

AGENCY PROVIDER APPLICATION

**Commonwealth of Massachusetts: Autism Division of the Department of Developmental Services
APPLICATION TO QUALIFY AS AN AGENCY PROVIDER OF AUTISM SUPPORT SERVICES**

Name: _____ Date: _____
 Address: _____
 SSN : # _____ E-Mail: _____ Phone: _____

**Waiver Program Services:
Expanded Habilitation, Education**

Please indicate your experience level (check all that apply):

SENIOR LEVEL THERAPIST (Expanded Habilitation only): Role is to oversee the development and implementation of the Expanded Habilitation, Education Intervention Plan ("HIP"). This includes the creation of the HIP as well as Quarterly Progress Reports.

<p><u>Requirements</u></p> <ul style="list-style-type: none"> • Doctoral Degree • Applicable License • 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 children with ASD 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <p><input type="checkbox"/> Copy of Current Professional License</p> <p><input type="checkbox"/> Copy of Resume</p> <p><input type="checkbox"/> Any other relevant certification documents</p> <p><input type="checkbox"/> Copy of MA License or ID Card</p>
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OR

<p><u>Requirements:</u></p> <ul style="list-style-type: none"> ▪ Master's Degree ▪ 2000 hours of Training ▪ 2 years of experience ▪ 10 hours Professional Development 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <p><input type="checkbox"/> Copy of Current Professional License</p> <p><input type="checkbox"/> Copy of Resume</p> <p><input type="checkbox"/> Copy of Transcript (to confer training hours)</p> <p><input type="checkbox"/> Any other relevant certification documents</p> <p><input type="checkbox"/> Copy of MA License or ID Card</p>
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THERAPIST (Expanded Habilitation only): Families may choose to use a therapist to provide one-to-one staff support for the implementation of the Habilitation Plan (HIP) and related tasks as assigned by the Senior Therapist. However this is the choice of the family to hire either a therapist or a direct staff person for the implementation of the plan for the individual receiving Expanded Habilitation, Education.

<p><u>Requirements</u></p> <ul style="list-style-type: none"> • Master's Degree • 800 hours of Course Work including course work in relevant principles of behavior analysis • Experience in Development and Implementation of Therapies • One year Supervised Post Degree Experience • 10 hours of Professional Development 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <p><input type="checkbox"/> Copy of Current Professional License</p> <p><input type="checkbox"/> Copy of Resume</p> <p><input type="checkbox"/> Copy of Transcript (to confer training hours)</p> <p><input type="checkbox"/> Any other relevant certification documents</p>
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	<input type="checkbox"/> Copy of MA License or ID Card
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OR

<p><u>Requirements</u></p> <ul style="list-style-type: none"> Bachelor's Degree in psychology, education or related field 800 hours of Course Work/Training including course work in relevant principles of behavior analysis Experience in Development and Implementation of Therapies 2 years Supervised Post Degree Experience 10 hours of Professional Development 	<p>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License (If Applicable) <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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OR

<p><u>Requirements</u></p> <ul style="list-style-type: none"> Bachelor's Degree in non-related field 800 hours of Training Experience in the Development and Implementation of Therapies 2 years Supervised Post Degree Experience 15 hours Professional Development 	<p>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License (If Applicable) <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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DIRECT SUPPORT STAFF (*Expanded Habilitation only*): Role is to implement the Habilitation, Intervention Plan as designated by the Senior Therapist including one-to-one behavioral interventions and skills training and community integration activities for individuals receiving Expanded Habilitation, Education Services.

<p><u>Requirements</u></p> <ul style="list-style-type: none"> 18 years or older Bachelor's Degree, High School Diploma or GED 120 hours of Supervised Training, of which at least 30 hours, in behaviorally based therapies for children with ASD Direct Experience working one-to one with children with an Autism Spectrum Disorder if not 160 hours of supervised training required 2 Personal or Professional References 	<p>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy of MA License or ID Card
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Waiver Program Services:

Behavioral Consultation Please indicate your experience level (check all that apply):

Senior Behavioral Consultant: Role is to oversee the ongoing implementation of the Expanded Habilitation, Education Intervention Plan (HIP) by the family. This includes adaptation to the HIP as necessary based on the changing needs of the child. This service is **only** available after the completion of the three years of Expanded Habilitation Education.

<p><u>Requirements</u></p> <ul style="list-style-type: none"> Doctoral Degree Applicable License 1500 hours of Training, including course work in principles of child development theory and 	<p>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License
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behavior analysis • 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD	<input type="checkbox"/> Copy of Resume <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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OR

<u>Requirements:</u> <ul style="list-style-type: none"> ▪ Master's Degree ▪ 2000 hours of Training ▪ 2 years of experience ▪ 10 hours Professional Development 	Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application) <input type="checkbox"/> Copy of Current Professional License <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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Therapist Role is to oversee the ongoing implementation of the Expanded Habilitation, Education Intervention Plan (HIP) by the family. This includes adaptation to the HIP as necessary based on the changing needs of the child. This service is **only** available after the completion of the three years of Expanded Habilitation Education.

<u>Requirements</u> <ul style="list-style-type: none"> • Master's Degree • 800 hours of Course Work including course work in relevant principles of behavior analysis • Experience in Development and Implementation of Therapies • One year Supervised Post Degree Experience • 10 hours of Professional Development 	Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application) <input type="checkbox"/> Copy of Current Professional License <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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OR

<u>Requirements</u> <ul style="list-style-type: none"> • Bachelor's Degree in psychology, education or related field • 800 hours of Course Work/Training including course work in relevant principles of behavior analysis • Experience in Development and Implementation of Therapies • 2 years Supervised Post Degree Experience • 10 hours of Professional Development • 	Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application) <input type="checkbox"/> Copy of Current Professional License (If Applicable) <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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OR

<u>Requirements</u> <ul style="list-style-type: none"> • Bachelor's Degree in non-related field • 800 hours of Training Experience in the Development and Implementation of Therapies • 2 years Supervised Post Degree Experience • 15 hours Professional Development 	Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application) <input type="checkbox"/> Copy of Current Professional License (If Applicable) <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Any other relevant certification documents
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	<input type="checkbox"/> Copy of MA License or ID Card
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Waiver Program Services:

- Occupational Therapist
- Speech Therapist
- Physical Therapist

<p>Requirements: Occupational Therapist</p> <ul style="list-style-type: none"> Agencies must be licensed as a Group Practice in accordance with 130 CMR 423.404 or hold a Clinic license. Services must be performed by an Occupational Therapist licensed in accordance with 130 CMR 432.00. 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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<p>Requirements: Speech Therapist</p> <ul style="list-style-type: none"> Agencies must be licensed as a Group Practice in accordance with 130 CMR 413.404. Services must be performed by a Speech/Language Therapist licensed in accordance with 130 CMR 432.00. 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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<p>Requirements: Physical Therapist</p> <ul style="list-style-type: none"> Agencies must be licensed as a Group Practice in accordance with 130 CMR 413.404 or hold a clinic license. Services must be performed by a Physical Therapist licensed in accordance with 130 CMR 432.00. 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary: (Do not send with application)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Current Professional License <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Any other relevant certification documents <input type="checkbox"/> Copy of MA License or ID Card
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Waiver Program Services:

- Habilitation/Community Integration
- Family Training

<p>Requirements</p> <ul style="list-style-type: none"> 18 years or older Bachelor's Degree, High School Diploma or GED Direct Experience working one-to one with children with an Autism Spectrum Disorder Staff members shall have the ability to communicate effectively in the language and communication style of the child to whom they provide services and his or her family If the individual is overseeing the Habilitation or Family Training activity he/she must meet all 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Resume <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> Copy of Transcript (to confer training hours) <input type="checkbox"/> Names and Contact information of two references
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relevant state and federal licensure or certification requirements in their discipline • 2 Personal or Professional References	<input type="checkbox"/> Copy of MA License or ID Card
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Additional Waiver Program Services:

Respite in Child's Home

REQUIREMENTS FOR RESPITE STAFF:

<p><u>Requirements</u></p> <ul style="list-style-type: none"> ▪ 18 years of age or older ▪ High School Diploma or GED ▪ 2 Personal or Professional References ▪ Ability to communicate in the language and style of Individual <ul style="list-style-type: none"> ○ (Not Applicable for Homemaker Services) ▪ History of working with children with an Autism Spectrum Disorder <ul style="list-style-type: none"> ○ (Not Applicable for Homemaker Services) 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <p><input type="checkbox"/> Copy of Resume (to demonstrate history of working with children with ASD)</p> <p><input type="checkbox"/> Copy of Diploma or GED</p> <p><input type="checkbox"/> Names and Contact information of two references</p> <p><input type="checkbox"/> Copy of MA License or ID Card</p>
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Homemaker

REQUIREMENTS:

<p><u>Requirements</u></p> <ul style="list-style-type: none"> ▪ Tax Identification Number ▪ Licensed and Bonded for working in someone's home ▪ 18 years of age or older ▪ 2 Personal or Professional References 	<p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> (Do not send with application)</p> <p><input type="checkbox"/> Tax Identification Number</p> <p><input type="checkbox"/> Names and Contact information of two references</p> <p><input type="checkbox"/> Copy Licensure and Bondage Certification</p> <p><input type="checkbox"/> Copy of MA License or ID Card</p>
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Service Area:

Please indicate geographic region(s) where you are able to provide services (Check all that apply):

<input type="checkbox"/> West	<input type="checkbox"/> Southeast
<input type="checkbox"/> Central	<input type="checkbox"/> Metro
<input type="checkbox"/> Northeast	

If applicable, please list the town/s that you **do not** provide service to within a particular geographic area:

1.	3.	5.
2.	4.	6.

Please indicate if you have staff available who speak a language in addition to English:

Language One: _____ Language Two: _____ Language Three: _____

Provider Directory:

<input type="checkbox"/> I am applying to qualify to provide service/supports to _____ only. <div style="text-align: right; margin-right: 100px;">Name of Individual</div>
<input type="checkbox"/> I am willing to be placed on a Master List of qualified providers to be considered by individuals/families.

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I certify that the statements made by me as a representative of _____ agency on this application are true and complete to the best of my knowledge. I understand that if I knowingly make any misstatements of fact our agency is subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations.

I certify that it is the policy of our agency to run a mandatory criminal history background check (CORI) on each individual employee working with families and that our agency keeps these up-to-date.

Our agency understands that all statements made on this application, including employee credentials, therapist licensure requirements and CORI reviews are subject to verification as a condition of employment. By signing this statement, I hereby give permission for the staff of the Autism Division to request and review materials as necessary for the services provided to individuals enrolled in the Autism Waiver Program.

Agency Designee Signature

Date

INDIVIDUAL PROVIDER APPLICATION
