DHHS91172

Evaluation Score Sheet

Provider Name: _____

Evaluator Name: _____

Date of Evaluation: _____

DESCRIPTION OF REQUIREMENTS	SERVICE CODES	PASS	FAIL	N/A
1. Did the Provider successfully complete all elements of the Pre-Solicitation process OR have a contract under DHS90743 with the same service category selection?				
2. Did the Provider submit a completed **DHHS Data Sheet** (Attachment A)?				
3. Did the Provider submit a completed and signed **Conflict of Interest Disclosure Statement** (Attachment B)? (*Evaluators shall note if the Provider has identified any conflicts of interest.)*				
4. Did the Provider submit a completed and recently signed (within the last 6 months) **Form W-9** (Attachment C)?				
5. Does the Provider have an active **business entity registration** (in good standing) with the Utah Department of Commerce Division of Corporations and Commercial Code (DOC) that matches the name on the DHHS Data Sheet?				
6. Did the Provider submit a completed **Service Code Application Form** (Attachment D)?				
7. Did the Provider submit a completed **Business Associate Agreement** (Attachment E)?				
8. Did the Provider submit completed **Medicaid Enrollment Documentation** (Attachment F)?				
9. If applying for **Day Supports**, does the Provider have a current **DHHS/OL Day Treatment license** OR **DHHS/OL Day Support Certification** or **Community Based Day Support Certification** or did the Provider provide Day Supports under a DHS90743 contract and has applied for any of the above certifications or license?	DSG, DSP, DSI, EPR, MTP			
10. If applying for **Professional Medication Monitoring by LPN**, did the Provider submit the name of each Licensed Practical Nurse staff, AND is each staff currently licensed by DOPL as an LPN?	PM1			
11. If applying for **Professional Medication Monitoring by RN**, did the Provider submit the name of each Registered Nurse staff, AND is each staff currently licensed by DOPL as an RN?	PM1, PM2			
12. If applying for **Professional Nursing Services**, did the Provider submit the name of each Registered Nurse staff (or higher), AND is each staff currently licensed by DOPL as an RN or higher?	PN1, PN2			

13. If applying for **Professional Parent Supports**, does the Provider have a **current DHHS/OL Child Placing-Foster license**?	PPS, ELS			
14. If applying for **Residential Habilitation Supports**, does the Provider have a **current DHHS/OL Residential Support license OR** a **DHHS/OL Residential Support Certification**?	RHS, ELS			
15. Did the Provider apply for **Respite Camp Session**?	RPS			
16. If applying for **Family & Individual Training & Preparation**, did the Provider submit proof of a Bachelor's degree in social or behavioral services AND a Resume detailing one year, within the past five years, of work experience providing training to people with ID.RC and/or ABI and their families?	TFB			
17. If applying for **Supported Employment in a Group**, did the Provider submit proof of completion of ACRE training OR Workplace Supports training OR receipt of registration for Workplace Supports training?	SED, MTP			
18. If applying for **Supported Employment Enterprise**, did the Provider submit proof of completion of Customized Employment training AND ACRE training?	SEE			
19. If applying for **Supported Employment for an Individual**, did the Provider submit proof of completion of Customized Employment training OR ACRE training OR Workplace Supports training OR receipt of registration for Workplace Supports training?	SEI			
20. Did the Provider apply for **Supported Employment with a Co-Worker**?	SEC			
21. Did the Provider apply for **Host Home Supports**?	HHS, ELS			
22. Did the Provider apply for **Supported Living Services**?	SLH, SLN, CMS, CMP			
23. Did the Provider apply for **Companion**?	COM			
24. Did the Provider apply for **Homemaker**?	HSQ			
25. Did the Provider apply for **Personal Assistance Services**?	PAC			
26. Did the Provider apply for **Personal Budget Assistance**?	PBA			
27. Did the Provider apply for **Respite**?	RP2, RP3, RP4, RP5			

28. **<u>Behavior Consultation</u> (BC):**
Providers applying for BC1, BC2, and/or BC3 services must submit documentation evidencing the qualifications of one staff member who meets the highest level of BC services for which the Provider is applying. Please note that Providers applying for BC3, if successful, will automatically be awarded BC2 and BC1; and Providers applying for BC2, if successful, will automatically be awarded BC1.

Indicate which of the following documents were submitted, as applicable.

BC1 – *Option A*		**P**	**F**	**N/A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND*** …				
2. A Bachelors degree in a behaviorally related field? ***AND…***				
3. A current DOPL license as either a Behavior Specialist (RBS) OR an Assistant Behavior Specialist (RaBS)?				
BC1 – *Option B*		**P**	**F**	**N/A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A Bachelors degree in a behaviorally related field? ***AND…***				
3. A letter from the Provider including the reason for the exemption from DOPL licensure, and the code citation supporting the reason 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 *(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)*?				
BC2 – *Option A*		**P**	**F**	**N/A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. Current certification through the BACB as an Assistant Behavior Analyst (BCaBA)? ***AND…***				
3. Current DOPL license for Licensed Assistant Behavior Analyst (LaBA)?				
BC2 – *Option B*		**P**	**F**	**N/A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A Masters degree in a behaviorally related field? ***AND…***				

3. Current DOPL license for either a Registered Behavior Specialist (RBS) OR a Registered Assistant Behavior Specialist (RaBS)?				
BC2 – *Option C*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A class schedule showing enrollment in behavior analysis course sequence leading to BCaBA certification approved by the Behavior Analyst Certification Board? ***AND…***				
3. A letter from the BC2 staff's BCBA supervisor stating their name and contact information and that they are willing to supervise the BC2 staff? ***And…***				
4. A copy of the supervisor's BCBA certification?				
BC2 – *Option D*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A Master's degree in a behaviorally related field? ***AND…***				
3. A letter from the Provider including the reason for the exemption from DOPL licensure, and the code citation supporting the reason as outlined in UT code Chapter 61 Psychologist Licensing Act, Part 7 Behavior Analyst Licensing Act 58-61-707 Exemptions from Licensure; ***AND…*** any relevant licensure that may be required with the exemption *(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)*?				
BC3 – *Option A*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A current certification through the BACB as a Behavior Analyst (BCBA)? ***AND…***				
3. A current DOPL license for Behavior Analyst (LBA)?				
BC3 – *Option B*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A Doctoral degree in a behaviorally related field of study? ***AND…***				
3. A current DOPL license as a Psychologist?				

BC3 – *Option C*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A class schedule showing enrollment in behavior analysis course sequence leading to BCBA certification approved by the Behavior Analyst Certification Board? ***AND…***				
3. A letter from the BC3 staff's BCBA supervisor stating their name and contact information and that they are willing to supervise the BC3 staff? ***AND…***				
4. A copy of the supervisor's BCBA certification?				
BC3 – *Option D*		**P**	**F**	**N / A**
1. A Resume detailing at least one year experience working with Persons with ID.RC or adults with ABI? ***AND…***				
2. A Doctoral degree in a behaviorally related field? ***AND…***				
3. A letter from the Provider including the reason for the exemption from DOPL licensure, and the code citation supporting the reason as outlined in UT code Chapter 61 Psychologist Licensing Act, Part 7 Behavior Analyst Licensing Act 58-61-707 Exemptions from Licensure; ***AND…*** any relevant licensure that may be required with the exemption *(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)*?				