

Attachment 1 - 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 service type requested for all programs

SERVICE CATEGORIES: STANDARDS:	Residential	Day	Employment	Personal Assistance	Support Coordination	Respite	Therapy/ Clinical Services	Ancillary Services	*Enabling Technology	Personal Assistance/ Supportive Home Care-In-Home	Transportation	**Other Services (see application)
MCO Katie Beckett Part A (Contracted exclusively through BlueCare)		Community Integration Support Services (KB-A CISS)				Respite (KB-A Resp)		Assistive Technology, Adaptive Equipment, and Supplies (KB-A ATAES)		Supportive Home Care (KB-A SHC)	Community Transportation (KB-A Com TRANSP)	
								Minor Home Modification (KB-A MHM)				
DIDD Katie Beckett Part B* (Contracted exclusively through DIDD)		Community Integration Support Services (KB-B CISS)				Respite (KB-B RESP)		Assistive Technology, Adaptive Equipment, and Supplies (KB-B ATAES)		Supportive Home Care (KB-B SHC)	Community Transportation (KB-B COM TRANSP)	
								Minor Home Modification (KB-B MHM)				

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DIDD 1915C Home and Community Based Waiver	Family Model Residential Support (DIDD FMRS)	Community Participation Supports (DIDD CP)	Supported Employment Discovery (DIDD SE IND DSC)	DIDD 1915c Personal Assistance* (DIDD PA)	Support Coordination (DIDD SC)	Respite* (DIDD RESP)	Behavior Services Behavior Analyst (DIDD BA)	Environmental Accessibility Modifications (DIDD EAM)	Enabling Technology (DIDD ETECH)			Individual Transportation (DIDD IND TRANSP)
	Medical Residential Services * (DIDD MED RES)	Intermittent Employment & Community Integration Wrap-Around Supports (DIDD IECW)	Supported Employment Exploration (DIDD SE IND EXP)			Behavioral Respite (DIDD BA RESP)	Behavior Services Behavior Specialist (DIDD BS)	Personal Emergency Response System (DIDD PERS)	Specialized Medical Equipment Supplies and Assistive Technology (DIDD SMESAT)			
	Residential Habilitation (DIDD RES HAB)	Non-Residential Homebound Support Services (DIDD NRHS)	Supported Employment Individual - Job Development (DIDD SE IND JOB DEV)				Nursing (DIDD NURS))					
	Semi-Independent Living		Supported Employment Individual				Nutrition (DIDD NUTR)					

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	(DIDD SIL)		al - Job Coaching (SE IND JC)									
	Supported Living (DIDD SL)		Supported Employment - Small Group (DIDD SE SG)				Occupational Therapy (DIDD OT)					
			Supported Employment - Benefits Counseling (DIDD SE IND BC)				Orientation and Mobility* (DIDD O&M)					
							Physical Therapy (DIDD PT)					
							Speech, Language and Hearing (DIDD SLH)					
							Speech, Language and Hearing Assistive					

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							Technology (DIDD SLP)					

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MCO Employment and Community First (ECF) CHOICES	Community Stabilization and Transition (ECF CLS CST) Up to 90 Days	Community Integrated Support Services (ECF CLS CISS)	Co-Worker Supports (ECF CWS)	Personal Assistance (ECF PA)		Respite (ECF RESP)	Specialized Consultation and Training Occupational Therapy (ECF SLT OT)	Assistive Technology/ Adaptive Equipment and Supplies (ECF ATAES)	Enabling Technology (ECF ETECH)		Community Transportation <i>Non-Emergency Transportation/ Stand Alone Transportation</i> (ECF COM TRANSP)	Community Support, Development, Organization and Navigation (ECF CSDON) Navigation
	Community Living Supports 1a (ECF CLS 1a)	Independent Living Skills Training (ECF CLS ILST)	Discovery (ECF DISC)	Supportive Home Care (ECF SHC)			Specialized Consultation and Training Physical Therapy (ECF SLT PT)	Minor Home Modifications (ECF MHM)				Health Insurance Counseling and Forms Assistance (ECF HICFA)
	Community Living Supports 1b (ECF CLS 1b)		Exploration for Wage Employment (ECF EXPL)				Specialized Consultation and Training Speech Language Pathology (ECF SLT SLP)					Peer to Peer Support Self Direction Employment and Community Support and Navigation (ECF PPSN))
	Community Living Supports 2 (ECF CLS 2)		Job Coaching - Integrated, Competitive				Specialized Consultation and Training Nurse Education,					Decision Making Supports formerly known as (f.k.a.) Conservatorship and alternative to

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			Employment (ECF JCICE)				Training and Delegation (ECF SLT RN)					Conservatorship Counseling (ECF DMS)
	Community Living Supports 3 (ECF CLS 3)		Job Coaching - Individual Self-Employment (ECF JCSE)				Specialized Consultation and Training Nutrition (ECF SLT NUTR)					
	Community Living Supports 4 (ECF CLS 4)		Job Development Plan (ECF JDSEP)				Specialized Consultation and Training Behavioral Services (ECF SLT BEHAV SRVS)					
	Community Living Supports Family Model 1a (ECF CLS-FM 1a)		Self-Employment Plan				Specialized Consultation and Training Orientation and Mobility (ECF SLT O&M)					
	Community		Job Develop									

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	Living Supports Family Model 1b (ECF CLS-FM 1b)		ment Startup (ECF JDSU)									
	Community Living Supports Family Model 2 (ECF CLS-FM 2)		Self-Employment Startup (ECF SESU)									
	Community Living Supports Family Model 3 (ECF CLS FM 3)		Situational Observation and Assessment (ECF SOA)									
	Community Living Supports Family Model 4 (ECF CLS FM 4)	Community Integrated Support Services (ECF CLS CISS)	Supported Employment Small Group (Max 2 People) Enclave (ECF SESGE)									

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	Behavioral Health Community Stabilization and Transition 2a (ECF-CLS BHCST 2a)	Independent Living Skills Training (ECF-CLS-ILST)	Supported Employment Small Group (Max 3 People) Mobile Work Crew (ECF SE SGMWC)									
	Behavioral Health Community Stabilization and Transition 2b (ECF-CLS BHCST 2b)		Integrated Employment Path Services (Time-Limited Prevocational Training) (ECF IEPS)									
	Emergency Placement (ECF CLS EPCST)		Benefits Counseling (CWIC, Self Employed or Provider Employed)									

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			d) (ECF BENE)									
	Intensive Behavioral Family-Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7)		ECF Career Advancement (ECF CAREER)									
	Intensive Behavioral Community Transition and Stabilization Services Group 8 (ECF IBCTSS 8)											

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MCO CHOICES	Community Living Supports 1 (CH CLS 1)	Adult Day Care (CH ADC)				Respite In-Home (CH RESP-IH)		Assistive Technology (CH AT)	Enabling Technology (CH ETECH)	Attendant Care (CH AC)		Home-Delivered Meals (CH HDM)
	Community Living Supports 2 (CH CLS 2)							Minor Home Modifications (CH MHM)		Personal Care Visits (CH PCV)		Pest Control (CH PC)
	Community Living Supports 3 (CH CLS 3)							Personal Emergency Response System (CH PERS)				
	Community Living Supports Family Model 1 (CH CLS FM 1)											
	Community Living Supports Family Model 2 (CH CLS FM 2)											
	Community Living Supports Family Model 3 (CH CLS FM 3)											
	Assisted Care Living											

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Facility (CH ACF)												

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SERVICE CATEGORIES:	Residential	Day	Employment	Personal Assistance	Support Coordination	Respite	Therapy/Clinical Services	Ancillary Services	*Enabling Technology	Personal Assistance/ Supportive Home Care-In-Home	Transportation	**Other Services (see application)
Applicable Professional Licenses and/or Certifications (see Attachment 2)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Applicable Service License(s) (see Attachment 2)	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Automobile Coverage* quote or valid Certificate of Insurance	✓	✓	✓	✓		✓						
Copy of paid receipt as proof of registration for the national criminal background check**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disclosure Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comprehensive Commercial General Liability quote or valid Certificate of Insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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TN State and/or County of TN Business License, as applicable	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TN Business License/ Certificate of Existence/Authorization with an Out of State Business License (Applicable to Out of State Enabling Technology Providers only)									✓			
Job Descriptions to match positions on the Org. Chart	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Organizational (Org.) Chart	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Policies and Procedures (See Attachment 3)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professional Malpractice Liability quote or valid Certificate of Insurance							✓					
Professional Support							✓					

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Service License (see Attachment 2 for details)												
Projected budget	✓	✓	✓	✓	✓	✓						
Proof of operational reserves or line of credit (see instruction and application for specific details)	✓	✓	✓	✓	✓	✓						
Resume for Executive Director	✓	✓	✓	✓	✓	✓						
Tax Forms (W-9, IRS 147c and Substitute W-9)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Volunteer and Criminal History System (VECHS) Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Worker's Compensation Insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*Automobile Coverage required for providers who own cars for transportation AND proof of coverage is required for any staff member who will use their car to transport persons-

*The applicant should obtain the National Fingerprint-based Criminal History Record Check (FCHRC) no more than 60 calendar days prior to submission of the Provider Credentialing Application. A national FCHRC obtained more than 60 calendar days of the submission of the Provider Credentialing Application will NOT be accepted.

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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:	Provide an adequate description of their Enabling Technology Team:
<p>Mission: Does the organization use language within their mission statement that describes the use of technology to support people to live more independently?</p> <p>Vision: Does the organization’s Vision statement include at least 5 of the following topics: health, safety, independence, person-centered, empowering, innovation, cost-effective, and/or self-determination?</p>	<p>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.)?</p>
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:	Provide evidence of a person-centered approach and process for the utilization of Enabling Technology:
<p>History and Experience: Does the organization explain at least 1 year of history and experience utilizing technology to support persons with I/DD within Tennessee; or direct experience with providing Enabling Technology services in at least one other state?</p>	<p>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?</p>
Provide an adequate description of their Enabling Technology services:	Provide an adequate description of a plan for routine maintenance and back-up supports for their Enabling Technology solutions and services:
<p>Enabling Technology Service description:</p> <ul style="list-style-type: none"> 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? 	<p>The routine maintenance and back-up support plan:</p> <ul style="list-style-type: none"> 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)?

Other Information:

- The Professional Support Services License (PSSL) is required for the following 1915c services: Occupational Therapy, Physical Therapy, Speech Language Hearing, and Nursing.
- For a breakdown of services in each service category (including services labeled “other”), see the Credentialing Application (New or Expansion).
- See Attachment 2 for the required licenses by service.
- See Attachment 3 for the list of required policies by service type.
- See Attachment 4 for the Program Descriptions and Service Definitions
- Clinicians offering “Orientation & Mobility Transportation” must have automobile coverage.
- Providers planning to transport persons supported must have automobile coverage.