



## Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waivers Organization Provider Enrollment Checklist

The purpose of this checklist is to help providers collect and organize relevant and required documents for submitting an application to enroll as a MassHealth Home- and Community-Based Waiver Services Provider in one or more of the ABI and MFP Waivers. This checklist should not be considered a substitute for compliance with any other applicable requirements. Providers must meet all MassHealth rules, regulations, guidance, and requests for additional information related to provider eligibility and enrollment.

Provider applicant name \_\_\_\_\_

### I. PROVIDER APPLICANTS MUST SUBMIT THE FOLLOWING.

- ☐ MassHealth Home and Community-Based Services (HCBS) Waiver Provider Application
- ☐ Massachusetts Medicaid Program Provider Agreement and Acknowledgement of Terms of Participation for Home- and Community-Based Services Waivers
- ☐ MassHealth Trading Partner Agreement
- ☐ Data Collection Form and Registration Instructions for Home- and Community-Based Services (HCBS) Waivers and Money Follows the Person Demonstration
- ☐ Authorization for Electronic Funds Transfer (EFT) of MassHealth payments and either of the following.
  - ☐ Voided check
  - ☐ Bank letter that includes your legal name on the account, the type of account, the routing number, and the account number
- ☐ Massachusetts Substitute W-9 Form
- ☐ Federally Required Disclosures Form
- ☐ Provider Enrollment Checklist (this form)
- ☐ A tax coupon, notice of new employer identification number assigned, or other documentation from the Internal Revenue Service (IRS) verifying your tax identification number. Your tax identification number must be verified by a document from the IRS.
- ☐ A policy on screening employees, volunteers, or contractors for criminal offender record information
- ☐ Proof of liability insurance and workers compensation insurance
- ☐ Job descriptions for key personnel (Contract Manager, Program Director, etc.)
- ☐ Job description of each job title/service providing direct service to participants
- ☐ Description of your experience as a service provider, as well as your experience working with individuals with disabilities, older adults, or both. Your description should include staff orientation, ongoing staff development activities, training, and ongoing supervision to ensure all staff are trained and managed.
- ☐ Additional requirements outlined in Service Specific Requirements Section IV

Note: Relatives, but not legal guardians, are permitted to provide waiver services. A relative may not be a family member (defined as a spouse or any legally responsible relative) and must meet all provider qualifications for the service being provided.

## II. GEOGRAPHICAL, LANGUAGE, AND POPULATION CAPACITY TO PROVIDE SERVICES

A. Please select the **regions** where you plan to provide services.

(See [Appendix 1](#) for a list of municipalities by region)

☐ Boston/Metro   ☐ Central   ☐ Southeast/Cape/Islands   ☐ Northeast   ☐ Western

B. Please select the **counties** where you can provide services.

See our [Massachusetts County Map](#) for a list of Massachusetts counties.

☐ Barnstable   ☐ Essex   ☐ Hampshire   ☐ Norfolk   ☐ Worcester  
☐ Berkshire   ☐ Franklin   ☐ Middlesex   ☐ Plymouth  
☐ Bristol   ☐ Hampden   ☐ Nantucket   ☐ Suffolk

If applicable, please list the towns within a particular geographic area that you do **not** have the capacity to service.

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C. Language: In addition to English, please list any languages, including American Sign Language (ASL), that you can communicate in fluently.

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D. Population: Please select the population(s) you have experience working with.

☐ Individuals with Acquired Brain Injury   ☐ Individuals with behavioral health conditions  
☐ Individuals with physical disabilities   ☐ Individuals with substance use disorders  
☐ Individuals with intellectual disabilities   ☐ Older adults

E. Current State Contract(s): Please select all state agencies/offices you currently have contracts with.

☐ MassAbility (the new name for  
Massachusetts Rehabilitation Commission)   ☐ Department of Developmental Services (DDS)  
☐ Department of Public Health (DPH)   ☐ Department of Mental Health (DMH)  
☐ Department of Children & Families (DCF)   ☐ MassHealth  
☐ Human Service Transportation (HST) Broker System   ☐ Other:

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## III. PROVIDER REQUIREMENTS

Each participating provider must sign a MassHealth Provider Agreement agreeing to follow the Federal and State laws, regulations, and policies governing the Waiver, including the standards for the specific Medicaid waiver service the provider will deliver.

Please review the following documents for provider requirements.

- Regulations
  - » [MassHealth All Provider Regulations \(130 CMR 450.000\)](#)
  - » [MassHealth Rates for Home and Community Based Waiver Regulations \(101 CMR 359.000\)](#)
  - » [MassHealth Home and Community Based Waiver Services \(130 CMR 630.000\)](#)
- HCBS Waiver Provider Bulletins
  - » Services authorized to be delivered via telehealth under [HCBS Waiver Provider Bulletin 23](#) or any subsequent provider bulletin related to the provision of telehealth for HCBS Waiver Services
- Waiver Policies established by the Department of Developmental Services (DDS) and MassAbility
  - » [Policy for Acquired Brain Injury Residential Habilitation \(ABI-RH\) and Moving Forward Plan Residential Services \(MFP-RS\) Waivers](#)
  - » [Policy for Acquired Brain Injury Non-Residential \(ABI-N\) and Moving Forward Plan Community Living \(MFP-CL\) Waivers](#)
  - » [MassAbility Community Living Division Provider Manual](#)
  - » [Tuberculosis Disease Screening Tool to be used for staff screening requirements](#)

## IV. SERVICE – SPECIFIC REQUIREMENTS

INSTRUCTIONS: Please submit all related documentation for each service type which your organization is applying for. Organizations applying for multiple service types must be credentialed for each type.

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Companion                                       | <input type="checkbox"/> Occupational Therapy            |
| <input type="checkbox"/> Assisted Living Services                              | <input type="checkbox"/> Orientation & Mobility Services |
| <input type="checkbox"/> Assistive Technology Evaluation and Training Services | <input type="checkbox"/> Physical Therapy                |
| <input type="checkbox"/> Assistive Technology Devices                          | <input type="checkbox"/> Peer Support                    |
| <input type="checkbox"/> Chore   | <input type="checkbox"/> Prevocational Services          |
| <input type="checkbox"/> Community/Residential Family Training                 | <input type="checkbox"/> Personal Care                   |
| <input type="checkbox"/> Community Based Day Supports                          | <input type="checkbox"/> Shared Home Supports            |
| <input type="checkbox"/> Day Services  | <input type="checkbox"/> Respite                         |
| <input type="checkbox"/> Community Behavioral Health Support and Navigation    | <input type="checkbox"/> Specialized Medical Equipment   |
| <input type="checkbox"/> Home Health Aide                                      | <input type="checkbox"/> Skilled Nursing                 |
| <input type="checkbox"/> Home Delivered Meals                                  | <input type="checkbox"/> Supportive Home Care Aide       |
| <input type="checkbox"/> Individual Support & Community Habilitation           | <input type="checkbox"/> Supported Employment            |
| <input type="checkbox"/> Homemaker   | <input type="checkbox"/> Speech Therapy                  |
| <input type="checkbox"/> Laundry   | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Independent Living Supports                           |  |

### ☐ ADULT COMPANION

Non-medical care, supervision and socialization services provided to a participant. Companions may assist or supervise the participant with such light household tasks as meal preparation, laundry, and shopping. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant.

#### Provider requirements

- To participate as a provider of adult companion services under an HCBS waiver, a provider must be a health or human service organization or an individual with experience providing nonmedical care, supervision, and socialization for persons with disabilities in accordance with all standards, requirements, policies, and procedures established by the MRC for the provision of such services.
- All organization staff providers must meet the following qualifications.
  - » Be able to handle emergency situations.
  - » Have life experience working with individuals with disabilities.
- Be sure to include your experience providing adult companion services or similar services in your description of experience requested in Section I of this document.

#### Documents to be submitted

- ☐ Resume of Program Director

#### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **ASSISTED LIVING SERVICES**

Services include personal care and supportive services (homemaker, chore, personal care services, and meal preparation) for participants who reside in a qualified Assisted Living Residence (ALR). Qualified ALRs have 24-hour on-site response capability to meet scheduled or unpredictable resident needs and provide supervision, safety, and security. Services may also include social and recreational programs, and medication assistance (consistent with ALR certification and to the extent permitted under state law).

Nursing and skilled therapy services are incidental, rather than integral, to the provision of Assisted Living Services. Intermittent skilled nursing services and therapy services may be provided to the extent allowed by applicable regulations.

### **Provider Requirements**

- Providers must be certified by the Executive Office of Elder Affairs (EOEA) in accordance with [651 CMR 12.00](#).

### **Documents to be submitted**

- ☐ Copy of EOEa Certification for Assisted Living for each site for which you are applying
- ☐ Attestation statement stating that your organization meets the applicable requirements of the [CMS Community Rule \(42 CFR 441.301\(c\)\(4\)\)](#) which indicates, among other items, the following.
  - » The ALR cannot be sited with a skilled nursing facility or on a campus with a nursing home, hospital, or other long-term care facility.
  - » Each unit has lockable access and egress.
  - » Residents must have a legally enforceable residency agreement that provides protections comparable to those provided under landlord-tenant law.
- ☐ Description of experience providing ALR Services to adults (eighteen and older) with disabilities (intellectual disabilities, physical disabilities, acquired brain injuries, and psychiatric disabilities), including the organization's ability to obtain clinical consultation to promote successful placement.
- ☐ Copy of the Residency Agreement/Lease used by the ALR
- ☐ Floor plan (or drawing) of the ALR, available to waiver participants, which identifies the following.
  - » Apartments with living, sleeping, bathing, and cooking areas
  - » Limitations to waiver participants of certain units within the building and indication of potential units either on the floor plan or in another attachment
- ☐ Resume of ALR Director
- ☐ Orientation and annual training curriculum for staff. Please include the training title, objectives for the training and the name/credentials of the staff providing the training.
- ☐ Policy or procedure for setting room and board requirements

### **Key Staff Contact Information**

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## ☐ ASSISTIVE TECHNOLOGY EVALUATION AND TRAINING SERVICES

The evaluation of the Assistive Technology (AT) needs of the participant, including functional evaluation of the impact of the provision of appropriate AT devices and services to the participant in the customary environment of the participant; the selection, customization, and acquisition of AT devices for participants; selection, design, fitting, customization, adaption, maintenance, repair, and/or replacement of AT devices; coordination and use of necessary therapies, interventions, or services with AT devices that are associated with other services contained in the plan of care; training and technical assistance for the participant, and, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive Technology services must be authorized by the case manager as part of the plan of care. The case manager will explore the use of Medicaid with the participant or legal guardian. Waiver funding shall only be used for assistive technology that is specifically related to the functional limitation(s) caused by the participant's disability. The evaluation and training component of this service may be provided remotely via telehealth based on the professional judgment of the evaluator and the needs, preferences, and goals of the participant as determined during the person-centered planning process and reviewed by the case manager during each scheduled reassessment.

Assistive Technology must meet the Underwriter's Laboratory and/or Federal Communications Commission requirements, where applicable, for design, safety, and utility.

There must be documentation that the item purchased is appropriate to the participant's needs. Any Assistive Technology item that is available through the MassHealth State Plan must be purchased through the State Plan; only items not covered by the MassHealth State Plan may be purchased through the Waiver.

Participants may not receive duplicative devices through this service, the Transitional Assistance Service, or the Specialized Medical Equipment Service

### Provider Requirements

- Assistive Technology provider staff and individual providers must have either of the following.
  - » A bachelor's degree in a related technology field and at least one year of proven experience providing adaptive technological assessment or training
  - » A bachelor's degree in a related health or human services field with at least two years of proven experience conducting adaptive technological assessment or training
  - » Three years of proven experience providing adaptive technological assessment or training
- Knowledge of and experience in evaluating the needs of an individual with a disability, including functionally evaluating them in their environment
- Knowledge of and experience in buying or helping acquire assistive technology devices by people with disabilities
- Knowledge of or experience or both in selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- Knowledge of or experience or both in coordinating and using other therapies, interventions, or services with assistive technology devices
- Knowledge of or experience or both in training or providing technical help for an individual with disabilities, or when applicable, the family of an individual with disabilities or others who provide support to the individual.
- Knowledge of or experience or both in training or providing or both technical help for professionals or other individuals who offer services to or are involved in the major life functions of individuals with disabilities.

### Documents to be submitted by organizations

- ☐ One-page description of experience as an assistive technology or similar service provider
- ☐ Copy of current assistive technology accreditation or therapy license

### Key Staff Contact Information

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|-------------------|------|-------|-------|
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## ☐ **ASSISTIVE TECHNOLOGY DEVICES**

An item, piece of equipment, or product system that is used to develop, increase, maintain, or improve functional capabilities of participants, and to support the participant to achieve goals identified in their plan of care. Assistive Technology (AT) devices can be used to enable the participant to engage in telehealth. AT devices can be acquired commercially or modified, customized, engineered or otherwise adapted to meet the individual's specific needs, including design and fabrication. In addition to the cost of AT device purchase, lease, or other acquisition costs, this service component covers maintenance and repair of AT devices and rental of substitute AT devices during periods of repair. This service includes device installation and set-up costs but excludes installation and set-up and ongoing provision fees related to internet service. This service includes purchase, lease, or other acquisition costs of cell phones, tablets, computers, and ancillary equipment necessary for the operation of the AT devices that enable the individual to participate in telehealth. These devices are not intended for purely diversional or recreational purposes.

Assistive Technology must be authorized by the case manager as part of the plan of care. The case manager will explore the use of Medicaid with the participant or legal guardian. Waiver funding shall only be used for assistive technology that is specifically related to the functional limitation(s) caused by the participant's disability.

Assistive Technology must meet the Underwriter's Laboratory and/or Federal Communications Commission requirements, where applicable, for design, safety, and utility.

There must be documentation that the item purchased is appropriate to the participant's needs. Any Assistive Technology item that is available through the State Plan must be purchased through the State Plan; only items not covered by the State Plan may be purchased through the Waiver.

Participants may not receive duplicative devices through this service, the Transitional Assistance Service, or the Specialized Medical Equipment Service

### **Provider Requirements**

Any not-for-profit or proprietary organization that responds satisfactorily to the Waiver provider enrollment process must successfully demonstrate, at a minimum, the following.

- Providers must ensure that individual workers employed by the agency have been CORI checked and are able to perform assigned duties and responsibilities.
- In addition, providers licensed, certified, and qualified by the Department of Developmental Services (DDS) in accordance with [115 CMR 7.00](#) (DDS regulations for all DDS supports and services provided by public and private providers and those services subject to regulation by the Massachusetts Rehabilitation Commission, which provide social and pre-vocational supports and work training) will be considered to have met these standards.

### **Documents to be submitted by organizations**

- ☐ One-page description of experience as an assistive technology or similar service provider
- ☐ Documentation that any durable medical equipment (DME) provider meets the requirements in [130 CMR 409.000](#), or if not a DME provider, a list of contracted manufacturers used for purchased products.
- ☐ Copy of current accreditation letters if applicable
- ☐ Fee schedule

### **Key Staff Contact Information**

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☐ **CHORE**

Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes heavy household chores such as washing floors, windows and walls; tacking down loose rugs and tiles; moving heavy items of furniture; and shoveling snow to provide safe access and egress.

These services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

**Provider Requirements**

- Organization staff must demonstrate having life or work experience providing services to people with disabilities.
- Be sure to include your experience providing chore services or a similar service in your description of experience requested in Section I of this document.

**Documents to be submitted**

☐ Resume of Program Director

**Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
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## □ COMMUNITY-BASED DAY SUPPORTS

Community Based Day Supports (CBDS) is designed to enable an individual to enrich their life and enjoy a full range of community activities by providing opportunities for developing, enhancing, and maintaining competency in personal interactions, social interactions, and community integration. Services may include career exploration, including assessment of interests through volunteer experiences or situational assessments; community integration experiences to support fuller participation in community life; development and support of activities of daily living and independent living skills; socialization experiences and enhancement of interpersonal skills; and pursuit of personal interests and hobbies. Services are intended for individuals of working age who may be on a pathway to employment. CBDS is a supplemental service for individuals who are employed part-time and need a structured and supervised program of services during the time that they are not working, and for individuals who are of retirement age. Using a small group model, CBDS provides a flexible array of individualized supports through community activities that promote socialization, peer interaction, and community integration.

### Notes:

- CBDS is intended to be a community opportunity-focused alternative to site-based Day Services for ABI/MFP Waiver participants. While ABI/MFP Waiver participants may participate in both Day Services and CBDS as indicated in their waiver plan of care, Waiver participants may not receive both CBDS and Day Services on the same day.
- CBDS providers cannot bill for intake sessions, but a case manager or service coordinator can authorize a trial CBDS service before including a long-term schedule in a participant's plan of care. The trial must include the participant's full participation in the planned activity.

### Provider Requirements

Organizations must demonstrate the following.

- Prior experience providing functional, community-based services and living skills training
- A commitment to the philosophy of maximizing independence, a commitment to encouraging and supporting meaningful community membership, and an appropriate blend of comprehensive services.
- CBDS supervisory staff must have either a college degree and experience providing community-based services to individuals with disabilities or at least three years' comparable work experience providing community-based services to individuals with disabilities.
- CBDS direct care staff must have at least one year of comparable work experience providing community-based services to individuals with disabilities (for example, experience in providing peer support or self-advocacy and/or skills training to support independence, family leadership, etc.).
- CBDS providers who are also providers of Residential Habilitation must identify a corporate address or alternate address and CBDS operational capacity that are not at the same location as the residential program.
- CBDS providers who are also providers of Day Habilitation must demonstrate CBDS operational capacity that is physically and programmatically separate and distinct from a Day Habilitation setting and Day Habilitation services. Common spaces, such as restrooms, conference rooms, and kitchens, can be shared.
- CBDS providers who are also providers of waiver Day Services must demonstrate CBDS operational capacity that is physically and programmatically separate and distinct from a Day Services setting and Day Services programming. Common spaces, such as restrooms, conference rooms, and kitchens, can be shared.
- All provider owned and operated settings in which Waiver participants may gather must meet all requirements of [130 CMR 630.438: Location Requirements for HCBS Waiver Providers](#) for locations in which HCBS waiver services are provided.



## Documents to be submitted

- ☐ A brief description of the organization's experience delivering meaningful, community-based services for individuals through similar sited or non-sited programs that support community membership and individual choice.
- ☐ A detailed description of proposed programmatic elements, including the following.
  - » How the organization will assess each participant's interests, needs, and abilities to establish meaningful individualized goals. Specific areas to be addressed may include the ability to self-administer medications, transfer safely in the community, and determine staffing ratios
  - » The planned staffing model, including the program's ability to assess self-administration ability and obtain clinical expertise (e.g., OT, PT, SLP, skilled nursing) to inform the program's ability to serve individuals safely
  - » A typical day of service delivery
  - » How activities will promote meaningful community integration
  - » The program's capacity to provide transportation (for example, a passenger car or chair car with capacity for four chairs) to access community events
  - » The program's capacity
  - » How participant groupings for various community activities will be identified
- ☐ Sample weekly program schedule
- ☐ If applicable, documentation indicating current licensure or certification requirements met by another EOHHS state agency, including the following examples.
  - » Department of Developmental Services (DDS) licensure/certification requirements at [115 CMR 7.00](#) and [115 CMR 8.00](#) for all DDS supports and services provided by public and private providers and those services subject to regulation by the Massachusetts Rehabilitation Commission
  - » Department of Mental Health (DMH) licensure requirements at [104 CMR 28.00](#), Subpart A, for Community Programs
- ☐ If applicable, for providers of Adult Intellectual Disability (ID) Waiver, CBDS services, a description of how the proposed ABI/MFP CBDS programming is different from the organization's CBDS services for the ID waiver population
- ☐ If applicable, for providers of ABI/MFP Day Services, a description of how the proposed CBDS programming is different from the organization's site-based Day Services
- ☐ Job description of each job title/service providing direct service to participants
- ☐ Resume of Program Director

## Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **COMMUNITY BEHAVIORAL HEALTH SUPPORT AND NAVIGATION**

Community Behavioral Health Support and Navigation (CSN) includes an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to participants with behavioral health needs whose psychiatric diagnosis or substance use disorder(s) interferes with their ability to access essential medical and behavioral health services. The services provided are tailored to the needs of the individual and are designed to ensure that the participant has access to, and in fact utilizes, needed behavioral health services. Community Behavioral Health Support and Navigation does not include clinical treatment services, but rather provides outreach and support services to enable participants to utilize clinical treatment services and other supports. Community Behavioral Health Support and Navigation assists the participant with attaining the goals in their plan of care and works to mitigate barriers to doing so.

### **Provider Requirements**

- Any not-for-profit or proprietary organization must provide mental health or substance use disorder services and be licensed within the Commonwealth of Massachusetts.
- Organizations providing Community Behavioral Health Support and Navigation must employ a multi-disciplinary staff with established experience, skills, and training in the acute treatment of mental health and co-occurring mental health and substance use conditions, including a minimum of one full time master's or doctorate-level, licensed behavioral health clinician responsible for the operation of the program and supervision of staff. Supervision must include participant-specific supervision and a review of mental health, substance use disorder, and medical conditions, as well as integration principles and practices.
- Organizations must ensure the following.
  - » A psychiatric clinician is available for psychiatric phone consultation within 15 minutes of request and for a face-to-face evaluation within 60 minutes of request, when clinically indicated.
  - » Participants can access service seven days per week.
- Organizations must ensure that staff providing Community Behavioral Health Support and Navigation are mobile, community-based staff who have a minimum of a bachelor's degree in a Human Services field or three years comparable community-based behavioral health experience and experience working in community settings with individuals with disabilities who have behavioral health needs.
- The provider ensures that staff receive documented, annual training to enhance and broaden their skills. The training topics include but are not limited to the following.
  - » Common diagnosis across medical and behavioral health care
  - » Engagement and outreach skills and strategies
  - » Service coordination skills and strategies
  - » Behavioral health and medical services, community resources, and natural supports
  - » Principles of recovery and wellness
  - » Cultural competence
  - » Managing professional relationships with members, including but not limited to boundaries, confidentiality, and peers as Community Support Program (CSP) workers
  - » Service termination

Note: An answering machine or answering service directing callers to call 911 or the Emergency Services Programs/Mobile Crisis Intervention (ESP/MCI) or go to a hospital emergency department does not meet this requirement.

### **Please indicate if your organization is a qualified provider of any of the following services.**

- ☐ Adult Community Clinical Services (ACCS) through the Department of Mental Health (DMH)
- ☐ Community Support Program (CSP) through MassHealth or a MassHealth-contracted Managed Care Organization (MCO), Accountable Care Organization (ACO), One Care Plan, or Senior Care Options (SCO) Plan
- ☐ Program of Assertive Community Treatment (PACT) through DMH
- ☐ Behavioral Health Community Partner (BHCP) through MassHealth

**If you selected one or more of the above services, please submit the following documents.**

- ☐ Description of experience providing Community Behavioral Health Support and Navigation or a similar service with a description of the organization's practice of staff supervision
- ☐ Credentials of any behavioral health clinician(s) responsible for overseeing the organization's delivery of waiver CSN services
- ☐ Documentation indicating qualification as a provider of one or more of the following.
  - » Adult Community Clinical Services (ACCS) through the DMH
  - » Community Support Program (CSP) through MassHealth or a MassHealth-contracted Managed Care Organization (MCO), Accountable Care Organization (ACO), One Care Plan, or Senior Care Options (SCO) Plan
  - » Program of Assertive Community Treatment (PACT) through DMH
  - » Behavioral Health Community Partner (BHCP) through MassHealth
- ☐ Organizational chart for the service(s) including supervision and contract management oversight
- ☐ Job description for each job title/service providing direct service to participants
- ☐ Resume of Program Director

**If your organization is not currently an approved provider for CBFS, CSP, PACT, or BHCP, please submit the following documents.**

- ☐ Description of experience providing Community Behavioral Health Support and Navigation or a similar service with a description of the organization's practice of staff supervision, including the following.
  - » How your organization will ensure that the CSN service is available to participants seven days per week, directly, or on an on-call basis, where a psychiatric clinician is available for phone consultation within 15 minutes when clinically appropriate
  - » A detailed staffing plan and an organizational chart that includes supervision and contract management oversight
  - » The organization's proposed service planning structure, including a description of how the CSN service staff will collaborate with the participant in conducting a needs assessment and completing a comprehensive, individualized CSN service plan that has measurable goals and outlines all activities to be performed and/or coordinated by the provider, and that is updated at least quarterly (or more frequently if there are significant changes to the participant's needs)
  - » Description of your staff development/training infrastructure and annual course offerings
- ☐ Credentials of any behavioral health clinician(s) responsible for overseeing the organization's delivery of waiver CSN services
- ☐ Resume of Program Director

**Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **COMMUNITY/RESIDENTIAL FAMILY TRAINING**

This service is designed to provide training and instruction about the treatment regimens, behavior plans, and the use of specialized equipment to support a participant in the community. Community/Residential Family Training also includes training in family leadership, support for the family unit to adjust to the changes in the life of the family created by the disability of the participant, support of self-advocacy, and independence for their family member. The service enhances the skills of the family to help the waiver participant function in the community and at home, during family visits, and when adjusting to the changes in their lives.

### **Provider Requirements**

- The provider must be a health or human service organization or an individual who is engaged in the business of providing family training or similar services.
- Family Training staff must have relevant state and federal licensure or certification requirements in their discipline (if applicable).
- Staff must have experience in providing peer support; self-advocacy; and skills in training, independence, and family leadership.
- Staff must demonstrate having life or work experience providing services to individuals with disabilities.
- Staff must have the ability to communicate effectively in the language and communication style of the participant to whom they are training.

### **Documents to be submitted**

☐ Resume of Program Director

☐ Professional license of Program Director (if applicable). Please include license type and number: \_\_\_\_\_

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
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| Emergency On-Call |      |       |       |

## ☐ DAY SERVICES

Day Services and supports provide for structured day activity for individuals with pervasive and extensive support needs who are not typically ready to join the general workforce, or who are employed part-time and need a structured and supervised program of services during the time that they are not working, or who are of retirement age. Day Services are individually designed around consumer choice and preferences with a focus on improvement or maintenance of the person's skills and their ability to live as independently as possible in the community. Day Services often include assistance to learn activities of daily living and functional skills; language and communication training; compensatory, cognitive, and other strategies; interpersonal skills; recreational/socialization skills and other skills training to prepare the individual to undertake various community inclusion activities. This service may reinforce some aspects of other waiver and state plan services by allowing individuals to continue to strengthen the skills necessary for greater independence, productivity, and community inclusion.

### Provider Requirements

- The provider must be a health or human service organization engaged in the business of providing Day Services to people with disabilities and/or older adults.
- Must meet the MassHealth HCBS Waiver Regulations regarding location requirements (see [130 CMR 630.438](#)).
- Providers must have experience providing functional, community-based services and living skills training.
- Programs must employ a designated Program Director who must have a master's degree in a health and human services related field or a bachelor's degree with five years of experience working with adults with disabilities and/or older adults.
- Senior staff must have a bachelor's degree in rehabilitation or a related field and two years of experience working with adults with disabilities and/or older adults.
- Other staff must have at least a high school diploma and two years of experience working with adults with disabilities and/or older adults.
- Fire drills must be conducted at least quarterly during business hours.
- Providers must have the ability to access relevant clinical support as needed.
- Providers must have an organizational structure to support the delivery and supervision of day services (i.e., OT, PT, ST, Behavioral, etc.), including ability to plan and deliver services in the prescribed settings.
- At a minimum, providers must operate the service between the hours of 9 a.m. and 4 p.m., Monday through Friday.
- At a minimum, providers must maintain a direct care staff-to-participant ratio between 1:4 and 1:6.
- Providers must submit service documentation as described in the MRC Provider Standards.

### Documents to be submitted by existing Day Service providers, who are either enrolled in MassHealth or certified/licensed through a state agency

- ☐ Description of your organization's experience providing Day Services or similar services to individuals with disabilities and/or older adults. The description must demonstrate the following.
  - » Understanding of the philosophy of independent living, participant participation, and community integration
  - » Experience incorporating peer support, prevocational training, and skills training
  - » Ability to seek out and integrate necessary clinical expertise such as neuropsychology, occupational, physical, and speech therapies
  - » A plan for medication administration
  - » A person-centered planning process inclusive of assessment and goal setting
- ☐ Documentation indicating current Day Service Provider approval for each site that you are applying for. Documentation must include at least one of the following.
  - » Documentation that indicates the organization has met the requirements of [130 CMR 404.000: Adult Day Health Services](#)
  - » Documentation that indicates the organization has met the requirements of [130 CMR 419.000: Day Habilitation Center Services](#)
  - » Documentation that indicates the organization has met the EOHHS agency requirements for day services licensure/certification standards at [115 CMR 7.00: Standards for All Services and Supports](#) or Subpart A of [104 CMR 28.00: Licensing and Operational Standards for Community Programs](#)
- ☐ Resume of Program Director
- ☐ Occupancy permit stating capacity and current census

### Documents to be submitted by new Day Service providers

- ☐ Description of your organization's experience providing Day Services or similar services to individuals with disabilities and/or older adults. The description must demonstrate the following.
  - » Understanding of the philosophy of independent living, participant participation and community integration
  - » Experience incorporating peer support, prevocational training, and skills training
  - » Ability to seek out and integrate necessary clinical expertise such as neuropsychology, occupational, physical, and speech therapies
  - » A plan for medication administration
  - » A person-centered planning process inclusive of assessment and goal setting process
- ☐ Day Program organization chart
- ☐ Resume of Program Director and applicable professional license type(s) and number(s)
- ☐ Occupancy permit that includes capacity and site address
- ☐ Local fire department inspection report
- ☐ Current local Board of Health inspection or certificate (e.g., Food Establishment permit). If the town or city where the program will be sited does not require a Board of Health inspection, the provider must submit supporting documentation.
- ☐ A floor plan (or drawing) of the proposed program site that includes the following.
  - » Labels all rooms for use, with specifics as to length and width of each space
  - » Provides square footage for each room or space
  - » Clearly labels closets, storage areas, hallways, lobbies, and similar spaces with the dimensions indicated
- ☐ Copy of the evacuation plan for meeting the special needs of members, under circumstances requiring emergency evacuation

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ HOME DELIVERED MEALS

Home Delivered Meals provide well-balanced meals to participants to maintain optimal nutritional and health status. Each meal should comply with [Executive Order \(EO\) 509: Establishing Nutrition Standards for Food Purchased and Served by State Agencies](#) and be religiously and ethnically appropriate to the extent feasible.

Home Delivered Meals service includes the preparation, packaging, and delivery of meals by trained and supervised staff. Meals are limited to the provision of one per day, although multiple meals may be delivered at one time provided that proper storage is available in the home. Home delivered meals do not include or comprise a full nutritional regimen.

This service is limited to participants residing in their own private residence.

### Provider Requirements

- Current local Board of Health inspection or certificate (e.g., Food Establishment permit). If the town or city where the program will be sited does not require a Board of Health inspection, the provider must submit supporting documentation.
- Attestation of Serve Safe Certification
- Reasonable nutritional standards
- Copies of any contracts with sub-contractors that may be used to provide the service

### Documents to be submitted

- ☐ Brief statement of experience, including the following.
- » How the service might be operationalized
  - » Ordering
  - » Delivery options

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |



## ☐ HOME HEALTH AIDE

A person who performs personal care services, such as simple dressing changes that do not require the skills of a registered or licensed nurse; assistance with medications that are ordinarily self-administered and that do not require the skills of a registered or license nurse; assistance with activities that are directly supportive of skilled therapy services; and routine care of prosthetic and orthotic devices.

### Provider Requirements

- Any not-for-profit or proprietary organization must have experience providing homecare services.
- Individuals employed by the agency must have CPR/first aid certification and at least one of the following.
  - » Certificate of Home Health Aide Training
  - » Certificate of Certified Nurse's Aide Training
  - » Registered Nurse (RNs) and Licensed Practical Nurse (LPNs) valid Massachusetts Nursing license
- All agencies must contact the Nurse's Aide Registry before hiring an individual who will provide direct care to participants or have access to participants or their property to determine if there is any sanction, finding, or adjudicated finding of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property against the prospective employee.
- Supervision must be available during regular business hours and on weekends, holidays, and evenings for staff providing services to participants during these times.
- Supervision of home health aides must be provided by a registered nurse with a valid Massachusetts license and must be carried out at least once every three months.
- In-home supervision must be done with a representative sample of Waiver participants.

### Documents to be submitted

- ☐ Resumes and professional license numbers for the staff providing supervision to home health aides
- ☐ A copy of your organization's Automated Voice Response System (AVRS) access letter for the Nurse's Aide Registry

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **HOMEMAKER**

Services include performing general household tasks (e.g., meal preparation and routine household care) and are provided by a qualified homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for themselves or others in the home.

### **Provider Requirements**

- Any not-for-profit or proprietary organization provider engaged in the business of providing homemaker services.
- Staff providing these services must have at least one of the following qualifications.
  - » Certificate of 40-hour homemaker training
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training
- All agencies must contact the Nurse's Aide Registry before hiring an individual who will provide direct care to participants or have access to participants or their property to determine if there is any sanction, finding, or adjudicated finding of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property against the prospective employee.
- Providers must ensure that supervision is provided by social workers, registered nurses, and/or professionals with relevant expertise, with availability offered during regular business hours and on weekends, holidays, and evenings.
- Supervision must be carried out at least once every three months by a qualified supervisor.
- Supervision must be available during regular business hours and on weekends, holidays, and evenings for staff providing services to participants during these times.
- In-home supervision must be done with a representative sample of Waiver participants.

### **Documents to be submitted:**

- ☐ Resumes of staff providing supervision
- ☐ A copy of your organization's Automated Voice Response System (AVRS) access letter for the Nurse's Aide Registry

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **INDEPENDENT LIVING SUPPORTS**

Independent Living Supports ensure access to supportive services for people with intermittent, scheduled, and unscheduled needs for various forms of assistance who do not require 24-hour supervision. Providers support in a variety of activities such as activities of daily living (ADLs) and instrumental activities of daily living (IADLs); support and companionship; and emotional support, and socialization. This service is provided by a site-based provider and is available to participants who choose to live near others who require such support and where providers of such supports are available.

Independent Living Supports agencies recruit staff, assess their abilities, train and provide guidance, and supervise staff. Providers ensure scheduled services as well as intermittent, unscheduled support as needed by the participant. The provision of Independent Living Supports does not entail hands-on nursing care. This service is provided in accordance with a therapeutic goal in the service plan.

Independent Living Supports are provided in multi-tenant buildings, such as elderly/disabled public housing. A provider would secure space in the building in which staff can be based (thus site-based), would have multiple regular waiver participants and other clients in need of home-based care to whom they provide services in the building, and would have staff who could be available at non-scheduled times to respond to participants who need support for issues that arise unexpectedly. The provider must have staff available at least 12 hours per day/seven days per week.

The service provider cannot be the owner of the building in which the services are delivered. Leases must not include rules and/or regulations from a service agency as conditions of tenancy or include a requirement to receive services from a specific company; require notification of periods of absence (e.g., a person who is absent from a facility for more than 15 consecutive days) or discuss transfer to a nursing facility or hospital; include provisions for being admitted, discharged, or transferred out of or into a facility; or reserve the right to assign apartments and change apartment assignments.

Individuals employed by the agency must have one of the following.

- Certificate of Nurse's Aide Training
- Certificate of Home Health Aide Training
- Certificate of Supportive Home Care Aide Training
- Certificate of 60-Hour Personal Care Training

### **Provider Requirements**

- Have an agreement with the owner of the building to provide this service to interested tenants of the building and have identified space within the building for staff.
- Be in the business of providing services to people with disabilities or people older than 65.
- Contact the Nurse's Aide Registry before hiring an individual who will provide direct care to participants or have access to participants or their property to determine if there is any sanction, finding, or adjudicated finding of patient or resident abuse, neglect mistreatment, or misappropriation of patient or resident property against the prospective employee.
- Be able to initiate services with little or no delay in the designated site.

### **Documents to be submitted**

- ☐ Written service narrative (limited to five double-spaced pages) that includes the following.
  - » Description of experience providing Independent Living Supports and/or similar services including Homemaker, Personal Care, Adult Companion, and Shared Home Supports to individuals with disabilities and/or older adults
  - » Description of the proposed Independent Living Supports site and how your organization is affiliated with the site
  - » Service capacity (i.e., number of residents who can be served at one time)
  - » Verification of on-site staff office, including a description of the space and an attached agreement with the owner
  - » Detailed staffing pattern (including hours/schedule)
  - » Description of the organization's proposal to ensure that staff will be available 24/7 to meet scheduled and unscheduled resident needs
  - » Description of availability of clinical support and ongoing supervision of direct care staff

- ☐ Resume of Site Director
- ☐ Copy of the written agreement with the building owner of the proposed site demonstrating authorization to provide the service to interested residents and confirmation that there is an on-site staff office
- ☐ Orientation and annual training curriculum for staff. Please include the training title, objectives for the training, and the name/credentials of the staff providing the training.
- ☐ Policy or procedure for setting room and board requirements
- ☐ Copy of the Residency Agreement/Lease used by the organization

**Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **INDIVIDUAL SUPPORT AND COMMUNITY HABILITATION**

Services and supports in a variety of activities that may be provided regularly or intermittently, but not on a 24-hour basis, and are determined necessary to prevent institutionalization. These services include locating appropriate housing and the acquisition, retention, or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community. Individual support and community habilitation provide supports necessary for the participant to learn and retain the skills to establish, live in, and maintain a household of their choosing in the community. Support includes modeling, training and education in self-determination and self-advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive, and to become more independent, integrated, and productive in their communities.

### **Provider Requirements**

- Any not-for-profit or proprietary organization or self-employed provider must be engaged in the business of providing Individual Support and Community Habilitation or a similar service.
- All organization staff or self-employed providers should meet the following qualifications.
  - » Have a college degree (preferably in a human service field)
  - » At least two years comparable, community-based, life or work experience providing services to individuals with disabilities
  - » At least five years comparable community-based work experience providing skills training services to individuals with disabilities

### **Documents to be submitted by Organizations NOT licensed/certified by the Department of Developmental Services**

- ☐ Resume of Program Director and applicable license type(s) and number(s)
- ☐ Two letters from business references outlining your experience providing a service similar to ISCH and clearly demonstrating community-based work experience providing skills training services to individuals with disabilities

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **LAUNDRY**

Laundry includes pickup, washing, drying, folding, wrapping, and returning of laundry. Clothes are washed, dried, folded, and wrapped off-site and returned to the participant at their home. This service may not be provided at the same time as Homemaker services that include laundry assistance.

### **Provider requirements**

- Provider must be a not-for-profit or proprietary organization that is engaged in the business of providing laundry services at a separate laundry facility.
- Provisions must be in place to handle soiled laundry to minimize personnel exposure to contaminants.
- Provision must be in place to separate clean and soiled laundry during transportation to prevent spillage or cross contamination during transport.
- Provider must have a policy for reparations of extraordinary damage to textiles or articles lost during laundry servicing.
- There must be specifications for pre-treatment, detergent, and allergens.
- There must be a specified timeline (not to exceed seven days) for pickup to return delivery.

### **Documents to be submitted**

- ☐ Resume of Program Director and applicable license type(s) and number(s)
- ☐ Applicable policies for safe handling of soiled laundry, separation of laundry during transport, and reparations for extraordinary damage during laundry servicing
- ☐ Specifications for pre-treatment, detergent, and allergens
- ☐ Timeline for pickup and delivery of laundry

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **ORIENTATION & MOBILITY SERVICES**

Orientation and Mobility (O&M) services teach an individual with vision impairment or legal blindness how to move or travel safely and independently in their home and community and include (a) O&M assessment; (b) training and education provided to participants; (c) environmental evaluations; (d) caregiver/direct care staff training on sensitivity to blindness/low vision; and (e) information and resources on community living for people with vision impairment or legal blindness. O&M Services are tailored to the individual's needs and may extend beyond residential settings to other community settings as well as public transportation systems.

### **Provider Requirements**

- Any not-for-profit or proprietary organization must respond satisfactorily to the Waiver provider enrollment process.
- All organization staff or self-employed providers should meet the following qualifications.
  - » Master's degree in special education with a specialty in orientation and mobility
  - » Bachelor's degree with a certification in orientation and mobility from an Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) certified university program
  - » Knowledge and experience in the following.
    - › Evaluation of the needs of an individual with vision impairment or legal blindness, including functional evaluation of the individual in the individual's customary environment.
    - › Educating caregivers or direct care staff, or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with vision impairment or legal blindness, in sensitivity to low vision/blindness.

### **Documents to be submitted**

- ☐ Resume of Program Director
- ☐ Description of experience providing Orientation and Mobility Services

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Emergency On-Call |      |       |       |



☐ **PEER SUPPORT**

Peer Support is designed to provide training, instruction, and mentoring about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support may be provided in small groups, or peer support may involve one peer providing support to another peer (the waiver participant) to promote and support the waiver participant's ability to participate in self-advocacy. Peer support may also be self directed. The one-to-one peer support is instructional; it is not counseling. Peer support services enhance the skills of the participant to function in the community and/or family home. Documentation in the individual's record demonstrates the benefit to the individual.

**Provider Requirements**

- Must be an organization engaged in the business of providing Peer Support services or similar services.
- Staff must have relevant state and federal licensure or certification requirements in their discipline.
- Staff must have experience in providing peer support, self-advocacy, skills training, and independence and family leadership.
- Staff must have the ability to communicate effectively in the language and communication style of the participant to whom they are training.

**Documents to be submitted**

- ☐ Resume of Program Director and applicable professional license type and number

**Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ PERSONAL CARE

Personal Care includes a range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing and supervision to prompt the participant to perform a task. Such assistance may include assistance in bathing, dressing, personal hygiene and other activities of daily living. This service may include help preparing meals, but does not include the cost of the meals. When specified in the care plan, this service may also include such housekeeping chores as bed-making, dusting and vacuuming. These chores must either be incidental to the care furnished or essential to the health or welfare of the participant, not the participant's family. Personal care services may be provided on an episodic or continuing basis.

### Provider Requirements

- Must be an organization engaged in the business of providing personal care services that employs personal care staff with a certificate in CPR/First Aid and at least one of the following qualifications.
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training
- All new employees exempt from any of the training components must receive the three-hour orientation described in the Mass Council Training Outline.
- Agencies must contact the Nurse's Aide Registry before hiring an individual who will provide direct care to Participants or have access to participants or their property to determine if there is any sanction, finding, or adjudicated finding of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property against the prospective employee.
- Providers must ensure that supervision is provided by social workers, registered nurses and/or professionals with relevant expertise with availability offered during regular business hours and on weekends, holidays, and evenings.
- Supervision must be available during regular business hours and on weekends, holidays, and evenings for staff providing services to participants during these times.
- Personal Care (PC) Introductory Visits: Organizations must arrange for a RN/LPN to provide orientation to the personal care staff in the participant's home on the first day of service delivery to demonstrate the personal care tasks. LPNs may carry out the orientation visits if the LPN has a valid license in Massachusetts and is working under the direction of a RN.
- PC Supervision: A RN must provide in-home supervision of PC staff at least once every three months with a representative sample of Waiver participants. A written performance of the PC skills must be completed after each home visit. LPNs may provide in-home supervision if the LPN has a valid license in Massachusetts and works under the direction of a RN who is engaged in field supervision for a minimum of 20 hours per week and is responsible for the field supervision carried out by the LPN.
- Providers must have appropriate training facilities for providing Personal Care training and equipment with a minimum standard of equipment that includes a bed with side rails; linen and blanket; running water and basins; towels and washcloths; chair; commode; wheelchair; and walker. A variety of teaching methodologies such as lectures, equipment demonstrations, visual aids, videos, and handouts may be used.

### Documents to be submitted:

- ☐ Resume of Program Director and copy of professional licensure
- ☐ A copy of your organization's Automated Voice Response System (AVRS) access letter for the Nurse's Aide Registry

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **PREVOCATIONAL SERVICES**

Prevocational Services include a range of learning and experimental type activities that prepare a participant for paid employment in an integrated, community setting. Services are not job-task oriented but instead aimed at a generalized result (e.g., attention span, motor skills). The service may include teaching concepts such as attendance, task completion, problem solving and safety, as well as social skills training, improving attention span, and developing or improving motor skills. Basic skill-building activities are expected to specifically involve strategies to enhance a participant's employability in integrated, community settings.

### **Provider Requirements**

- Provider must be an organization engaged in the business of providing prevocational services with experience in providing services that prepare a participant for paid employment in an integrated, community setting.
- Provider staff must have a college degree plus experience in providing community-based services to individuals with disabilities, or at least two years of comparable community-based, life or work experience providing services to individuals with disabilities.

### **Documents to be submitted**

- ☐ One-page description of your organization's experience providing prevocational services that demonstrates how the organization supports the participant's integration into the work environment
- ☐ Copy of DDS license/certification in accordance with [115 CMR 7.00](#)

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ RESPITE

Waiver services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those who normally provide care for the participant.

Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a participant in efforts to strengthen or support the informal support system. Respite Care services may be provided in the following locations.

- Respite Care in an Adult Foster Care (AFC) Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider.
- Respite Care in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health.
- Respite Care in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting, and bathing. A nursing facility must be licensed by the Department of Public Health.
- Respite Care in a Rest Home provides a supervised, supportive, and protective living environment and support services. Rest Homes must be licensed by the Department of Public Health.
- Respite Care in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs.
- Respite Care in the home of a Community Respite Provider includes personal care services in a home-like setting. Providers must meet the site-based respite requirements of the Department of Developmental Services (DDS).
- Respite Care in a DDS Licensed Respite Facility provides care and supervision in a setting licensed by the Department of Developmental Services.

### **Provider Requirements:**

- Agencies applying to be Respite providers must be at least one of the following.
  - » Licensed as a hospital by Massachusetts Department of Public Health (DPH) under [105 CMR 130.000](#)
  - » Certified as an assisted living residence by the Executive Office of Elder Affairs under [651 CMR 12.00](#)
  - » Licensed as a nursing facility by the DPH under [105 CMR 153.000](#)
  - » Licensed as a rest home by the DPH under [105 CMR 153.000](#)
  - » Compliant with site-based requirements established by the Department of Developmental Services under [115 CMR 7.00](#)
  - » Enrolled as a participating adult foster care provider in the MassHealth Program under [130 CMR 408.000](#)

### **Documents to be submitted**

- ☐ Description of the proposed Respite site(s) or model including address and capacity (if applicable)
- ☐ Copy of appropriate license or certificate indicating respite provider type
- ☐ Fee schedule

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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## □ SHARED HOME SUPPORTS

Shared Home Supports match a participant with a Shared Home Supports caregiver. This arrangement is overseen by a Residential Support Agency. The match between participant and caregiver is the keystone to the success of this model.

Shared Home Supports include supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community. Supports include adaptive skill development; assistance with activities of daily living (ADLs) and instrument activities of daily living (IADLs); adult educational supports; and social and leisure skill development.

Shared Home Supports integrate the participant into the usual activities of the caregiver's family life. In addition, there will be opportunities for learning, developing, and maintaining skills in areas that may include ADLs, IADLs, social and recreation activities, and personal enrichment. The Residential Support Agency provides regular and ongoing oversight and supervision of the caregiver.

The caregiver lives with the participant at the residence of the caregiver or of the participant. Shared Home Supports provide daily structure, skills training, and supervision but do not include 24-hour care. Shared Home Supports agencies recruit caregivers, assess their abilities, coordinate placement of and oversight for caregivers, and provide oversight of participant living situations. The caregiver may not be a legally responsible family member.

Duplicative waiver and state plan services are not available to participants receiving Shared Home Supports services. Shared Home Supports services are not available to individuals who live with their immediate family unless the family member is not legally responsible for the individual and is employed as the caregiver, or the immediate family member (grandparent, parent, sibling, or spouse) is also eligible for Shared Home Supports and has received prior authorization, as applicable. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep, and improvement.

Shared Home Supports may be provided to no more than two participants in a home.

### Provider Requirements

- The organization must be contracted as a Shared Living provider through DDS.
- The organization must meet employee education certification requirements.

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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## ☐ **SKILLED NURSING**

The assessment, planning, provision, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse. Skilled Nursing services are provided by a person licensed as a registered nurse or a licensed practical nurse by a state's board of registration in nursing.

### **Provider Requirements**

- Organizations applying to become a Skilled Nursing provider must be either of the following.
- Homemaker/Personal Care Agency
- Home Health Agency
- Skilled nursing services must be performed by a Registered Nurse or a Licensed Practical Nurse with a valid Massachusetts Nursing license.
- Agencies that provide Skilled Nursing services under the waiver do not need to meet the requirements for participation in Medicare, as provided in [42 CFR § 489.28](#).

### **Documents to be submitted**

- ☐ Resume of Program Director
- ☐ Copy of professional licensure of Program Director

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ SPECIALIZED MEDICAL EQUIPMENT

Specialized Medical Equipment includes (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) any other durable and non-durable medical equipment not available under the MassHealth state plan that is necessary to address participant functional limitations; and (e) necessary medical supplies not available under the state plan.

In addition to the acquisition of the Specialized Medical Equipment itself, this service may include the following.

- Evaluations necessary for the selection, design, fitting or customizing of the equipment needs of a participant
- Customization, adaptations, fitting, set-up, maintenance or repairs to the equipment or devices
- Temporary replacement of equipment
- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, or other caregivers of the participant on the use and maintenance of the equipment or devices

### Provider Requirements

- A provider must be an entity engaged in the business of furnishing durable medical equipment (DME), medical/surgical supplies, or customized equipment; or a provider participating in MassHealth under [130 CMR 409.000](#) or a pharmacy participating in MassHealth under [130 CMR 406.00](#).
- Medical Equipment Suppliers and pharmacies must ensure that all devices and supplies have been examined and/or tested by Underwriters Laboratory (or other appropriate organization), and comply with FCC regulations, as appropriate.
- Assistive Technology provider staff and individual providers must have at least one of the following.
  - » Bachelor's degree in a related technological field and at least one year of demonstrated experience providing adaptive technological assessment or training
  - » Bachelor's degree in a related health or human services field with at least two years of demonstrated experience providing adaptive technological assessment or training
  - » Three years of demonstrated experience providing adaptive technological assessment or training
- Providers must have knowledge of and experience in the following.
  - » Evaluation of the needs of an individual with a disability, including functional evaluation of the participant in their customary environment.
  - » Purchasing of, or otherwise providing for, the acquisition of assistive technology devices by individuals with disabilities.
  - » Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technological devices.
  - » Coordinating and using other therapies, interventions, or services with assistive technology devices.
  - » Providing technical assistance for an individual with disabilities, or when appropriate, the family of an individual with disabilities or others providing support to the individual.
  - » Providing technical assistance for professionals with other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

### Documents to be submitted

- ☐ Documentation that provider meets requirements set forth in [130 CMR 409.000](#) (DME providers only)
- ☐ Copy of Massachusetts Board of Registration in Pharmacy license (Pharmacy providers only)
- ☐ If not a DME provider or a pharmacy, a list of contracted manufacturers used for purchased products
- ☐ Copy of current accreditation letters
- ☐ For PERS providers only, a copy of documentation demonstrating compliance with UL Standards 1637 in accordance with [130 CMR 409.429\(C\)](#)
- ☐ Fee schedule

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |



☐ **SUPPORTED EMPLOYMENT**

Supported Employment services consist of intensive, ongoing supports that enable participants, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Supported Employment may include assisting the participant to locate a job or develop a job on behalf of the participant. Supported Employment is conducted in a variety of settings, particularly work sites where people without disabilities are employed.

Supported Employment includes activities, including supervision and training, needed for participants to sustain paid work. When supported employment services are provided at a work site where people without disabilities are employed, payment is made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

**Provider Requirements**

- Any not-for-profit or proprietary organization must have demonstrated experience and ability to successfully provide four components of supported employment programs, including Assessment, Placement, Initial Employment Supports, and Extended Employment Supports.
- Providers must employ staff who have a bachelor’s degree, preferably in a human service-related field, or at least two years of experience providing services to individuals with disabilities.

**Documents to be submitted**

- ☐ One-page description of your organization’s experience providing supported employment that demonstrates how the organization supports the participant’s integration into the work environment
- ☐ Resume of Program Director

**Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Emergency On-Call |      |       |       |

## ☐ **SUPPORTIVE HOME CARE AIDE**

Supportive Home Care Aides perform personal care and/or homemaking services in accordance with waiver definitions, in addition to providing emotional support, socialization, and accompanying the participant to community activities and appointments. These services are provided to participants with Alzheimer's Disease, Dementia, or behavioral health needs.

### **Provider Requirements**

- Any not-for-profit or proprietary organization with experience providing homecare services
- Supervision of Supportive Home Health Aides must be provided by a Registered Nurse with a valid Massachusetts Nursing license.
- Individuals employed by the agency must have a certificate in CPR and either of the following.
  - » Certificate of Home Health Aide Training
  - » Certificate of Certified Nurse's Aide Training
- Individual Supportive Home Care Aides must have completed at least one of the following.
  - » An additional 12 hours of training in the area of servicing participants with behavioral health needs
  - » The 12-hour training developed by the Alzheimer's Association, Massachusetts Chapter on servicing Participants with Alzheimer's Disease or related disorders
- All agencies must contact the Nurse's Aide Registry before hiring an individual who will provide direct care to participants or have access to participants or their property to determine if there is any sanction, finding, or adjudicated finding of patient or resident abuse, neglect, mistreatment, or misappropriation of patient or resident property against the perspective employee.
  - » Supervision of Home Health Aides must be provided by a Registered Nurse with a valid Massachusetts license and must be carried out at least once every three months.
  - » Supervision must be available during business hours and on weekends, holidays, and evenings for staff providing services to participants during these times.
  - » In-home supervision must be done with a representative sample of MFP and ABI waiver participants.

### **Documents to be submitted**

- ☐ Description of experience providing services to individuals with Alzheimer's Disease, Dementia, or behavioral health needs
- ☐ Please submit one of the following to meet the direct care staff training requirement.
  - » Attestation that your organization follows the 12-hour training on the Alzheimer's Association Massachusetts Chapter
  - » Behavioral Health Training outline including a description of the course curriculum and duration of training
- ☐ Resumes and professional licensure numbers for the staff providing supervision to Supportive Home Care Aides
- ☐ A copy of your organization's Automated Voice Response System (AVRS) access letter for the Nurse's Aide Registry

### **Key Staff Contact Information**

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|-------------------|------|-------|-------|
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| Emergency On-Call |      |       |       |

## ☐ OCCUPATIONAL THERAPY

Occupational Therapy services, including the performance of a maintenance program beyond the scope of coverage in the MassHealth state plan, are provided by a licensed occupational therapist. Occupational therapy programs are designed to improve the quality of life by recovering competence, preventing further injury or disability, and to improve the participant's ability to perform tasks required for independent functioning, so that the participant can engage in activities of daily living. A therapist must consider these services necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of physical, cognitive, or sensory functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member, or other person to carry out the maintenance program.

### Provider Requirements

- Organizations must be enrolled with MassHealth as either a home health agency, group practice, rehabilitation center, or chronic disease and rehabilitation inpatient hospital or outpatient hospital with authorized services to provide therapies under one of the following.
  - » A home health agency participating under [130 CMR 403.000](#)
  - » A group practice under MassHealth [130 CMR 432.404 \(B\)](#)
  - » A rehabilitation center under MassHealth [130 CMR 430.600](#)
  - » A chronic disease and rehabilitation inpatient hospital under MassHealth [130 CMR 435.000](#)
  - » A chronic disease and rehabilitation outpatient hospital under MassHealth [130 CMR 410.451](#)
- All Occupational Therapy services must be provided by a licensed occupational therapist or by a licensed occupational therapy assistant under the supervision of a licensed occupational therapist.

### Documents to be submitted

- ☐ Resume(s) for licensed therapist(s) supervising field staff, along with one of the following.
- ☐ MassHealth award letter indicating your agency is established as a group practice ([130 CMR 432.404](#))
- ☐ MassHealth award letter indicating that your agency is established as a home health agency ([130 CMR 403.000](#))
- ☐ DPH Clinic License indicating the therapies you are authorized to provide ([105 CMR 140.000](#))
- ☐ DPH Speech and Hearing Center License ([130 CMR 413.000](#))
- ☐ MassHealth award letter indicating your agency is established as either a chronic disease and rehabilitation inpatient or outpatient hospital
- ☐ American Speech-Language-Hearing Association (ASHA) Certificate

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ PHYSICAL THERAPY

Physical Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, are provided by a licensed physical therapist. Services must be considered by the therapist to be necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of the physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member or other person, to carry out the maintenance program.

### Provider Requirements

- Organization must be enrolled with MassHealth as either a home health agency, group practice, rehabilitation center, or chronic disease and rehabilitation inpatient hospital or outpatient hospital with authorized services to provide therapies under one of the following.
  - » A home health agency participating under MassHealth [130 CMR 403.000](#)
  - » A group practice under MassHealth [130 CMR 432.404\(A\)](#)
  - » A rehabilitation center under MassHealth [130 CMR 430.600](#)
  - » A chronic disease and rehabilitation inpatient hospital under MassHealth [130 CMR 435.000](#)
  - » A chronic disease and rehabilitation outpatient hospital services under MassHealth [130 CMR 410.000](#)
- All Physical Therapy services must be provided by a licensed physical therapist or by a licensed physical therapy assistant under the supervision of a licensed physical therapist.

### Documents to be submitted

- ☐ Resume(s) for licensed therapist supervising field staff, along with one of the following.
- ☐ MassHealth award letter indicating your agency is established as a Group Practice ([130 CMR 432.404](#))
- ☐ MassHealth award letter indicating that your agency is established as a home health agency ([130 CMR 403.000](#))
- ☐ DPH Clinic License indicating the therapies you are authorized to provide ([105 CMR 140.000](#))
- ☐ DPH Speech and Hearing Center License ([130 CMR 413.000](#))
- ☐ MassHealth award letter indicating your agency is established as either a chronic disease and rehabilitation inpatient or outpatient hospital
- ☐ American Speech-Language-Hearing Association (ASHA) Certificate

### Key Staff Contact Information

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **SPEECH THERAPY**

Speech Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, are provided by a licensed speech therapist. A therapist must consider the services necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Speech therapy services may be used to address speech and language disorders that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of presence of a communication disability), and those that impair comprehension, spoken, written or other symbol systems for communication. Services may also include the training and oversight necessary for the participant, family member, or other person, to carry out the maintenance program.

### **Provider Requirements:**

- Organization must be enrolled with MassHealth as either a home health agency, group practice, rehabilitation center, or chronic disease and rehabilitation inpatient hospital or outpatient hospital with authorized services to provide therapies under one of the following.
  - » A speech and hearing center group practice under MassHealth [130 CMR 413.404](#)
  - » A group practice under MassHealth [130 CMR 432.404](#)
  - » A home health agency participating under MassHealth [130 CMR 403.000](#)
  - » A group practice under MassHealth [130 CMR 432.404\(C\)](#)
  - » A rehabilitation center under MassHealth [130 CMR 430.600](#)
  - » A chronic disease and rehabilitation inpatient hospital under MassHealth [130 CMR 435.000](#)
  - » A chronic disease and rehabilitation outpatient hospital services under MassHealth [130 CMR 410.000](#)
- All Speech Therapy services must be provided by a licensed speech therapist.

### **Documents to be submitted**

- ☐ Resume(s) for licensed therapist(s) supervising field staff, along with one of the following.
- ☐ MassHealth award letter indicating your agency is established as a Group Practice ([130 CMR 432.404](#))
- ☐ MassHealth award letter indicating that your agency is established as a home health agency ([130 CMR 403.000](#))
- ☐ DPH Clinic License indicating the therapies you are authorized to provide ([105 CMR 140.000](#))
- ☐ DPH Speech and Hearing Center License ([130 CMR 413.000](#))
- ☐ MassHealth award letter indicating your agency is established as either a chronic disease and rehabilitation inpatient or outpatient hospital
- ☐ American Speech-Language-Hearing Association (ASHA) Certificate

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
| Billing           |      |       |       |
| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## ☐ **TRANSPORTATION**

Conveyance of participants by vehicle from their residence to and from the site of Waiver services and other community services, activities and resources, including physical assistance to participants while entering and exiting the vehicle.

### **Provider Requirements**

- An organization engaged in the business of transporting people with disabilities must do the following.
  - » Ensure that vehicles are leased or controlled by the provider.
  - » Maintain worker's compensation insurance for drivers and monitors.
  - » Employ drivers that are at least 19 years old, have a valid driver's license, and have at least three years of driving experience.
  - » Ensure vehicles are insured and liability insurance documentation is provided.
  - » Ensure vehicles are registered with the Massachusetts Registry of Motor Vehicles (RMV).
  - » Ensure that accessible vehicles are equipped with safety equipment to secure wheelchairs.
- Vehicle maintenance (including age of vehicle, capacity, seatbelts, list of safety equipment, and air conditioning/heating) must be certified for each vehicle.
- Each vehicle must be inspected by the RMV.
- Providers must complete logs indicating that lifts are cycled daily for vehicles with lifts.
- Vehicles must be inspected to demonstrate they have the following.
  - » First aid kits
  - » Snow tires in the winter
  - » Two-Way communication

### **Documents to be submitted**

- ☐ Organization policy on driver safety training
- ☐ Company hiring policy
- ☐ Fare schedule
- ☐ Vehicle log outlining vehicle details: make, model, year, passenger capacity, and vehicle type (i.e., passenger, van, or chair car)
- ☐ Proof of vehicle insurance/registration for each vehicle outlined on the vehicle log
- ☐ Two letters of reference from a current state agency funding source or a health insurance company

### **Key Staff Contact Information**

| Title             | Name | Email | Phone |
|-------------------|------|-------|-------|
| Contract Manager  |      |       |       |
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| Referral          |      |       |       |
| Emergency On-Call |      |       |       |

## V. CERTIFICATION

I certify under the pains and penalties of perjury that the information on this form and any statement that I attached has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also confirm that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that if I make false statements, leave out important information, or try to hide any significant details in this document, I may be subject to civil penalties or criminal prosecution.

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.)

Printed legal name of provider: \_\_\_\_\_

Printed legal name of individual signing: \_\_\_\_\_  
(if the provider is an entity)

If you have questions, please contact the Home and Community Based Services (HCBS) Provider Network Administration Unit at (855) 300-7058 or [ProviderNetwork@umassmed.edu](mailto:ProviderNetwork@umassmed.edu).

- Return your completed form by mail or email.

Email: [ProviderNetwork@umassmed.edu](mailto:ProviderNetwork@umassmed.edu)

Mail: Waiver Provider Network Administration  
UMass Chan Medical School  
PO Box 2672  
Worcester, MA 01613