

Attachment D - Service Application Form
DHHS91172

PROVIDER NAME: _____

IMPORTANT! PLEASE READ! Prior to submitting an application, the Provider must have: (1) successfully completed all DHHS Office of Service Review (OSR) Pre-Solicitation requirements; OR (2) had a previous contract under DHS90743. To request an invitation to a Pre-Solicitation meeting, contact OSR via email at dhhsnewprovider@utah.gov. Please state "DHHS91172 Pre-Solicitation Meeting Request" in the email subject line.

Some of the service categories below contain multiple services and service codes. With the exception of Behavior Consultation, Providers will be awarded all service codes within the service category applied for, if successful. **Check all the service categories for which the provider is applying for:**

Select <input checked="" type="checkbox"/>	SERVICE CATEGORY	QUALIFICATIONS
	Day Supports <i>(Includes Day Supports - Group, Day Supports - Individual, Employment Preparation Services and Motor Transportation Payment)</i>	Whether the Provider plans to provide services in a site-based facility or in the community, they MUST HAVE: <ul style="list-style-type: none"> ● A current DHHS/OL Day Treatment License; OR ● A current DHHS/OL Day Support Certification; OR ● A current Community Based Day Support Certification; OR ● Provided Day Supports under a DHS90743 contract and have applied for any of the above Certifications or License.
	Professional Medication Monitoring by LPN	Individuals providing this service must be currently licensed by DOPL as a Licensed Practical Nurse. Provider MUST SUBMIT the name of each LPN who will be providing this service on its behalf. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>LPN Staff Name(s):</u> </div>
	Professional Medication Monitoring by RN	Individuals providing this service must be currently licensed by DOPL as a Registered Nurse. Provider MUST SUBMIT the name of each RN who will be providing this service on its behalf. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>RN Staff Name(s):</u> </div>
	Professional Nursing Services	Individuals providing this service must be currently licensed by DOPL as a Registered Nurse or higher. Provider MUST SUBMIT the name of each staff member who will be providing this service on its behalf. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>RN Staff Name(s):</u> </div>
	Professional Parent Supports <i>(includes Extended Living Supports)</i>	Provider MUST HAVE a current DHHS/OL Child Placing-Foster License.

	Residential Habilitation Supports <i>(includes Extended Living Supports)</i>	Provider MUST HAVE a current: <ul style="list-style-type: none"> • DHHS/OL Residential Support License for each facility in which it is proposing to service 4 or more Persons; OR • DHHS/OL Residential Support Certification for each facility in which it is proposing to service 3 or fewer Persons.
	Respite Camp Session	By applying for Respite Camp Session, Provider is certifying their program is a respite camp designed to meet the recreational interests and medical needs of Persons. <u>**THIS SERVICE CANNOT BE FOR FULL SUMMER OR DAY PROGRAMS. IF IT IS A FULL SUMMER OR DAY PROGRAM, DAY SUPPORTS - GROUP MUST BE USED.</u>
	Family & Individual Training & Preparation	Individuals providing this service must have: <ul style="list-style-type: none"> • A Bachelor's degree in social or behavioral services; AND • One year, within the past five years, of work experience providing training to people with ID.RC and/or ABI and their families. Provider MUST SUBMIT proof of Bachelor's degree AND a Resume detailing the required work experience.
	Supported Employment in a Group <i>(includes Motor Transportation Payment)</i>	Individuals providing this service must have: <ul style="list-style-type: none"> • Successfully completed ACRE training; OR • Successfully completed Basic Employment Specialist Training (<i>this training is no longer offered, but will be accepted in place of ACRE training</i>); OR • Successfully completed Workplace Supports training; OR • Registered for the next available Workplace Supports training. Provider MUST SUBMIT proof of training completion or receipt of training registration for each staff member who will be providing this service on its behalf.
	Supported Employment Enterprise	Individuals providing this service must have successfully completed: <ul style="list-style-type: none"> • Customized Employment training; AND • ACRE training; or Basic Employment Specialist Training (<i>this training is no longer offered, but will be accepted in place of ACRE training</i>). Provider MUST SUBMIT proof of training completion for each staff member who will be providing this service on its behalf.
	Supported Employment for an Individual	Individuals providing this service must have successfully completed: <ul style="list-style-type: none"> • Customized Employment training; OR • ACRE training; OR • Basic Employment Specialist Training (<i>this training is no longer offered, but will be accepted in place of ACRE training</i>); OR • Workplace Supports training; OR • Effective Job Coaching training. Provider MUST SUBMIT proof of training completion for each staff member who will be providing this service on its behalf.
	Supported Employment with a Co-worker	N/A
	Host Home Supports <i>(includes Extended Living Supports)</i>	N/A
	Supported Living Services	N/A
	Companion	N/A
	Homemaker	N/A

	Personal Assistance Services	N/A
	Personal Budget Assistance	N/A
	Respite	N/A
	Behavior Consultation Services (BC)	<p>Providers must only submit documentation evidencing the qualifications of one staff member who meets the highest level of BC services for which the Provider is applying for. For example, if the provider is planning to provide BC1, BC2, & BC3 services, the Provider must only submit qualifications of one BC3 staff. Please note that Providers applying for BC3, if successful, will automatically be awarded BC2 & BC1; and Providers applying for BC2, if successful, will automatically be awarded BC1. Please provide the BC staff member's name and select the ONE OPTION below that corresponds with the staff member's qualifications.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>BC Staff Name:</u> </div>
	BC1 Option A	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Bachelor's degree in a behaviorally related field; AND 3. The name submitted must have a DOPL Registered Behavior Specialist (RBS) or a Registered Assistant Behavior Specialist (RaBS) Please note that registrations are not transferable from one organization to another.
	BC1 Option B	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Bachelor's degree in a behaviorally related field; AND 3. Submit a letter from the Provider including the reason for the exemption from DOPL licensure as outlined in UT code Chapter 61 Psychologist Licensing Act, Part 7 Behavior Analyst Licensing Act 58-61-707 Exemptions from Licensure; ...AND... any <u>relevant licensure</u> that may be required with the exemption (<i>e.g. if the exemption is based on 58-64-707(4) a mental health therapist licensed under Chapter 60, Mental Health Professional Act, the relevant licensure would be the staff's current mental health therapist license</i>).
	BC2 Option A	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit a copy of their Assistant Behavior Analyst(BCaBA) certification through the Behavior Analyst Certification Board(BACB) 3. The name submitted must have a DOPL license for Licensed Assistant Behavior Analyst (LaBA)
	BC2 Option B	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Master's degree in a behaviorally related field; AND 3. The name submitted must have a DOPL license for RBS or RaBS. Please note that registrations are not transferable from one organization to another.
	BC2 Option C	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND

		<ol style="list-style-type: none"> 2. Submit a class schedule showing enrollment in behavior analysis course sequence leading to BCaBA certification approved by the BACB; AND 3. Submit a letter from the BC2 staff BCBA supervisor stating the supervisor's name, contact info, and that they are willing to supervise the BC2 staff; AND 4. Submit a copy of the supervisor's BCBA certification.
	BC2 Option D	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Master's degree in a behaviorally related field; AND 3. Submit a letter from the Provider including the reason for the exemption from DOPL licensure as outlined in UT code Chapter 61 Psychologist Licensing Act, Part 7 Behavior Analyst Licensing Act 58-61-707 Exemptions from Licensure; ...AND... any <u>relevant licensure</u> that may be required with the exemption (<i>e.g. if the exemption is based on 58-64-707(4) a mental health therapist licensed under Chapter 60, Mental Health Professional Act, the relevant licensure would be the staff's current mental health therapist license</i>).
	BC3 Option A	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit a copy of their Behavior Analyst(BCBA) certification through the BACB; AND 3. The name submitted must have a DOPL license for Behavior Analyst (LBA).
	BC3 Option B	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Doctoral degree in a behaviorally related field; AND 3. The name submitted must have a DOPL license as a Psychologist.
	BC3 Option C	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit a class schedule showing enrollment in behavior analysis course sequence leading to BCBA certification approved by the BACB; AND 3. Submit a letter from the BC3 staff BCBA supervisor stating the supervisor's name, contact info, and that they are willing to supervise the BC3 staff; AND 4. Submit a copy of the supervisor's BCBA certification.
	BC3 Option D	<ol style="list-style-type: none"> 1. Submit a Resume detailing at least 1 year experience working with Persons with ID.RC or Adult with ABI; AND 2. Submit proof of a Doctoral degree in a behaviorally related field; AND 3. Submit a letter from the Provider including the reason for the exemption from DOPL licensure as outlined in UT code Chapter 61 Psychologist Licensing Act, Part 7 Behavior Analyst Licensing Act 58-61-707 Exemptions from Licensure; ...AND... any <u>relevant licensure</u> that may be required with the exemption (<i>e.g. if the exemption is based on 58-64-707(4) a mental health therapist licensed under Chapter 60, Mental Health Professional Act, the relevant licensure would be the staff's current mental health therapist license</i>).