

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

### MCO KATIE BECKETT-PART A SERVICES (CONTRACTED EXCLUSIVELY THROUGH BLUECARE)

PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER: IDENTIFY THE NAME OF LICENSE
<b>PERSONAL ASSISTANCE/SUPPORTIVE HOME CARE-IN-HOME</b>	
<ul style="list-style-type: none"> <li>Supportive Home Care (KB-A SHC)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD or TDMHSAS service license: Personal Support Services Agency</li> </ul>
<b>RESPITE SERVICE</b>	
<ul style="list-style-type: none"> <li>Respite (KB-A Resp)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Respite</li> </ul>
<b>ANCILLARY SERVICE</b>	
<ul style="list-style-type: none"> <li>Assistive Technology, Adaptive Equipment, and Supplies (KB-A ATAES)</li> </ul>	<ul style="list-style-type: none"> <li>DCI Contractor or Home Improvement License</li> </ul>
<ul style="list-style-type: none"> <li>Minor Home Modification (KB-A MHM)</li> </ul>	<ul style="list-style-type: none"> <li>Appropriately statewide licensed professional to complete evaluation/assessment (OT, PT, ST, etc.). DME or other wholesale or business entity</li> </ul>
<b>DAY SERVICE</b>	
<ul style="list-style-type: none"> <li><b>Community Integration Support Services (KB-A CISS)</b></li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: ID/DD Adult Habilitation Day - Community Based</li> </ul>
<b>TRANSPORTATION</b>	
<ul style="list-style-type: none"> <li>Community Integration Support Services</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: ID/DD Adult Habilitation Day-Community Based</li> </ul>

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### DIDD KATIE BECKETT-PART B SERVICES (CONTRACTED EXCLUSIVELY THROUGH DIDD)

PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER: IDENTIFY THE NAME OF LICENSE
<b>PERSONAL ASSISTANCE/SUPPORTIVE HOME CARE-IN-HOME</b>	
<ul style="list-style-type: none"> <li>Supportive Home Care (KB-B SHC)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD or TDMHSAS service license: Personal Support Services Agency</li> </ul>
<b>RESPIRE SERVICE</b>	
<ul style="list-style-type: none"> <li>Respite (KB-B RESP)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Respite</li> </ul>
<b>ANCILLARY SERVICE</b>	
<ul style="list-style-type: none"> <li>Assistive Technology, Adaptive Equipment, and Supplies (KB-B ATAES)</li> </ul>	<ul style="list-style-type: none"> <li>DCI Contractor or Home Improvement License</li> </ul>
<ul style="list-style-type: none"> <li>Minor Home Modification (KB-B MHM)</li> </ul>	<ul style="list-style-type: none"> <li>Appropriately statewide licensed professional to complete evaluation/assessment (OT, PT, ST, etc.). DME or other wholesale or business entity</li> </ul>
<b>DAY SERVICE</b>	
<ul style="list-style-type: none"> <li>Community Integration Support Services (KB-B CISS)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: ID/DD Adult Habilitation Day - Community Based</li> </ul>
<b>TRANSPORTATION SERVICE</b>	
<ul style="list-style-type: none"> <li>Community Transportation (KB-B COM TRANSP)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: ID/DD Adult Habilitation Day - Community Based</li> </ul>

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### DIDD 1915 (c) HCBS WAIVER SERVICES

PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER: IDENTIFY THE NAME OF LICENSE
<b>RESIDENTIAL SERVICES</b>	
<ul style="list-style-type: none"> <li>Family Model Residential Support (DIDD FMRS)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Placement Services</li> </ul>
<ul style="list-style-type: none"> <li>Medical Residential Services* (DIDD MED RES)</li> </ul>	<p>The Medical Residential Services is not a stand-alone service. It requires selection of a 1915c Residential service and the selection of the 1915c Nursing service.</p> <p>Depending on the type 1915c Residential service requested obtain:</p> <ul style="list-style-type: none"> <li>DIDD service license: the Residential Habilitation license for the Residential Habilitation service OR</li> <li>DIDD service license: the Supported Living service license for the Supported Living service</li> <li>Also, the Medical Residential service requires the 1915c Nursing service. For the Nursing service, the applicant must submit proof of its Registered Nurse's professional license.</li> </ul>
<ul style="list-style-type: none"> <li>Residential Habilitation (DIDD RES HAB)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Residential Habilitation</li> </ul>
<ul style="list-style-type: none"> <li>Semi-Independent Living (DIDD SIL)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Semi-Independent Living</li> </ul>
<ul style="list-style-type: none"> <li>Supported Living (DIDD SL)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Supported Living</li> </ul>
<b>DAY SERVICES</b>	
<ul style="list-style-type: none"> <li>Community Participation Supports (DIDD CP)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Adult Habilitation Day - Community Based</li> </ul>
<ul style="list-style-type: none"> <li>Intermittent Employment &amp; Community Integration Wrap-Around Supports (DIDD IECW)</li> </ul>	
<ul style="list-style-type: none"> <li>Non-Residential Homebound Support Services (DIDD NRHS)</li> </ul>	
<b>EMPLOYMENT SERVICES</b>	
<ul style="list-style-type: none"> <li>Supported Employment Discovery (DIDD SE IND DSC)</li> </ul>	<ul style="list-style-type: none"> <li>Email <a href="mailto:diddprovider.application@tn.gov">diddprovider.application@tn.gov</a> to discuss prerequisites.</li> </ul>
<ul style="list-style-type: none"> <li>Supported Employment Exploration (DIDD SE IND EXP)</li> </ul>	
<ul style="list-style-type: none"> <li>Supported Employment Individual - Job Development (DIDD SE IND JOB DEV)</li> </ul>	
<ul style="list-style-type: none"> <li>Supported Employment Individual- Job Coaching (SE IND JC)</li> </ul>	
<ul style="list-style-type: none"> <li>Supported Employment - Small Group (DIDD SE SG)</li> </ul>	
<ul style="list-style-type: none"> <li>Supported Employment - Benefits Counseling (DIDD SE IND BC)</li> </ul>	

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PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER: IDENTIFY THE NAME OF LICENSE
<b>THERAPY/CLINICAL SERVICES</b>	
<ul style="list-style-type: none"> <li>Behavior Services: Behavior Analyst (DIDD BA)</li> </ul>	<ul style="list-style-type: none"> <li>Licensed by Health-Related Boards or Behavior Analyst Certification Board</li> <li>Behavior Service Professional license</li> </ul>
<ul style="list-style-type: none"> <li>Behavior Specialist (DIDD BS)</li> </ul>	<ul style="list-style-type: none"> <li>Licensed by Health-Related Boards or Behavior Analyst Certification Board</li> <li>Behavior Service Professional license</li> </ul>
<ul style="list-style-type: none"> <li>Orientation and Mobility* (DIDD O&amp;M)</li> </ul>	<ul style="list-style-type: none"> <li>Professional license: Waiver service agency – must ensure that employed orientation and mobility specialists are certified by the Academy for Certification of Vision Rehabilitation Certified orientation and mobility specialist - must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals.</li> </ul>
<ul style="list-style-type: none"> <li>Nutrition (DIDD NUTR)</li> </ul>	<ul style="list-style-type: none"> <li>Licensed by TDOH</li> <li>Professional license as a Dietitian or Nutritionist must have a valid license to practice in Tennessee</li> <li>Home Care Organization - Must be licensed as a home care organization in Tennessee and ensure that employed nutritionists are licensed to practice in the state of Tennessee</li> </ul>
<p><b>THE PROFESSIONAL SUPPORT SERVICE LICENSE (PSSL)</b> is applicable to 1915c Therapy/Clinical/y services and is issued by the Tennessee Department of Health. *PLEASE NOTE: this PSSL is not issued until after the completion of the credentialing process and therefore proof is not required during credentialing. however, the PSSL must be obtained and uploaded before your contract may be executed. For the credentialing process, proof of the individual's professional license is required. DIDD verifies the individual's professional license through the Tennessee Department of Health</p>	
<b>CLINICAL/THERAPY SERVICES</b>	
<ul style="list-style-type: none"> <li>Nursing (DIDD NURS)</li> </ul>	<ul style="list-style-type: none"> <li>Professional license for the Registered Nurse</li> </ul>
<ul style="list-style-type: none"> <li>Occupational Therapy (DIDD OT)</li> </ul>	<ul style="list-style-type: none"> <li>Professional license as an Occupational Therapist</li> </ul>
<ul style="list-style-type: none"> <li>Physical Therapy (DIDD PT)</li> </ul>	<ul style="list-style-type: none"> <li>Professional license as a Physical Therapist licensed to practice in the state of Tennessee</li> </ul>
<ul style="list-style-type: none"> <li>Speech, Language and Hearing (DIDD SLH)</li> </ul>	<ul style="list-style-type: none"> <li>Professional license as a Speech Language Pathologist or Audiologist must be licensed by the Tennessee Department of Health (TDH Rule 1200-8-34) and ensure that therapists are licensed to practice in the state of Tennessee</li> </ul>
<ul style="list-style-type: none"> <li>Speech, Language and Hearing Assistive Technology (DIDD SLP) is not a standalone service must also select the 1915c Speech, Language and Hearing Services</li> </ul>	<ul style="list-style-type: none"> <li>Professional license as an Audiologist must be licensed by the Tennessee Department of Health (TDH Rule 1200-8-34) and ensure that therapists are licensed to practice in the state of Tennessee</li> </ul>
<b>ANCILLARY SERVICES</b>	

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PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER: IDENTIFY THE NAME OF LICENSE
<ul style="list-style-type: none"> <li>Environmental Accessibility Modifications (DIDD EAM)</li> </ul>	<ul style="list-style-type: none"> <li>Other retail business or Individual carpenter or craftsman (including a family member) or Local contractor - Must be licensed in accordance with the requirements of the county or city where the service will be provided.</li> <li>Waiver service agency - Must be licensed by the Department of Intellectual and Developmental Disabilities as a Supported Living Service provider or as Intellectual Disability/Developmental Disability Residential Habilitation Facility.</li> </ul>
<ul style="list-style-type: none"> <li>Personal Emergency Response System (DIDD PERS)</li> </ul>	Must have a valid business license in Tennessee
ENABLING TECHNOLOGY SERVICES	
<ul style="list-style-type: none"> <li>Enabling Technology</li> </ul>	<ul style="list-style-type: none"> <li>Licensed by DME or other wholesale or business entity</li> <li>Tennessee Business License or Certificate of Existence for out of state Enabling Technology Vendor with an Out of State Business License</li> </ul>
<ul style="list-style-type: none"> <li>Specialized Medical Equipment Supplies and Assistive Technology (DIDD SMESAT)</li> </ul>	<ul style="list-style-type: none"> <li>Other retail or wholesale business entity - With the exception of a sole source manufacturer licensed in another state, must have a wholesale or retail business license in Tennessee (to sell equipment, supplies, etc.)</li> <li>Durable medical equipment supplier - With the exception of a sole source manufacturer licensed in another state, must have a wholesale or retail business license in Tennessee (to sell equipment, supplies, etc.)</li> <li>Subcontracted entities must satisfy all applicable licensure requirements of a Durable Medical Equipment Supplier, Waiver Service Agency, or other retail or wholesale business entity</li> <li>Waiver service agency - Must be licensed by the Department of Intellectual and Developmental Disabilities as a Supported Living Service provider, an Intellectual Disability/Developmental Disability Residential Habilitation Facility, or an Intellectual Disability/Developmental Disability Adult Habilitation Day Facility.</li> </ul>
SUPPORT COORDINATION	
<ul style="list-style-type: none"> <li>Support Coordination (DIDD SC)</li> </ul>	<ul style="list-style-type: none"> <li>DIDD service license: Support Coordination Agency</li> </ul>
PERSONAL ASSISTANCE	
<ul style="list-style-type: none"> <li>Personal Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Licensed per region PA provider (PSSA or Home Care Organization with TN Dept of Mental Health), or Professional Support Services (PSSL) with the TN Dept of Health or Home Care Organization with TN Dept of Health, unless a registered Consumer Direction worker</li> </ul>
RESPITE	
<ul style="list-style-type: none"> <li>Respite* (DIDD RESP)</li> </ul>	DIDD service license: Respite Care Services
<ul style="list-style-type: none"> <li>Behavioral Respite (DIDD BA RESP)</li> </ul>	<p>Licenses by DIDD and if a ICF/IID, Department of Health</p> <p>Must be licensed by DIDD as a Residential Facility if an ICF/IID OR as an Respite Care Services Facility if not an ICF/IID OR Medicaid-certified ICF/IID - Must be licensed by the DIDD as an IID Institutional Habilitation Facility OR</p>

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	licensed as a Residential Habilitation Facility if a Licensed Residential Provider.
OTHER SERVICES	
<ul style="list-style-type: none"> <li>Individual Transportation (DIDD IND TRANSP)</li> </ul>	<ul style="list-style-type: none"> <li>No service license is required. Not Applicable. <i>The 1915c Individual Transportation(DIDD IND TRANSP) 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</i></li> </ul>

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### MCO ECF CHOICES SERVICES

PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER. IDENTIFY THE NAME OF LICENSE
<b>RESIDENTIAL SERVICES</b>	
<ul style="list-style-type: none"> <li>Community Stabilization and Transition (ECF CLS CST) Up to 90 Days</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>DIDD service license for the appropriate service requested                             <ul style="list-style-type: none"> <li>Residential Habilitation service: Residential Habilitation</li> <li>Supported Living service: Supported Living</li> </ul> </li> </ul> <p>Community Stabilization and Transition (CLS-CST) 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</p>
<ul style="list-style-type: none"> <li><b>Community Living Supports 1a (ECF CLS 1a)</b></li> <li><b>Community Living Supports 1b (ECF CLS 1b)</b></li> <li><b>Community Living Supports 2 (ECF CLS 2)</b></li> <li><b>Community Living Supports 3 (ECF CLS 3)</b></li> <li><b>Community Living Supports 4 (ECF CLS 4)</b></li> </ul>	<p>DIDD Licensure: Semi Independent Living Services (SILS) (Licensed per region DIDD residential provider for appropriate corresponding service)</p>
<ul style="list-style-type: none"> <li><b>Community Living Supports Family Model (ECF CLS-FM): 1a,1b, 2, 3, 4</b></li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>DIDD service license: Placement Services</li> </ul>
<ul style="list-style-type: none"> <li>Behavioral Health Community Stabilization and Transition 2a (ECF CLS BHCST 2a)</li> <li>Behavioral Health Community Stabilization and Transition (ECF CLS BHCST 2b)</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>DIDD service license for the appropriate service requested                             <ul style="list-style-type: none"> <li>Residential Habilitation service: Residential Habilitation</li> <li>Supported Living service: Supported Living</li> </ul> </li> </ul> <p>Requires validation of master's level clinician &amp; I/DD Behavior Health support providers, in-house/consultative psychiatry access, and 24/7 wake staff assessed (see Attachment 4 Service Definition for more details)</p>
<ul style="list-style-type: none"> <li>Emergency Placement (ECF CLS EPCST)</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>DIDD service license for the appropriate service requested                             <ul style="list-style-type: none"> <li>Residential Habilitation service: Residential Habilitation</li> <li>Supported Living service: Supported Living</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Intensive Behavioral Family-Centered Treatment, Stabilization and Supports Group 7 (ECF IBFCTSS 7)</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>Personal Support Services Agency (PSSA) license from the Tennessee Department of Mental Health and Substance Abuse (TDMHSAS) <b>OR DIDD AND</b></li> <li>Mental Health Outpatient Facility license from TDMHSAS for each office location where records are kept.</li> </ul> <p>Requires validation of master's level licensed Mental Health professional, Behavior Support Specialist, (see Attachment 4 Service Definition for more details)</p>

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PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER. IDENTIFY THE NAME OF LICENSE
<ul style="list-style-type: none"> <li>• Intensive Behavioral Community Transition and Stabilization Services – Group 8 (IBCTSS)</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>• DIDD service license for the appropriate service requested</li> <li>• Residential Habilitation service: Residential Habilitation OR</li> <li>• Supported Living service: Supported Living AND</li> <li>• Mental Health Outpatient Facility license from TDMHSAS for each office location where records are kept.</li> </ul> <p>Requires validation of master’s level licensed Mental Health professional, Behavior Support Specialist, Psychiatrist employed or subcontract* If subcontracted, submit copy of business agreement (see Attachment 4 Service Definition for more details)</p>
<b>DAY SERVICES</b>	
<ul style="list-style-type: none"> <li>• Community Integrated Support Services (ECF CLS CISS)</li> <li>• Independent Living Skills Training (ECF CLS ILST)</li> </ul>	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>• DIDD service license: Adult Habilitation Day</li> </ul>
<b>EMPLOYMENT SERVICES</b>	
<ul style="list-style-type: none"> <li>• Benefits Counseling (<i>CWIC, Self Employed or Provider Employed</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• No Professional license required.</li> <li>• But requires County Business license and/or Secretary of State Business license</li> <li>• In lieu of license, provider must submit a copy of a certified Community Work Incentives Coordinator (CWIC) or Community Partner Work Incentives Coordinator (CPWIC) certificate.</li> </ul>

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<ul style="list-style-type: none"> <li>• Co-Worker Supports (ECF CWS)</li> </ul>	<ul style="list-style-type: none"> <li>• No Professional license required. but requires County Business license and/or Secretary of State Business license</li> <li>• Also specified employment training will be required</li> </ul> <p>Note: some providers may not have a business license</p>
<ul style="list-style-type: none"> <li>• Discovery (ECF DISC)</li> </ul>	
<ul style="list-style-type: none"> <li>• Exploration for Wage Employment (ECF EXPL)</li> </ul>	
<ul style="list-style-type: none"> <li>• Job Coaching - Integrated, Competitive Employment (ECF JCICE)</li> </ul>	
<ul style="list-style-type: none"> <li>• Job Coaching - Individual Self-Employment (ECF JCSE)</li> </ul>	
<ul style="list-style-type: none"> <li>• Job Development Plan (ECF JDSEP)</li> </ul>	
<ul style="list-style-type: none"> <li>• Self-Employment Plan</li> </ul>	
<ul style="list-style-type: none"> <li>• Job Development Startup (ECF JDSU)</li> </ul>	
<ul style="list-style-type: none"> <li>• Self-Employment Startup (ECF SESU)</li> </ul>	
<ul style="list-style-type: none"> <li>• Situational Observation and Assessment (ECF SOA)</li> </ul>	
<ul style="list-style-type: none"> <li>• Supported Employment Small Group (Max 2 People) Enclave (ECF SESGE)</li> </ul>	
<ul style="list-style-type: none"> <li>• Supported Employment Small Group (Max 3 People) Mobile Work Crew (ECF SE SGMWC)</li> </ul>	
<ul style="list-style-type: none"> <li>• Integrated Employment Path Services (Time-Limited Prevocational Training) (ECF IEPS)</li> </ul>	
<ul style="list-style-type: none"> <li>• Benefits Counseling (<i>CWIC, Self Employed or Provider Employed</i>) (ECF BENE)</li> </ul>	
<ul style="list-style-type: none"> <li>• ECF Career Advancement (ECF CAREER)</li> </ul>	
<b>ANCILLARY SERVICE</b>	
<ul style="list-style-type: none"> <li>• Assistive Technology/Adaptive Equipment and Supplies (ECF ATAES)</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriately statewide licensed professional to complete evaluation/assessment (OT, PT, ST, etc.). DME or other wholesale or business entity</li> </ul>
<ul style="list-style-type: none"> <li>• Minor Home Modifications (ECF MHM)</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriately active TN contractor statewide licensed, home improvement or Business License abiding with applicable state or local building codes</li> </ul>
<b>THERAPY/CLINICAL SERVICES</b>	
Specialized Consultation and Training Occupational Therapy (ECF SLT OT)	<p>Licensed per region</p> <ul style="list-style-type: none"> <li>• <b>Certified</b>, licensed per region <b>AND/OR</b></li> <li>• registered professional verify through TN Dept of Health <b>OR</b></li> <li>• qualified Assistive Technology professional</li> </ul>
Specialized Consultation and Training Physical Therapy (ECF SLT PT)	
Specialized Consultation and Training Speech Language Pathology (ECF SLT SLP)	
Specialized Consultation and Training Nurse Education Training and Delegation (ECF SLT RN)	
Specialized Consultation and Training Nutrition (ECF SLT NUTR)	

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Specialized Consultation and Training Behavioral Services (ECF SLT BEHAV SRVS)	
Specialized Consultation and Training Orientation and Mobility (ECF SLT O&M)	
<b>PERSONAL ASSISTANCE SERVICES</b>	
<ul style="list-style-type: none"> <li>Personal Assistance (ECF PA)</li> </ul>	Licensed per region <ul style="list-style-type: none"> <li>Personal Assistant provider (PSSA) OR</li> <li>Professional Support Services (PSSL) with the TN Dept of Health OR</li> <li>Home Care Organization with TN Dept of Mental Health, UNLESS</li> <li>A registered Consumer Direction Workers- does not require licensure but must be registered as a provider and have a Medicaid ID number.</li> </ul>
<ul style="list-style-type: none"> <li>Supportive Home Care (ECF SHC)</li> </ul>	
<b>RESPITE SERVICE</b>	
<ul style="list-style-type: none"> <li>Respite (ECF RESP)</li> </ul>	Licensed per region <ul style="list-style-type: none"> <li>Personal Assistant provider (PSSA) OR</li> <li>Professional Support Services (PSSL) with the TN Dept of Health OR</li> <li>Home Care Organization with TN Dept of Mental Health, UNLESS</li> <li>A registered Consumer Direction Workers- does not require licensure, but must be registered as a provider and have a Medicaid ID number.</li> <li><b>Note:</b> If your plan is to support people with IDD you must obtain the Respite license from TN DIDD. The Respite license is not transferrable between TNDMHSAS PSSA and TN DIDD.</li> </ul>
<b>ENABLING TECHNOLOGY SERVICE</b>	
<ul style="list-style-type: none"> <li>Enabling Technology (ECF ETECH)</li> </ul>	Tennessee Business License <b>OR</b> Certificate of Existence for out of state Enabling Technology Vendor with an Out of State Business License
<b>TRANSPORTATION</b>	
<ul style="list-style-type: none"> <li>Community Transportation Non-Emergency Transportation/ Stand Alone Transportation (ECF COM TRANSP)</li> </ul>	Licensed per region <ul style="list-style-type: none"> <li>Personal Assistant provider ((PSSA or Home Care Organization with TN Dept of Health), or</li> <li>Professional Support Services (PSSL) with the TN Dept of Health or Home Care Organization with TN Dept of Health, UNLESS</li> <li>A registered Consumer Direction Workers- does not require licensure but must be registered as a provider and have a Medicaid ID number.</li> </ul>

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

OTHER SERVICES	
<ul style="list-style-type: none"> <li>Community Support, Development, Organization and Navigation (ECF CSDON) Navigation</li> </ul>	<ul style="list-style-type: none"> <li>No license required. Requires verification of Community Navigator</li> <li>In lieu of license, providers must register as a non-licensed provider in TennCare's PDMS and upload a proposal describing experience/qualifications to perform the service.</li> <li>Provider must also submit a copy of the proposal with the application</li> </ul>
<ul style="list-style-type: none"> <li>Peer-to-Peer Support Self Direction Employment and Community Support and Navigation (ECF PPSN)</li> </ul>	<ul style="list-style-type: none"> <li>No license required. but training/certification may be required</li> </ul>
<ul style="list-style-type: none"> <li>Health Insurance Counseling and Forms Assistance (ECF HICFA)</li> </ul>	<ul style="list-style-type: none"> <li>No services license required but training/certification may be required</li> </ul>
<ul style="list-style-type: none"> <li>Decision Making Supports formerly known as (f.k.a.) Conservatorship and alternative to Conservatorship Counseling (ECF DMS)</li> </ul>	<ul style="list-style-type: none"> <li>No services license required but demonstrated experience, training and/or certification. Note: Only licensed attorney will be able to provide legal services</li> </ul>

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

**MCO CHOICES SERVICES\* Only apply for this program service if applying for any of the following program services: Katie Beckett -A, Katie Beckett- B, 1915c Waivers, and /or CHOICES.**

PROGRAM SERVICES	WHAT TYPE LICENSE REQUIRED: PROFESSIONAL, DIDD SERVICE LICENSE, OTHER. IDENTIFY THE NAME OF LICENSE
<b>RESIDENTIAL SERVICES</b>	
<ul style="list-style-type: none"> <li>Community Living Supports 1 (CH CLS 1) or Community Living Supports 2 (CH CLS 2)</li> </ul>	Licensed per region for the appropriate corresponding service <ul style="list-style-type: none"> <li>CLS 1 or 2 – DIDD service license for Semi-Independent Living Services Facility license</li> </ul>
<ul style="list-style-type: none"> <li>Community Living Supports 3 (CH CLS 3)</li> </ul>	Licensed per region for the appropriate corresponding service <ul style="list-style-type: none"> <li>CLS 3- DIDD service license for Supported Living or Residential Habilitation</li> </ul>
<ul style="list-style-type: none"> <li>Community Living Supports – Family Model (CLS-FM 1, 2, and 3)</li> </ul>	Licensed per region <ul style="list-style-type: none"> <li>DIDD service license: Placement Services</li> </ul>
<b>DAY SERVICES</b>	
<ul style="list-style-type: none"> <li>Adult Day Care (CH ADC)</li> </ul>	Licensed per location <ul style="list-style-type: none"> <li>by the Tennessee Department of Human Services (Adult Day Care Services Standards) <b>OR</b></li> <li>by the Tennessee Department of Mental Health and Substance Abuse Services (TNDMHSAS) for the Mental Retardation Adult Habilitation Day Facility license <b>OR</b></li> <li>by DIDD for the ID or DD Adult Habilitation Day Facility/ Services license</li> </ul>
<b>RESPIRE</b>	
<ul style="list-style-type: none"> <li>Respite In-Home (CH RESP- IH)</li> </ul>	<ul style="list-style-type: none"> <li>Note: Consumer Direction workers do not require licenses, but must be registered as a provider and have a Medicaid ID</li> <li>Personal Support Services (PSSA) or Professional Support Services (PSSL), unless a registered Consumer Direction worker; licensed per region PA provider.</li> <li>TN DIDD or TN Dept of Mental Health and Substance Abuse Services (TNDMHSAS) or Home Care Organization with Dept of Health.</li> <li><b>Note:</b> If your plan is to support people with IDD you must obtain the Respite license from TN DIDD. The Respite license is not transferrable between TNDMHSAS PSSA and TN DIDD.</li> </ul>
<b>PERSONAL ASSISTANCE SUPPORTIVE HOME CARE-IN-HOME</b>	
<ul style="list-style-type: none"> <li>Attendant Care (CH AC)</li> </ul>	Licensed per region by either <ul style="list-style-type: none"> <li>TDMHSAS for the Personal Support Services Agency (PSSA) license <b>OR</b></li> <li>by DIDD for the Personal Support Services Agency (PSSA) license <b>OR</b></li> <li>by the Tennessee Department of Health or Home Care Organization for the Professional Support Services License (PSSL), unless a registered Consumer Direction worker</li> </ul>
<ul style="list-style-type: none"> <li>Personal Care Visits (CH PCV)</li> </ul>	

## ATTACHMENT 2 - PROGRAM SERVICE LICENSE/CERTIFICATION REQUIREMENTS

KATIE BECKETT-Part A, KATIE BECKETT-Part B, 1915c WAIVERS, EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES AND CHOICES

<b>ANCILLARY SERVICES</b>	
<ul style="list-style-type: none"> <li>Assistive Technology (CH AT)</li> </ul>	<ul style="list-style-type: none"> <li>Appropriately statewide licensed professional to complete eval/assmt (OT, PT, etc). DME <b>OR</b> other wholesale or business entity</li> </ul>
<ul style="list-style-type: none"> <li>Personal Emergency Response System (CH PERS)</li> </ul>	<ul style="list-style-type: none"> <li>Professional License per region <b>OR</b> Business/Occupational License <b>OR</b> State License <b>OR</b> 501(c)3 Non-Profit tax-exempt nonprofit organization</li> </ul>
<ul style="list-style-type: none"> <li>Minor Home Modifications (CH MHM)</li> </ul>	<ul style="list-style-type: none"> <li>Appropriately active TN contractor statewide licensed <b>OR</b> Business License abiding with applicable State or local building codes</li> </ul>
<b>ENABLING TECHNOLOGY SERVICE</b>	
<ul style="list-style-type: none"> <li>Enabling Technology (CH ETECH)</li> </ul>	Business License in Home State <b>OR</b> TN State Business License or Perpetual License Appropriately statewide licensed professional to complete evaluation/assessment (OT, PT, etc.). Licensed by DME or other wholesale or business entity
<b>OTHER SERVICES</b>	
<ul style="list-style-type: none"> <li>Home-Delivered Meals (CH HDM)</li> </ul>	<ul style="list-style-type: none"> <li>TN Professional License per location/region <b>OR</b></li> <li>Business/Occupational License <b>OR</b></li> <li>State License (related to food service or delivery) <b>OR</b></li> <li>501(c)3 Non-Profit tax-exempt nonprofit organization</li> </ul>
<ul style="list-style-type: none"> <li>Pest Control (CH PC)</li> </ul>	<ul style="list-style-type: none"> <li>TN Professional License per location/region <b>OR</b></li> <li>Business/Occupational License <b>OR</b></li> <li>State License <b>OR</b></li> <li>501(c)3 Non-Profit tax-exempt nonprofit organization</li> </ul>