

# AGENCY PROVIDER APPLICATION

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

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Executive Director: \_\_\_\_\_ Agency Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ FEIN : \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Waiver Program Services:**

**Expanded Habilitation, Education**

*Please indicate your experience level by checking boxes for the service(s) you wish to provide. Please check all that apply. Additionally, please check the corresponding boxes in the column to the right to attest that the relevant documents are available to DDS if requested.*

**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"> <li>• Doctoral Degree in psychology, medicine, or related field</li> <li>• Applicable License</li> <li>• 1500 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism</li> <li>• 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD</li> <li>• Experience using data based decision making, including data collection and analysis</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u></p> <p><b>(Do not send with application)</b></p> <p><input type="checkbox"/> Copy of Current Professional License</p> <p><input type="checkbox"/> Copy of Transcripts (to confer training hours)</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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| <p><u>Requirements:</u></p> <ul style="list-style-type: none"> <li>▪ Master's Degree in psychology, education, or related field</li> <li>▪ Applicable License</li> <li>▪ 2000 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism</li> <li>▪ 3 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD (4yrs required if 1 year MS/MA/Med program)</li> <li>▪ Experience using data based decision making, including data collection and analysis</li> <li>▪ Ongoing training and supervision</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u></p> <p><b>(Do not send with application)</b></p> <p><input type="checkbox"/> Copy of Current Professional License</p> <p><input type="checkbox"/> Copy of Transcripts (to confer training hours)</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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**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"> <li>• Master's Degree</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u></p> |
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# AGENCY PROVIDER APPLICATION

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| <ul style="list-style-type: none"> <li>2000 hours of Course Work including course work in relevant training (including positive behavioral supports, child development, and a range of comprehensive interventions for children with autism)</li> <li>2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD</li> <li>Experience using data based decision making, including data collection and analysis</li> <li>8 hours annually of Professional Development</li> </ul> | <p><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>Bachelor's Degree in psychology, education or related field</li> <li>800 hours of Course Work/Training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD</li> <li>Experience in Development and Implementation of positive behavioral therapies for children with ASD</li> <li>5 years Supervised, Post-Degree Experience</li> <li>10 hours annually of Professional Development</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u></p> <p><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>Bachelor's Degree in non-related related field</li> <li>800 hours of Course Work/Training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD</li> <li>Experience in Development and Implementation of positive behavioral therapies for children with ASD</li> <li>7 years Supervised, Post-Degree Experience</li> <li>15 hours annually of Professional Development</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u></p> <p><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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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"> <li>18 years or older</li> <li>Bachelor's Degree</li> <li>120 hours of Supervised Training, of which at least 30 hours, in positive behavioral support interventions for children with autism</li> <li>Direct Experience working one-to one with children with an Autism Spectrum Disorder if not 160 hours of supervised training required</li> <li>2 Personal or Professional References</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Diploma or GED</li> <li><input type="checkbox"/> Copy of Transcript (to confer training hours)</li> <li><input type="checkbox"/> Names and Contact information of two references</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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**Waiver Program Services:**

**Behavioral Consultation**

*Please indicate your experience level by checking boxes for the service(s) you wish to provide. Please check all that apply. Additionally, please check the corresponding boxes in the column to the right to attest that the relevant documents are available to DDS if requested.*

# AGENCY PROVIDER APPLICATION

**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. Available only after 3 years of Expanded Habilitation.*

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| <p><b>Requirements</b></p> <ul style="list-style-type: none"> <li>• Doctoral Degree in psychology, medicine, or related field</li> <li>• Applicable License</li> <li>• 1500 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism</li> <li>• 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD</li> <li>• Experience using data based decision making, including data collection and analysis</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u><br/> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current Professional License</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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| <p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>▪ Master's Degree in psychology, education, or related field</li> <li>▪ Applicable License</li> <li>▪ 2000 hours of training including course work in positive behavioral supports, learning and behavioral therapy, child development, and a range of comprehensive interventions for children with autism</li> <li>▪ 3 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD (4yrs required if 1 year MS/MA/Med program)</li> <li>▪ Experience using data based decision making, including data collection and analysis</li> <li>▪ Ongoing training and supervision</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u><br/> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Current Professional License</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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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. Available only after 3 years of Expanded Habilitation.*

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| <p><b>Requirements</b></p> <ul style="list-style-type: none"> <li>• Master's Degree</li> <li>• 2000 hours of Course Work including course work in relevant training (including positive behavioral supports, child development, and a range of comprehensive interventions for children with autism)</li> <li>• 2 years of experience in a lead role in designing and implementing behaviorally based therapies for children with ASD</li> <li>• Experience using data based decision making, including data collection and analysis</li> <li>• 8 hours annually of Professional Development</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u><br/> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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| <p><b>Requirements</b></p> <ul style="list-style-type: none"> <li>• Bachelor's Degree in psychology, education or related field</li> <li>• 800 hours of Course Work/Training about the</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u><br/> <b>(Do not send with application)</b></p> |
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# AGENCY PROVIDER APPLICATION

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| <p>characteristics, therapies curriculum, assessments, and documentation involving children with ASD</p> <ul style="list-style-type: none"> <li>• Experience in Development and Implementation of positive behavioral therapies for children with ASD</li> <li>• 5 years Supervised, Post-Degree Experience</li> <li>• 10 hours annually of Professional Development</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>• Bachelor's Degree in non-related related field</li> <li>• 800 hours of Course Work/Training about the characteristics, therapies curriculum, assessments, and documentation involving children with ASD</li> <li>• Experience in Development and Implementation of positive behavioral therapies for children with ASD</li> <li>• 7 years Supervised, Post-Degree Experience</li> <li>• 15 hours annually of Professional Development</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if requested:</u><br/><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Professional License (if applicable)</li> <li><input type="checkbox"/> Copy of Transcripts (to confer training hours)</li> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Any other relevant certification documents</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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**Direct Support Staff:** *Role is to implement the Habilitation, Intervention Plan as designated by the Senior Behavioral Consultant including one-to-one behavioral interventions and skills training and community integration activities for individuals receiving Behavioral Consultation Services (after 3 years of Ed Hab).*

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

**Habilitation/Community Integration**

**Family Training**

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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>• 18 years or older</li> <li>• Bachelor's Degree, High School Diploma or GED</li> <li>• Direct Experience working one-to one with children with an Autism Spectrum Disorder</li> <li>• 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</li> <li>• If the individual is overseeing the Habilitation or Family Training activity he/she must meet all relevant state and federal licensure or certification requirements in their discipline</li> <li>• 2 Personal or Professional References</li> </ul> | <p><u>Agencies must attest that copies of the following information are on file and available to the Autism Division if necessary:</u> <b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Resume</li> <li><input type="checkbox"/> Copy of Diploma</li> <li><input type="checkbox"/> Copy of Transcript (to confer training hours)</li> <li><input type="checkbox"/> Names and Contact information of two references</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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# AGENCY PROVIDER APPLICATION

**Additional Waiver Program Services:**

- Respite in the child's home**
- Respite in the home of a caregiver**

**REQUIREMENTS FOR ALL RESPITE STAFF:**

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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>▪ 18 years of age or older</li> <li>▪ High School Diploma or GED</li> <li>▪ 2 Personal or Professional References</li> <li>▪ Ability to communicate in the language and style of Individual</li> <li>▪ History of working with children with an Autism Spectrum Disorder</li> </ul> | <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><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Resume (to demonstrate history of working with children with ASD)</li> <li><input type="checkbox"/> Copy of Diploma or GED</li> <li><input type="checkbox"/> Names and Contact information of two references</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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**Homemaker**

**REQUIREMENTS:**

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| <p><u>Requirements</u></p> <ul style="list-style-type: none"> <li>▪ Tax Identification Number</li> <li>▪ Licensed and Bonded for working in someone's home</li> <li>▪ 18 years of age or older</li> <li>▪ 2 Personal or Professional References</li> </ul> | <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><b>(Do not send with application)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tax Identification Number</li> <li><input type="checkbox"/> Names and Contact information of two references</li> <li><input type="checkbox"/> Copy Licensure and Bondage Certification</li> <li><input type="checkbox"/> Copy of MA License or ID Card</li> </ul> |
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**\*\* All Applicants Must Complete the Following Sections:**

**Service Area:**

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

West     
  Southeast     
  Central     
  Metro     
  Northeast

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please indicate if you speak a language in addition to English:

Language One: \_\_\_\_\_ Language Two: \_\_\_\_\_ Language Three: \_\_\_\_\_

**Provider Directory:**

I am applying to qualify to provide service/supports to \_\_\_\_\_ only.  
Name of Individual

I am willing to be placed on a Master List of qualified providers to be considered by individuals/families.

# AGENCY PROVIDER APPLICATION

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## AGENCY CERTIFICATION

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

## PLEASE MAIL ONLY TO ONE APPLICATION THE AUTISM DIVISION AT DDS

(Please mail **only one** application even if you are interested in serving a several geographic areas)

Mail to:  
The Department of Developmental Services  
Autism Division  
500 Harrison Avenue  
Boston, MA 02118