



**STATE OF TENNESSEE**  
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES

**NEW PROVIDER APPLICATION FOR SUPPORT COORDINATION SERVICES – PART 2**

Instructions: This application must be completed by any entity (e.g., individual, group, agency, or other type of organization) seeking to be a new provider of services administered by the Department of Intellectual and Developmental Disabilities (DIDD).

All questions and correspondence regarding the New Provider Application should be directed to:  
Provider Enrollment Coordinator  
Department of Intellectual and Developmental Disabilities  
E-mail: [DIDDProvider.Application@tn.gov](mailto:DIDDProvider.Application@tn.gov)  
Phone: (615) 532-6530

Process Overview: The process for completing a Long Term Application (LTA)- includes the steps listed below. Refer to the 80.1.1 New Provider Application Policy for additional details regarding completing the application process.

- The Office of DIDD Provider Development will announce Open Enrollment and/or Targeted Enrollment on the DIDD Web Site. <http://www.tn.gov/didd/>
- Applicants submit a completed New Provider Initial Screening Questionnaire-Part 1, which is the first part of the Long Term Application Process.
- Upon approval of the New Provider Initial Screening Questionnaire-Part 1 by DIDD, applicants will be invited to the New Provider Pre-Application Activity.
- After attending the New Provider Pre-Application Activity, applicants will submit the completed New Provider Application for Long Term Services-Part 2 or Support Coordination-Part 2, which is the second part of the Long Term Application Process.
- Applicants who are not approved to register for **New Provider Pre-application Activity** (e.g. the New Provider Initial Screening Questionnaire–Part 1 was not approved) must wait until the next open and/or targeted enrollment period for identified services before submitting another Questionnaire/Application to DIDD.

Applicable Services: The Long Term Application (LTA) shall apply to the following services:

Community-Based Day	Facility-Based Day
Supported Employment	In-Home Day
Respite	Behavioral Respite
Intensive Behavior Residential (IBRS) *	Personal Assistance
Medical Residential	Supported Living
Residential Habilitation	Family Model Residential Support
Semi Independent Living Assistance	Individual Transportation for Respite and Personal Assistance
Support Coordination	

\*See IBRS Requirements  
New Provider Application For Support Coordination



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**NEW PROVIDER APPLICATION FOR SUPPORT COORDINATION SERVICES-PART 2**

\*\*Support Coordination providers may expand to other regions but are prohibited from providing other waiver services.

Date Application Submitted: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Doing Business As (*if different from above*) \_\_\_\_\_ Region \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Board Chairperson/Advisory Board: \_\_\_\_\_

**Have there been any changes to owner, non-profit organization board member, or the executive director since the submission of the Initial Screening Questionnaire? No: \_\_\_\_\_ Yes: \_\_\_\_\_**

**If yes, you must wait until the next announced Open/Targeted Enrollment Process.**

Names and Titles of Individual(s) preparing this Application:

\_\_\_\_\_  
\_\_\_\_\_



## NARRATIVE INFORMATION

**Attach the following information in the order that it is presented with appropriate title or description of each section.**

### A. General Information

1. Identify where the agency intends to locate its offices. Describe the agency's policy toward ensuring that support coordinators live in close proximity to the area in which they provide services and maintain knowledge of the local area and its resources and services.

### B. Agency Mission and Future Goals

2. Describe the agency's philosophy of support coordination. Include the agency's methodology for supporting choice, responsibility, natural supports, rights, health, safety & welfare.
3. Describe the agency's philosophy of person centered support planning and individual support and how the agency plans to use it in their work as a new support coordination agency.
4. Describe the agency's process for assuring that individuals and families are provided opportunities to select their support coordinator or to replace their existing support coordinator when desired.
5. Describe the agency's plan for ensuring that support coordination is easily and continuously accessible.
6. Describe how the agency will build on natural supports and generic services, encourage creative use of community resources and develop opportunities to increase linkages with community member associations and others for the people it will serve.

### C. Agency Supervision Plan

Supervisory practices and assignments should be individualized to match an agency's size, breadth of services (both by type and geography), organizational structure and management philosophy. Describe the agency's planned activities and practices targeted at meeting each of the following supervisory functions:

7. Hiring and supervising new and experienced staff. Describe the agency's policies on recruitment and hiring, job descriptions and staff retention strategies. Describe the agency's plan for employing qualified support coordinators. Describe any qualifications for support coordinators the agency will maintain over those required by the Department.
8. Describe how the agency will help staff know and meet their performance expectations.
9. Describe how the agency will monitor staff conduct to ensure it meets performance expectations.
10. Describe the agency's policies or plans for action when staff fails to meet performance expectations.



#### D. Service Provision

##### 11. Intensive Support Coordination

- a. Describe specific, measurable mechanisms for ensuring that the ISC staff is able to devote time and attention to persons needing intensive support.
- b. Describe how the agency will deploy staff, adjust ratios, etc., in order to implement intensive support coordination.
- c. Describe the agency's plan for providing technical assistance and supervisory support to the ISC staff for coordinating intensive behavioral and medical services and supports in a comprehensive manner.
- d. Explain the agency's plan for reviewing the effectiveness of strategies developed by the Circle of Support for ameliorating a continued need for intensive supports and support coordination services. Specify what information the agency will review and how it will be evaluated and used.

##### 12. Protecting Persons From Harm

- a. Describe the agency's plan for tracking the timely receipt of incident reports and investigative findings, and the timely completion of follow-up actions by agency staff.
- b. Describe the agency's plan for monitoring and addressing trends in the type and frequency of incidents involving the persons supported by the ISC agency in order to provide information for planning and follow-up actions by the Circle of Support.
- c. Describe the agency's plan for assuring active participation of ISC agency staff in High Risk Incident Management Reviews conducted and facilitated by community providers.
- d. Describe the agency's plan for tracking and ensuring that needed or required follow-up actions are taken by the Circle of Support or that modifications to the ISP are made in response as needed to incident reports and investigative findings.

##### 13. Supervisory Review and Approval of Individual Support Plans. Describe the agency's plan for reviewing and approving Individual Support Plans to ensure they meet all requirements.

##### 14. Training and Mentoring of Support Coordinators and Supervisors.

- a. Include expectations of supervisory staff, the amount of supervision and support available to each ISC including supervision of ISCs that have offices within their homes.
- b. Describe the proposed training approaches the agency will use to keep staff current in support coordination and support concepts and knowledge and enhance skill development on an ongoing basis. This should include the agency's plan for providing mentoring, on the job shadowing, supervision and work oversight to ensure competency in all areas of responsibility

#### E. Financial Stability/Capacity

15. Describe organization's or principals' financial stability Include principals' experience in successful financial management and organization's financial history and status.
16. Has the principal or organization ever declared bankruptcy? If yes, give the date and a brief description of the circumstances.
17. Explain the organization's plans for development: how the agency will accommodate growth, the number of persons the agency would like to serve upon establishment and the maximum number of persons to be served and list the counties in which the agency plans to provide services and limitations, if any.
18. Forecast income statement based on the current DIDD rate structure for the first two years of operation.



19. Attach a 12-month pro-forma (projected) operating budget which includes all income with specified sources and all identified expenses. The expenses include things such as: employee salaries and other employee costs, facility costs, utilities, transportation, service contracts, administrative cost, etc.
  20. Submit formal documentation of the owner's personal funds approved and provided by a state or federally chartered lending institution, equivalent to 6 (six) months of projected expenditures per the pro forma budget . The owner's personal finances must be in the name of the provider agency. The owner's personal finances must be officially documented by the lending institution; be maintained at all times during the qualification process and during actual provision of services and must be verifiable by DIDD at any time.
  21. Describe who will do accounting, billing and their experience with Medicaid Waiver funding, either in Tennessee or in other states.
  22. Submit expected per cent of administrative cost absorbed, accounting methods used, and procedures used to ensure adequate records and accounts are kept.
- F. Agency Self Assessment Process
21. Describe the agency's plan for internal assessment of:
    - a. The effectiveness of services;
    - b. Satisfaction of the people who receive services;
    - c. Rate of consumer achievement of personal goals and outcomes;
    - d. Staff turnover; and
    - e. External monitoring results.
  22. Self-assessment must include a focused process for input from the person receiving services and his/her family and an internal self survey of a sample of individuals using the contract compliance performance standards and Program Accountability Review (PAR) Guide.
- G. Describe the organization's internal grievance and appeals procedures for the people it serves. (You may attach a copy of the procedures in lieu of a description.)



## CERTIFICATION

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, my organization will not be considered as a potential provider of DIDD services. I hereby authorize the State of Tennessee to make all necessary investigations concerning the applicant. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

The agency will carry adequate and appropriate general liability, professional liability, and workers compensation insurance for the protection of clients, staff, facilities, and the general public

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization



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DISABILITIES**

**STATEMENT OF UNDERSTANDING**

**AGENCY NAME:** \_\_\_\_\_

**Is a principal of the agency a conservator for someone the agency intends to support?**

Yes  No

If yes, complete STATEMENT OF UNDERSTANDING

The conservator will not receive payment as an employee or board member if their ward is supported by the organization unless specifically permitted in the order of conservatorship.

As parents of a minor child, or a spouse of a Medicaid Waiver service recipient, I hereby acknowledge I/we are aware under Federal guidelines can **not** be paid as an employee or board member for services provided and funded under the Home and Community Based Medicaid Waiver program. DIDD will monitor compliance to this federal statute. Consequences for non-compliance would include recoupment of funds used to pay the noted relatives, possible investigation of Medicaid fraud and disenrollment as a provider.

<b>Print Name</b>	_____	<b>Relation:</b>	_____
<b>Signature:</b>	_____	<b>Date:</b>	_____
<b>Print Name</b>	_____	<b>Relation:</b>	_____
<b>Signature:</b>	_____	<b>Date:</b>	_____
<b>Print Name</b>	_____	<b>Relation:</b>	_____
<b>Signature:</b>	_____	<b>Date:</b>	_____