

AGENCY PROVIDER APPLICATION

Commonwealth of Massachusetts
 Autism Division of the Department of Mental Retardation
APPLICATION TO QUALIFY AS A PROVIDER OF AUTISM SUPPORT SERVICES

Name: _____ Date: _____
 Address: _____ Phone: _____
 E-Mail: _____ @ _____
 FEIN : # _____

Service: 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.

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| <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></p> <p>(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

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| <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></p> <p>(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.

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| <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></p> <p>(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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| <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><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 (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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| <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><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 (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.*

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| <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><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 <input type="checkbox"/> Copy of MA License or ID Card |
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Waiver Program Services:

- Habilitation/ADL/Independent Living Skills**
- Habilitation/Community Integration**
- Family Training**

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| <p><u>Requirements</u></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 | <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) |
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| Family Training activity he/she must meet all relevant state and federal licensure or certification requirements in their discipline • 2 Personal or Professional References | <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy of MA License or ID Card |
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Additional Waiver Program Services:

Respite

REQUIREMENTS FOR RESPITE STAFF:

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| <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> <input type="checkbox"/> Copy of Resume (to demonstrate history of working with children with ASD) <input type="checkbox"/> Copy of Diploma or GED <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy of MA License or ID Card |
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Homemaker

REQUIREMENTS for Homemaker Services:

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| <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> <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Names and Contact information of two references <input type="checkbox"/> Copy Licensure and Bondage Certification <input type="checkbox"/> Copy of MA License or ID Card |
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Note: The Agency is responsible for assuring that a current and valid CORI is on file for all staff noted above.

The agency applying to qualify to provide service/supports to _____ only.
Name of Individual

The agency is willing to be placed on a Master List of qualified providers to be considered by individuals/families.

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: _____

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CERTIFICATION

I certify that the statements made on this application are true and complete to the best of my knowledge. Any misstatement of fact, may lead to disqualification and dismissal and to such other penalties as may be prescribed by law or regulations. All statements made on this application, including employment information or conviction records are subject to verification as a condition of qualification as a provider. By signing this statement, I hereby give permission for the release of any and all information necessary to verify staff qualifications.

Signature of Authorized Agency
Representative

Date

MAIL TO:
AUTISM DIVISION AT DMR
Attention: PROVIDER APPLICATIONS
500 Harrison Ave, Boston, MA 02118