

Participant Directed Agency SSQUAL

Agency name: _____

Section 1:

Please check all services:

- Adult Respite Services in the Caregiver's Home
- Adult Respite Services in the Recipient's
- Adult Companion Services
- Assistive Technology Evaluation and Training
- Individualized Home Supports
- Behavioral Supports and Consultation
- Community/Residential Peer Support Services
- Community/Residential Family Training
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Individualized Day Supports
- Chore
- Individualized Supported Employment

For all Agencies applying to provide participant directed services:

Agency is already qualified to provide one or more services through DDS SSQUAL
Yes No

If Yes, please list what services are qualified (*Sections 2 and 3 do not need to be completed. Continue to Section 4*):

If No, please complete Sections 2 and 3.

Section 2:

- I. For all above services Agencies must provide the following supporting documentation:
 1. Copy of resumes for all Principals and Board of Directors
 2. Copy of professional licenses for all identified to provide the self-directed service where applicable. (*Random checks will be made to the relevant licensing board to ensure compliance.*)

- II. Agencies must attest that the following information is on file and available to the Department if necessary: *(Do not send with application)*
1. A current and valid CORI and Federal Background check is on file for all staff (who must be over 18)
 2. Copies of Diploma or GED
 3. Names and Contact information of two references, with contact notes
 4. Copies of MA License or ID Card
- III. Agencies must attest that the following information is on file and available to the Department upon request: *(Do not send with application)*
1. Federal Employer ID # (FEIN) Documentation / W-9
 2. Articles of Organization/Corporate Bylaws
 3. Organizational Chart
 4. IRS Form 990 - Return of Organization Exempt
 5. Audit Report
 6. Form PC - Mass. Office of the Attorney General, Division of

Section 3:

- I. The following services have additional requirements as noted below:
1. **Behavioral Supports and Consultation** requirements and should be noted in resumes for all Agency personnel providing service to individual::
 - Higher Education Degree
 - Applicable License – Copies must be provided
 - 1500 hours of Training, including course work in principles of child development theory and behavior analysis
 - 2 years of experience in a lead role in designing and implementing behaviorally based therapies for eligible individuals.
 - Agency must be licensed as a group practice (130 CMR 413.404) if applicable
 2. **Speech Therapy:**
 - Agency must be licensed as a group practice (130 CMR 413.404); AND
 - Speech/Language Therapist must be licensed (130 CMR 432.00) – Copies must be provided
 3. **Occupational Therapy:**
 - Agency must be licensed as a group practice (130 CMR 413.404) or hold a clinic license; AND
 - Occupational Therapist must be licensed (130 CMR 432.00) – Copies of those providing the service must be provided

4. Physical Therapy:

- Agency must be licensed as a group practice (130 CMR 413.404) or hold a clinic license; AND
- Physical Therapist must be licensed (130 CMR 432.00) – Copies of those providing the service must be provided

Section 4:

I confirm and attest that the information provided is accurate and that any documents not provided but on file are available to DDS upon request:

Signature

Date

Print name: _____

Print Title: _____