (HCBS PERS-Inst) |
| **ENABLING TECHNOLOGY SERVICE:** CHOICES Enabling Technology (HCBS ETECH) |
| **TRANSPORTATION SERVICE:** CHOICES Community Transportation (CHOICES TRANS) |
| **OTHER SERVICE:** CHOICES Home-Delivered Meals (HCBS HDM) |
| **OTHER SERVICE:** CHOICES Pest Control (CHOICES PC) |

**PLease indicate counties of service**

**WEST REGION:**  **ALL COUNTIES  N/A**

Check in Column # 1, the coun(ties) currently **Credentialed or Recredentialed**

Check in Column #2, the coun(ties) the Agency(Provider) is requesting to add and check the current program service you are requesting to add to the new county.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** | **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** |
| **Benton** |  |  |  |  |  |  |  | **Haywood** |  |  |  |  |  |  |  |
| **Carroll** |  |  |  |  |  |  |  | **Henderson** |  |  |  |  |  |  |  |
| **Chester** |  |  |  |  |  |  |  | **Henry** |  |  |  |  |  |  |  |
| **Crockett** |  |  |  |  |  |  |  | **Lake** |  |  |  |  |  |  |  |
| **Decatur** |  |  |  |  |  |  |  | **Lauderdale** |  |  |  |  |  |  |  |
| **Dyer** |  |  |  |  |  |  |  | **Madison** |  |  |  |  |  |  |  |
| **Fayette** |  |  |  |  |  |  |  | **McNairy** |  |  |  |  |  |  |  |
| **Gibson** |  |  |  |  |  |  |  | **Obion** |  |  |  |  |  |  |  |
| **Hardeman** |  |  |  |  |  |  |  | **Shelby** |  |  |  |  |  |  |  |
| **Hardin** |  |  |  |  |  |  |  | **Tipton** |  |  |  |  |  |  |  |
| **Weakley** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**MIDDLE REGION:**  **All Counties** **n/a**

Check in Column # 1, the coun(ties) currently **Credentialed or Recredentialed**

Check in Column #2, the coun(ties) the Agency(Provider) is requesting to add and check the current program service you are requesting to add to the new county.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** | **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** |
| **Bedford** |  |  |  |  |  |  |  | **Marshall** |  |  |  |  |  |  |  |
| **Cannon** |  |  |  |  |  |  |  | **Maury** |  |  |  |  |  |  |  |
| **Cheatham** |  |  |  |  |  |  |  | **Montgomery** |  |  |  |  |  |  |  |
| **Clay** |  |  |  |  |  |  |  | **Moore** |  |  |  |  |  |  |  |
| **Coffee** |  |  |  |  |  |  |  | **Overton** |  |  |  |  |  |  |  |
| **Cumberland** |  |  |  |  |  |  |  | **Perry** |  |  |  |  |  |  |  |
| **Davidson** |  |  |  |  |  |  |  | **Pickett** |  |  |  |  |  |  |  |
| **DeKalb** |  |  |  |  |  |  |  | **Putnam** |  |  |  |  |  |  |  |
| **Dickson** |  |  |  |  |  |  |  | **Robertson** |  |  |  |  |  |  |  |
| **Fentress** |  |  |  |  |  |  |  | **Rutherford** |  |  |  |  |  |  |  |
| **Franklin** |  |  |  |  |  |  |  | **Smith** |  |  |  |  |  |  |  |
| **Giles** |  |  |  |  |  |  |  | **Stewart** |  |  |  |  |  |  |  |
| **Hickman** |  |  |  |  |  |  |  | **Sumner** |  |  |  |  |  |  |  |
| **Houston** |  |  |  |  |  |  |  | **Trousdale** |  |  |  |  |  |  |  |
| **Humphreys** |  |  |  |  |  |  |  | **Van Buren** |  |  |  |  |  |  |  |
| **Jackson** |  |  |  |  |  |  |  | **Warren** |  |  |  |  |  |  |  |
| **Lawrence** |  |  |  |  |  |  |  | **Wayne** |  |  |  |  |  |  |  |
| **Lewis** |  |  |  |  |  |  |  | **White** |  |  |  |  |  |  |  |
| **Lincoln** |  |  |  |  |  |  |  | **Williamson** |  |  |  |  |  |  |  |
| **Macon** |  |  |  |  |  |  |  | **Wilson** |  |  |  |  |  |  |  |

**east REGION:  All Counties  n/a**

Check in Column # 1, the coun(ties) currently **Credentialed or Recredentialed**

Check in Column #2, the coun(ties) the Agency(Provider) is requesting to add and check the current program service you are requesting to add to the new county.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** | **COUNTY** | **#1****CR** | **#2****Add** | **KB-A** | **KB-B** | **1915c** | **ECF** | **CHOICES** |
| **Anderson** |  |  |  |  |  |  |  | **Knox** |  |  |  |  |  |  |  |
| **Bledsoe** |  |  |  |  |  |  |  | **Loudon** |  |  |  |  |  |  |  |
| **Blount** |  |  |  |  |  |  |  | **Marion** |  |  |  |  |  |  |  |
| **Bradley** |  |  |  |  |  |  |  | **McMinn** |  |  |  |  |  |  |  |
| **Campbell** |  |  |  |  |  |  |  | **Meigs** |  |  |  |  |  |  |  |
| **Carter** |  |  |  |  |  |  |  | **Monroe** |  |  |  |  |  |  |  |
| **Claiborne** |  |  |  |  |  |  |  | **Morgan** |  |  |  |  |  |  |  |
| **Cocke** |  |  |  |  |  |  |  | **Polk** |  |  |  |  |  |  |  |
| **Grainger** |  |  |  |  |  |  |  | **Rhea** |  |  |  |  |  |  |  |
| **Greene** |  |  |  |  |  |  |  | **Roane** |  |  |  |  |  |  |  |
| **Grundy** |  |  |  |  |  |  |  | **Scott** |  |  |  |  |  |  |  |
| **Hamblen** |  |  |  |  |  |  |  | **Sequatchie** |  |  |  |  |  |  |  |
| **Hamilton** |  |  |  |  |  |  |  | **Sevier** |  |  |  |  |  |  |  |
| **Hancock** |  |  |  |  |  |  |  | **Sullivan** |  |  |  |  |  |  |  |
| **Hawkins** |  |  |  |  |  |  |  | **Unicoi** |  |  |  |  |  |  |  |
| **Jefferson** |  |  |  |  |  |  |  | **Union** |  |  |  |  |  |  |  |
| **Johnson** |  |  |  |  |  |  |  | **Washington** |  |  |  |  |  |  |  |

# **Explain if not all** **Credentialed or RECredentialed ? services apply to all counties selected:**

|  |  |  |
| --- | --- | --- |
| **Program** | **lIST THE service** | **list THE COUNTY** |
| **Katie Beckett – Part A** |  |  |
| **Katie Beckett – Part B** |  |  |
| **1915c Waivers** |  |  |
| **Employment and Community First (ECF) CHOICES** |  |  |
| **CHOICES** |  |  |

**CERTIFICATION STATEMENT**

*The Certification Statement must contain a signature which is dated by the executive director, chairperson of the board, business owner(s), or other executive manager who is both authorized by the agency to submit this request, and to also attest to the truthfulness and accuracy of the information submitted.*

*Completion and submission of this form is not a guarantee of MCO network participation.*

**SIGNATURE SECTION**

|  |  |
| --- | --- |
| 1. Agency Legal Name | |
| 2. Name of Authorized Representative: | 3. Title: |
| 4. Signature: | 5. Date: |

**All questions and correspondence should be directed to the Provider Enrollment Coordinator by email at** [**DDA.Provider.Application@tn.gov**](mailto:DDA.Provider.Application@tn.gov) **or by phone at (615) 532-6530.**