
ATTACHMENTS TO THE MARCH 4, 2015 WORK PLAN

1. *Choosing Which Service Method is Best for Me* Brochure- 1.(b)
2. Self Determination Advisory Board Appointed Members and Designation List- 1. (c)
3. DDS ISP Forms and End Notes- 1.(e)(1)
4. DDS Waiver Services Definitions- 1.(e)(2)
5. MA Participant Directed Program Required Packets Forms Per Service- 1.(e)(4)
6. MA Participant Directed Program New Provider Paperwork Matrix- 1.(e)(4)
7. Sample PPL On Line Budget as Seen Through the Portal- 1.(e)(5)
8. DDS ISP Appeal Documents- 1.(e)(6)
9. PPL Timesheet/Invoice- 1.(e)(7)
10. PPL Monthly Budget Expenditure Report- 1.(e)(8)
11. Agency With Choice Qualified Providers -1.(e)(9)
12. CORI Form – 1.(1)

**What is a.
FISCALINTE DIARY?**
(cont'd).

An FI does not make decisions about the amount or type of services you receive. The FI helps you to manage the supports that have already been identified in your ISP.

The FI works with the service providers you choose. If you choose to hire your own support workers, the **FI** will manage the paperwork and the responsibilities that come with being an employer. The FI will pay other vendors for special services and goods you have in your budget. The FI will give you a monthly financial report to let you know if you are spending what you have budgeted on the items you planned and if you are spending too much and need to make adjustments to stay within your budget. There is one FI in Massachusetts called Public Partnerships Limited, PPL, which is available statewide.

Your Area Office can provide you with additional information about services offered.
Also, see the DDS website at:
www.mass.gov/dds.

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Choosing Which
Service
Method is Best for Me



Commonwealth of Massachusetts

Executive Office of Health
and Human Services
Marylou Sudders, Secretary

Department of
Developmental Services
Elin M. Howe, Commissioner

Self-Determination Advisory Board

NAME	DESIGNATION
Mandy Chalmers/Gail Gillespie alternate	DDS Employee with knowledge/understanding of self-determination
Margaret Abrams	Family member of individual self-directing
Andrea Lunden	Family member of individual self-directing
Robin Foley	Family member of individual self-directing
Lindsay Foley	Individual who is self-directing
Sue Adams	Family member of individual self-directing
Molly Adams	Individual who is self-directing
John Anton	Individual who is self-directing
Anne Fracht	Individual who is self-directing
Joseph Wood	Family member of individual self-directing
Sam Wood	Individual who is self-directing
Jeff Keilson	Person with experience with self-determination models
John Nadworny	Person with financial management services
Leslie Kinney	Provider of direct services,supports or goods
Leo Sarkissian	Member of an advocacy organization
Buddy Bostick	An independent facilitator
Jim Brett	Represent taxpayers
Val Bradley	Experience with nonprofit and for-profit services markets and competition and services for persons with disabilities
Julie Howley Westwater	Appointed by Disabled Persons Protection Commission
Jason Cofield	Appointed by Office of the Inspector General
Marissa Szabo	Appointed by the State Auditor
Shannon Choy-Seymour	Experience with consumer protection (AGO)



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Executive Office of Health & Human Services
Department of Developmental Services

Individual Support Plan

NAME: DATE RANGE
DATE OF MEETING: SEMIANNUAL REPORT
DATE OF NEXT ANNUAL REVIEW: to

I INDIVIDUAL VISION FOR

1. What does (s)he identify as important activities and relationships to continue to be involved in? What other things would (s)he like to explore?
2. What does (s)he think someone needs to know in order to provide effective supports?
3. What does (s)he think are his/her strengths and abilities?
4. What would (s)he like to see happen in his/her life over the next two years?

II. CURRENT SUPPORTS (Services, Settings, and People):

Home/Community:

Employment/Day:

Health and Dental:

Adaptive Equipment/
Assistive Technology:

Clinical:

III. SAFETY AND RISK



IV. LEGAL/FINANCIAL/BENEFIT STATUS

LEGAL	<input type="checkbox"/> Competent	<input type="checkbox"/> Referred for Clinical Team Review
<input type="checkbox"/> Guardian(s)		Name(s):
<input type="checkbox"/> Conservator		Name:
<input type="checkbox"/> Rogers' Monitor(s)		Name(s):
<input type="checkbox"/> Health Care Agent		Name:
<input type="checkbox"/> Alt. Health Care Agent		Name:
BENEFITS		
<input type="checkbox"/> OSSI	<input type="checkbox"/> Mass Health	<input type="checkbox"/> Other
<input type="checkbox"/> OSSA	<input type="checkbox"/> Medicare	
<input type="checkbox"/> SSDI	<input type="checkbox"/> VA	
<input type="checkbox"/> Representative Payee	Name:	
<input type="checkbox"/> Power of Attorney	Name:	
FINANCIAL		
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Burial Plan	<input type="checkbox"/> Other

COMMENT

V. SUCCESSES, CHALLENGES, AND EMERGING ISSUES

Positive Events:

Challenging Issues:

Emerging Issues:

VI. GOALS

VI. OBJECTIVES

Individual Support Plan UPDATE YEAR

NAME:

DATE OF UPDATE MEETING:

- I. Individual Vision Update
- II. Current Support Update
- III. Health Update
- IV. Safety / Risk Update
- V. Legal/Financial/ Benefit Status Update
- VI. Successes/ Challenges/ Emerging Issues
- VII. Objectives Status

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ENDNOTES

i **INDIVIDUAL VISION**- The Individual's Vision Statement is an exploration of what is important to the person in his/her life. It should describe individual's preferences on how (s)he wishes to live, work and spend his/her leisure time as well as interests, relationships, and activities (s)he would like to continue and/or explore. If the individual is not able to fully express him/herself, please note the people and sources of information that contributed to the answers to the 5 Vision questions. This statement should be inserted before the first question so that readers understand how the Vision Statement was developed.

"**VISION QUESTION 1** -These activities and relationships can be a springboard that will support the individual and his/her team, to create and pursue goals in the areas of employment, community connections, learning new skills, and building relationships, in support of his/her vision.

iii **VISION QUESTION 2**- Describe the information the individual believes people need to know to support him/her to achieve what is important to him/her and to stay safe and healthy. Include how the person communicates and if there is any need for assistive technologies.

iv **VISION QUESTION 3**- Include positive traits, characteristics, ways of interacting, accomplishments and strengths.

v The **CURRENT SUPPORTS (SERVICES, SETTINGS AND PEOPLE)** section of the ISP should briefly but thoroughly describe the assessed needs of the individuals and the supports/services the individual receives to address those needs. Supports include those services that are arranged or provided by DDS, generic services, Mass Health services as well as natural supports.

vi **HOME**- Describe where and with whom the person lives. List what services are in place (natural, generic, DDS funded, or Mass Health services), the setting and service model (i.e. 24 hour residential with or without PSS supports, Placement Services, Individual Home Support, Adult Foster Care, PCAs, or independent living). For individuals who receive limited supports, include the frequency and intensity of support that DDS has contracted for with the provider. Describe the assessed needs of the individual and the support the individual needs to assure health and safety and to promote independence (i.e. support with ADLs, money management, housekeeping, meal planning and preparation, access and involvement with the person's community and relationships, etc.). In addition, note the areas the individual/guardian has selected to develop additional skills through measurable goals and objectives.

vii **EMPLOYMENT/ DAY**-- Describe what the person does during the day. List what services are in place and how the support is provided (natural, generic, DDS funded or Mass Health services). Describe the setting(s) (competitive employment, supported employment, group supported employment, center based work, center based day, day habilitation, adult day health, etc.) and the way transportation is managed to promote success in this area. List the number of hours the individual works. In addition, list the areas the individual/guardian has selected to develop additional skills through measurable goals and objectives. For individuals enrolled in Day Habilitation services, note "refer to Day Habilitation Plan" and attach it to the ISP. For individuals who receive supplements to their Day Habilitation service note: "Supplemental services are provided in addition to the Day Habilitation services to assure individual health and safety".

viii **HEALTH AND DENTAL** --Briefly summarize the individual's health and dental support needs. List any health care protocols, dietary needs, and whether or not the individual is capable of self-medicating. For individuals who have a current Health Care Record note "Refer to Health Care Record" and attach it to the ISP. A list of health care providers and medications and the dates of the annual physical and dental examinations is included in the HCR and need not be replicated here.

For individuals without a Health Care Record note the individual's health and dental care needs, the names of health care providers and the list of medications and their purpose, to the degree that this information is provided by the individual/guardian. If known, list the dates of annual physical and dental examinations and any specialists the individual sees (i.e. Neurologist, orthopedist, etc.).

If the individual has significant health risks (PICA, obesity, etc.) please list the risk(s) and the supports provided to address and minimize these risk(s) to the greatest degree possible. Please note that HIV status is not included in either record.

ix ADAPTIVE EQUIPMENT/ ASSISTIVE TECHNOLOGY- List the types of adaptive equipment and/or assistive technology the person needs at work or home, including health related protective devices. Adaptive equipment and assistive technology includes mobility devices (wheel chairs, walkers, braces, etc.), ADL aides, bed shakers, strobe lights, adaptive telephones, jigs, mealtime devices (mats, adaptive cutlery), etc.

x CLINICAL – List the clinical supports the individual receives including physical therapy, occupational therapy, speech and language, psychotherapy, and/or psychiatric care. Note if the individual has or needs a psychotropic medication treatment plans. For individuals taking anti-psychotic medication that is overseen by a Rogers Monitor, note, "refer to Rogers Order for details". For individuals with behavior plans, note the behaviors being addressed and the level of the plan.

The reason for and effectiveness of the clinical supports provided over the past year should be included in the assessments developed by service providers and reviewed at the ISP meeting.

xi SAFETY – Briefly describe the person's safety skills and abilities at home and in the community, his/her supervision needs, and under what circumstances, if any, (s)he can be alone including if transportation providers can leave people unattended. For individuals in 24 hour residential programs, indicate his/her ability to evacuate in case of emergency within 2.5 minutes. If a waiver related to evacuation has been authorized, please note it here.

RISK -- Briefly describe the circumstances, if any, where the individual poses a significant risk to him/herself and/or the community. Describe supports provided to minimize risks to the individual and others, including specific supervision needs related to the identified risks. Also indicate specific staffing requirements in each program setting required to mitigate risk to the individual and or community (i.e. line of sight, 1:1, and arm's length).

xH GUARDIAN – For extent of guardianship authority refer to guardianship decree

""HEALTH CARE AGENT-The individual must have the capacity to understand and select a Health Care Agent. People under guardianship cannot execute a HCP; however, previously executed HCPs remain valid even if a Guardian is subsequently appointed.

xiv COMMENT -- note if there are any financial issues that put the individual's Mass Health in jeopardy.

"" POSITIVE EVENTS -List the successes the individual has had over the past year at home, at work, and other areas important to the person.

xvi CHALLENGING ISSUES -Indicate issues that are continuing to be difficult for the individual and any obstacles that interfere with his/her ability to engage in activities.

,;EMERGING ISSUES --Briefly note newly identified changes in the individual's abilities or life circumstances that require specific attention, including requests for a change in services.

xvii GOALS -- List the goals the ISP team has agreed to address over the next 2 years that relate to the Individual Vision.

xviii OBJECTIVES -- List the objectives the ISP team has agreed to address over the next 2 years that relate to the Individual Vision and Goals.

DDS Waiver Service Definitions

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agell(V Provider	Relative' Able to Provide Service?	
Adult Supports, Community Living & Intensive Supports	5703 6703	Individualized Home Supports	Yes	Yes	Yes	Yes	<p>Individualized Home Supports consists of services and supports in a variety of activities that may be provided regularly but that are less than 24 hours per day that are determined necessary to prevent institutionalization. This service provides the support and supervision necessary for the participant to establish, live in and maintain on an on-going basis a household of their choosing, in a personal home or the family home to meet their habilitative needs. These services assist and support the waiver participant and may include teaching and fostering 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 as specified in the Plan of Care. It may include training and education in self-determination, self advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive to become more independent, integrated and productive in their communities. The service includes elements of community habilitation and personal assistance. This service excludes room and board, or the cost of facility upkeep, and maintenance. An assessment is conducted and a Plan of Care is developed based on that assessment. The service is limited to the amount specified in the waiver participant's Plan of Care. This service may be delivered in a one's own home, or a family home, or in the community. No individual</p> <p>This service is 23 hours or less per day. This service is not available to participants who receive residential habilitation or receive 24 hour self-directed home sharing supports. This service may not be provided at the same time as Respite, Group or Individual Supported Employment, Center-Based Work Supports, Community Based Day Supports, Individualized Day Supports, Individualized Goods and Services, or Adult Companion or when other services that include care and supervision are provided. The locating of appropriate housing is not covered as part of this service.</p> <p>Maximum rate of \$30.04/hour</p>

Waiver	Service Code	Service Name	Age/with Clwice	Individual Provider	Agency Provider	Relative' Able to Provide Service?			
							provision duplicates services provided under Targeted Case Management. This service may be self-directed through either the Fiscal Intermediary or Agency with Choice.		
Adult Supports, Community Living & Intensive Supports	5707 6707	Adult Companion	Yes	Yes	Yes	Yes	Non-medical care, supervision and socialization provided to an adult. Services may include assistance with meals and basic activities of daily living such as shopping, laundry, meal preparation, routine household care incidental to the support and supervision of the individual. The service is provided to carry out personal outcomes identified in the individual plan that support the individual to successfully reside in his/her home or in the family home. Adult companion may <i>also</i> be provided when the caregiver regularly responsible for these activities is temporarily absent or unable to manage the home and care. Adult companion services are also available for an individual in his/her own residence who requires assistance with general household tasks. This service does not entail hands on nursing care. Provision of services is limited to the person's own home, family home, or in the community. This service may be self-directed through either the Fiscal Intermediary or through Agency with Choice.	This service is 23 hours or less per day. It is available to individuals who live in their family home or in a home of their own. This service may not be provided at the same time as Chore, Individualized Home Support, Respite, Group or Individual Supported Employment, Individualized Day Supports, Center Based Day Supports, Community Based Day or when other services that include care and supervision are provided.	Maximum rate of \$20.28/hour
Adult Supports, Community Living & Intensive Supports	5710	Behavioral Supports and Consultation	No	Yes	Yes	No	Behavioral supports and consultative services are clinical and therapeutic services and that are necessary to improve the individual's independence and integration in their home or in their community. This service is available to waiver participants and is designed to remediate identified challenging behaviors or to acquire socially appropriate behaviors. Behavioral supports and consultation are provided by professionals in the fields of	Access to this service is only permissible by prior authorization through the Area Office Psychologist or the Area Director. If the waiver participant has a co-occurring mental health diagnosis those services must	Maximum rate of \$122.27/hour

Waiver	Service Code	Service Name	Agency with Clwice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							<p>psychology, mental health, or special education. The service may include a a) functional assessment by a trained clinician, b) the development of a positive behavior support plan which includes the teaching of new skills for increasing new adaptive replacement behaviors, decreasing challenging behavior(s) in the individual's natural environments, c) intervention strategies, d) implementation of the positive behavior support plan and associated documentation and data analysis, and e) monitoring of the effectiveness of the plan. Monitoring of the plan will occur at least monthly or more frequently as needed. The service will include any change to the positive behavior support plan when necessary and the professional(s) shall be available to provide recommendations to the ISP team and the Targeted Case Manager including making referral recommendations to community physicians and other clinical professionals that support the assessment findings. In order to carry out supports to Waiver Participants, training, consultation and technical assistance to paid and unpaid caregivers may be provided to enable them to understand and implement the positive behavioral plan at home. This service does not provide direct services to either paid or unpaid caregivers. The behavioral supports and consultation must be consistent with the DDS regulations. This service is available in the waiver participant's home or in the community. Behavioral Supports and Consultation does not include any service covered by the Medicaid State Plan including individual, group, or family counseling or under private insurance including benefits under ARICA. Providers must first access behavioral supports and consultation</p>	be accessed through the Medicaid State Plan.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							through their own agency. This service may be self-directed through the Fiscal Intermediary.		
Adult Supports, Community Living & Intensive Supports	5731	Home Modifications and Adaptations	No	Yes	Yes	Yes	<p>Those physical adaptations to the private residence of the participant, required by the participant's serviCe plan, that are necessary to ensure the health, welfare, and safety of the individual, or that enable the individual to function with greater independence in the home. Service includes the assessment and evaluation of home safety modifications. This service can only be provided in the individual's primary residence. Such adaptations include but are not limited to:</p> <ul style="list-style-type: none"> • Installation of ramps and grab-bars • Widening of doorways/hallways • Modifications of bathroom facilities • Lifts: porch or stair lifts • Installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies, and which are necessary for the welfare of the individual • Installation of specialized flooring to improve mobility and sanitation • Specialized accessibility/safety adaptations/additions • Automatic door openers/door bells • Voice activated, light activated, motion activated and electronic devices • Door and window alarm and lock systems • Air filtering devices and cooling adaptations and devices • Specialized non-breakable windows <p>All services shall be provided in accordance with State or</p>	Not to exceed \$15,000 in a five-year period. Only available to individuals who live in the family home or in a home of their own. Not available to providers of residential supports or 24 hour self-directed home sharing in the care provider's home. Excluded are those adaptations or improvements to the home that are of general utility, and which are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. General household repairs are not included in this service. No permanent adaptations to the structure will be made to property rented or leased by the participant, guardian or legal representative.	

Waiver Code	Service Code	Service Name	Agency with/without?	Individual Provider	Agency Provider	Relative's Able to provide service?	Service Definition	Service Limits	Rates
							<p>Local Building codes.</p> <p>Any use of Waiver funds for home adaptation requests must be submitted and approved in advance following the process outlined below. The Service Coordinator will explore with the individual and family when relevant, utilization of appropriate modifications that are portable to accommodate changes in residence, size of the individual, and changes in equipment and needs. In addition, all proposals for home adaptations shall plan for the reuse of portable accommodations.</p> <p>a) Waiver funding shall only be used for renovations that will allow the individual to remain in his/her home (primary residence), and must specifically relate to the functional limitation(s) caused by the individual's disability. It is not available to individuals who visit home periodically but who otherwise reside elsewhere.</p> <p>b) The following steps to request approval for funding must be followed.</p> <ul style="list-style-type: none"> • The Service Coordinator must receive for his/her review and recommendation the following information: a proposal detailing the request for funding, and the completed Vehicle/Home Adaptations Funding Request Form. The participant's Individual Support Plan that clearly defines and explains the need for a home adaptation must be attached to this information. • If the DDS Service Coordinator recommends the proposal for funding, the request is then forwarded to the Area and then the Regional Director for review and recommendation of funding. 		

Waiver	Service Code	Service Name	Agency \Vit/I Choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Rates		
							<ul style="list-style-type: none">If a home adaptation request is approved, the individual/family must submit, at a minimum, 3 bids that contain costs and a work agreement, to the Department.c) All payments for Home Adaptations must be made through the Fiscal Management Service and purchased through a self directed budget. This service must be an identified need and documented in the service plan. The Home Adaptations must be purchased through a self-directed budget through the Fiscal Intermediary. Funding for Home Adaptations is not available for use in any state operated or provider residence, or in the home of a home sharing care provider.		
Adult Community Living& Intensive Supports	5168 5180	Individualized Supported Employment	No	Yes	Yes	Yes	Individual supported employment services consist of ongoing supports that enable a participant, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of his/her disabilities, need support to perform in a regular work setting. Individual supported employment may include assisting the participants to locate a job or develop a job on behalf of the participant. Individual supported employment is conducted in a variety of settings, particularly typical work sites where persons without disabilities are employed. Emphasis is on work in an integrated environment with the opportunity for individuals to have contact with co-workers, customers, supervisors and others without disabilities. In individual supported employment the individual has a job based on his/her identified needs and interests, located in a community business. It may also include self-employment or a small business, or a home-based self-employment, or temporary services which may assist an	Up to 184 hours in Supports, combination with other day services. Maximum number of hours varies per month but total carnot exceed 184 hours of combined day services as expressed in 8 hours per day.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Service Definition	Service Limits	Rates
							individual in securing an individual position within a business Individual supported employment may include job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching in the form or regular or periodic assistance; training and support are provided for the purpose of developing, maintaining and/or improving job skills and fostering career advancement opportunities. Job coaching at the job site is not designed to provide continuous on-going support; it is expected that as the individual develops more skill and independence the level of support will decrease and fade over time as the natural supports in the work place are established. Some ongoing intermittent job related support may be provided to assist the waiver participant to successfully maintain his/her employment situation. Natural supports are developed by the provider to help increase inclusion and independence of the individual within the community setting. Individuals are paid by the employer. It may include transportation if not available through another source. Transportation assistance between the participants' place of residence and the employment site is included in the rate paid to providers of individual supported employment services. Ongoing transportation for an individual participant is excluded from the rate. Time-limited transportation for components of discovery, career exploration, job development is provided. Once the individual is hired, transportation ceases. Individual supported employment may be self-directed and paid through the Fiscal Intermediary.		

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							<p>Federal financial participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:</p> <ol style="list-style-type: none"> 1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; 2. Payments that are passed through to users of supported employment programs; or 3. Payments for training that is not directly related to a participant's supported employment program. <p>When supported employment services are provided at work sites where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required for participants receiving the waiver service as a result of their disabilities but does not include payment for supervisory activities rendered as a normal part of the business setting. Documentation is maintained in the file of each participant receiving this service that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) Individual supported employment excludes individuals working in mobile crews or in small groups. It excludes volunteer work.</p>		
Adult Supports, Community Living & Intensive	5243	Occupational Therapy	No	Yes	Yes	No	Occupational Therapy Services, including the performance of a habilitative or maintenance program provided by a licensed Occupational Therapist. Occupational therapy programs are designed to improve the quality of life by recovering competence, preventing	No more than one individual treatment and one group therapy session per day may be authorized.	Maximum rate of \$71.20/visit

Waiver	Service Code	Service Name	Agell with Choice	Individual ProJJide	Agency ProJJide	Relative' Able to Provide Service?	Service Definition	Service Limits	Rates
Supports							<p>further disability or injury and/or to improve the individual's ability to perform tasks of daily living required for independent functioning and to ameliorate sensory issues.. The practice of Occupational Therapy encompasses evaluation, treatment, and consultation. Occupational Therapy services promote/maintain fine motor skills and coordination. Services are habilitative and are designed to maintain or prevent the worsening of functioning. Occupational therapy services include but are not limited to specifically designed activities and exercises to teach daily living skills and to develop independent skills to enhance the areas of neurodevelopment, cognition, perceptual motor, sensory integrative and psychomotor functioning. OT may also design or apply selective orthotic or prosthetic devices or selected adaptive equipment and assist in the design of adapting environments. Services may also include the training and oversight necessary for the participant, family member or another person to carry out the maintenance program. Occupational Therapy under the waiver is different from State plan services in nature and scope in that they allow for maintenance therapy not otherwise covered under the State plan. Services are delivered in both offices and in the natural environments of the participant. The service may be provided individually and in small groups, in the natural milieu of the individual or in the community. The provider qualifications specified in the State Plan apply. Occupational Therapy services must be authorized by the Service Coordinator as part of the ISP Team process. This service is not subject to the Medical Referral Requirements found at 130 CMR 432.414 or the</p>		

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Service Definition	Service Limit.\	Rates
							requirements for Prior Authorization found at 130 CMR 432.417. The Occupational Therapy must be evidence-based and conform with acceptable medical practice; no experimental or alternative treatments are permitted. Any devices used in the provision of the service must be FDA approved. This service will not duplicate any services available through the Medicaid State Plan or private health insurance. This service cannot occur in Day Habilitation or in other sites where therapy is being provided. Payment will not be made for a treatment for the same date of service as a comprehensive evaluation. Occupational therapy must be purchased through a self-directed budget through the Fiscal Intermediary. This service is subject to the service limitations included in 130 CMR 432.414 (A) and (B). No more than one individual treatment and one group therapy session per day may be authorized. Payment will not be made for a treatment claimed for the same date of services as a comprehensive evaluation.		
Adult Supports, Community Living & Intensive Supports	5240	Physical Therapy	No	Yes	Yes	No	Physical Therapy services, including the performance of a habilitative or maintenance program, provided by a licensed Physical Therapist. Services must be considered necessary by DDS for the participant to habilitate, maintain or prevent the worsening of functioning. Services are directed toward the management of movement dysfunction and/or the enhancement of physical and functional abilities. Physical Therapy Services promote/maintain gross/fine motor skills and facilitate independent functioning. Services may also include the training and oversight necessary for the participant, family member or other person to carry out the maintenance program. Physical Therapy under the	No more than one individual treatment and one group therapy session per day may be authorized.	Maximum rate of \$68.30/visit

Waiver	Service Code	Service Name	Agency with Clwice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Service Definilion	Service Limits	Rates
							<p>waiver is different from State plan serVices in nature and scope in that they allow for maintenance therapy not otherwise covered under the State plan. The provider qualifications specified in the State Plan apply. Physical Therapy services must be authorized by the Service Coordinator as part of the Individual Service Plan. The Physical Therapy must be evidence-based and conform with acceptable medical practice; no experimental or alternative treatments are permitted. Any devices used in the provision of the service must be FDA approved. Services are delivered in both offices and in the natural environments of the participant. The service may be provided individually and in small groups. This service is not subject to the Medical Referral Requirement found at 130 CMR 432.415 or the requirements for Prior Authorization found at 130 CMR 432.417. This service will not duplicate any services available through the Medicaid State Plan or private health insurance. This service cannot occur in Day Habilitation or in other sites where the therapy is being provided. No more than one individual treatment and one group therapy session per day may be authorized. Payment will not be made for a therapy in which there is no DDS assessment or authorization. Payment will not be made for a treatment for the same date of service as a comprehensive evaluation. Physical Therapy must be purchased through a participant-directed budget through the Fiscal Intermediary. This service is subject to the service limitations included in 130 CMR 432.414(A) and (B). Payment will not be made for a treatment claimed for the same date of service as a comprehensive evaluation.</p>		

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative; Able to Provide Service?	Service Definition	Service Limits	Rates
Adult Supports, Community Living & Intensive Supports	5245	Speech Therapy	No	Yes	Yes	No	Speech Therapy services, including the performance of a habilitative or maintenance program provided by a licensed Speech Therapist. Services are habilitative and are designed to maintain or prevent the worsening of functioning in the areas of communication and ability to eat, drink, swallow and manage aspiration risks. Speech-language pathology refers to the application of principles, methods and procedures related to the development of disorders that impede oral, pharyngeal, or laryngeal competencies and the normal process of human communication including but not limited to disorders of speech, articulation, fluency, voice, and the application of augmentative communication treatments. Services may also address swallowing dysfunction. Services may also include the training and oversight necessary for the participant, family member or other person to carry out the maintenance program. Speech Therapy under the waiver is different from State plan services in nature and scope in that they allow for maintenance therapy not otherwise covered under the State plan. Service may be delivered in both offices and in the natural environments of the participant. The service may be provided individually or in small groups. The provider qualifications in the State Plan apply. Speech Therapy services are authorized by the Service Coordinator as part of the ISP Team process.. The Speech Therapy must be evidence-based and conform with acceptable medical practice; no experimental or alternative treatments are permitted. Any devices used in the provision of the service must be FDA approved. The service can only be provided by licensed personnel. This service is not subject to the Medical Referral	No more than one individual treatment and one group therapy session per day may be authorized.	Maximum rate of \$72.88/visit

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							Requirements found at 130 CMR 432.414 or the requirements for Prior Authorization found at 130 CMR 432.417. This service will not duplicate any services available through the Medicaid State Plan or private health insurance. This service can not occur in Day Habilitation or in other sites where therapy is being provided. No more than one individual treatment and one group therapy session per day may be authorized.. Payment will not be made for a treatment for the same date of service as a comprehensive evaluation. Speech Therapy must be purchased through a self directed budget through the Fiscal Intermediary. This service is subject to the service limitations included in 130 CMR 432.414 (A) and (B). Payment will not be made for a treatment claimed for the same date of services as a comprehensive evaluation.		
Adult Supports, Community Living & Intensive Supports	5196 5197 5198	Transportation	No	Yes	Yes	Yes	Service offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. Transportation services under the waiver are offered in accordance with the participant's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized. This service includes travel to and from day programs and travel for accessing community activities and resources. Transportation may also include the purchase of transit and bus passes for public transportation systems and mileage reimbursement for qualified drivers. The provision of transportation is based on a service plan that meets the need in the most cost- effective manner. This service is offered in addition to medical transportation required under 42 CFR 431.53	Transportation that is part of a day or residential program or a contracted transportation provider cannot be self-directed.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							and transportation services under the State Plan defined at 42 CFR 440.170 (a), and does not replace them.		
Adult Supports, Community Living & Intensive Supports	5701 6701 5702	Respite	Yes	Yes	Yes	Yes	Services are provided in either: a) licensed respite facility, b) in the home of the participant, c) in the family home, or d) in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term overnight basis where there is an absence or need for relief of those persons who normally provide care for the participant or due to the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, Centered Based Work Supports or adult day-care. Others forms of respite may be self-directed. The choice of the type of respite is dependent on the waiver participant's living situation. Federal financial participation will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility licensed by the state. Respite may be provided up to 30 days per year and is reflected in the Individual Service Plan based on assessed need.	30 days per year. Payment will not be made for respite at the same time when other services that include care and supervision are provided. Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided. Facility-based respite cannot be participant-directed.	Maximum rate for 5701(in recipient's home) \$224.29/day 5702 (in caregiver's home) \$145.57/day
Adult Supports, Community Living & Intensive Supports	5283	Assistive Technology	No	Yes	Yes	No	Assistive technology is defined as an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, including the design and fabrication that is used to develop, increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, rental, or customization or use of an assistive technology device. This service also covers maintenance,	Waiver funding shall only be used for assistive technology that is specifically related to the functional limitation(s) caused by the individual's disability. Any Assistive Technology item that is available through the State Plan must be purchased	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							repairs of devices and rental of assistive technology during periods of repair. Assistive technology includes – the evaluation of the assistive technology needs of the participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; services consisting of purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for participants; services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan; training or technical assistance for the participant, or, 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 must be authorized by the Service Coordinator as part of the Individual Service Plan. The Service Coordinator will explore with the individual/legal guardian the use of the Medicaid State Plan. Assistive technology must be purchased through a self-directed budget through the Fiscal Intermediary. Adaptive Aids must meet the Underwriter's Laboratory and/or Federal Communications Commission requirements where applicable for design, safety, and	through the State Plan; only items not covered by the State Plan may be purchased through the Waiver.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Service Definition	Service Limits	Rates
							utility. There must be documentation that the item purchased is appropriate to the participant's needs.		
Adult Supports, Community Living & Intensive Supports	5725	Chore	No	Yes	Yes	Yes	Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes minor home repairs, general housekeeping and heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, moving heavy furniture in order to provide safe egress and access. These services are only provided 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 responsible for their provision. Chore service must be paid through a self-directed budget through the Fiscal Intermediary.	In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of the service. Service is not available in a provider operated setting.	Maximum rate of \$28.16/hour
Adult Supports, Community Living & Intensive Supports	5709 6709	Family Training	Yes	Yes	Yes	No	Family Training is designed to provide training and instruction about the treatment regimes, behavior plans, the use of specialized equipment that supports the individual waiver participant to participate in the community. Family Training may also include training in family leadership, support of self-advocacy, and independence for their family member. The service enhances the skill,of the family to assist the waiver participant to function in the community and at home. Documentation in the individual's record demonstrates the benefit to the individual. For the purposes of this service "family" is defined as the persons who live with or provide care to a waiver participant and may include a parent or other relative. Family Training may be provided in a small group format or the Family Trainer	This service is not available to individuals who reside in a residential setting who do not have regular contact with family. Family does not include individuals who are employed to care for the individual.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relativ/ Able to Provide Service?	Service Dejinilion	Service Limits	Rates
							may provide individual instruction to a specific family based on the needs of the family to understand the specialized needs of their family member. The one to one family training is instructional; it is not counseling. Service is available to those waiver participants who either live in the family home, receive less than 24 hours of support per day and for those individuals who regularly visit their family home from a residential setting. This service may be self-directed.		
Adult Supports, Community Living & Intensive Supports	5728	Individual Goods and Services	No	Yes	Yes	No	Individual Goods and Services are services, equipment or supplies that will provide direct benefit and support specific outcomes that are identified in the individual waiver participant's service plan. The Individual Goods and Services are not provided through either other waiver services or the Medicaid State Plan. The Individual Goods and Services promote community integration, or provide resources to expand opportunities for self-advocacy, or decrease the need for other Medicaid services, or reduce the reliance on paid support, or are directly related to the health and safety of the waiver participant in his/her home or community. Individual Goods and Services are used when the waiver participant does not have the funds to purchase the item or service from any other source. Examples of allowable Individual Goods and Services include: Enrollment fees, dues, membership costs associated with the individual's participation in community habilitation, training, supplies, and materials that promote skill development and increased independence for the individual with a disability in accessing and using community resources. The Individual Goods and Services must be purchased through a self-directed budget. This service must be pre-	This service is limited to \$1,500 per waiver year. Experimental and prohibited treatments are excluded. The Individual Goods and Services may not be provided at the same time as respite, or any employment or day activity program. Individual Goods and Services excludes all services and supplies provided under specialized medical equipment and supplies or assistive technology.	

Waiver	Service Code	Service Name	Agency Will Choose	Individual Provider	AJ:enc Provider	Relative' Able to Provide Service?	Service Definition	Service Limits	Rates
							approved by the Team and subject to DDS rules and must be an identified need and documented in the service plan. This service must be self-directed paid through the Fiscal Intermediary.		
Adult Community Living & Intensive Supports	5704 6704	Individualized Day Supports	Yes	Yes	Yes	Yes	<p>Services and supports provided to individuals tailored to their specific personal goals and outcomes related to the acquisition, improvement, and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, and could not do so without this direct support. This service can only be participant-directed. A qualified family member or relative, independent contractor or service agency may provide services. This service originates from the home of the individual and is generally delivered in the community.</p> <p>Examples</p> <ul style="list-style-type: none"> • Develop and implement an individualized plan for day services and supports; • Assist in developing and maintaining friendships of choice and skills to use in daily interactions; • Provide support to explore job interests or retirement options; • Provide opportunities to participate in community activities, including support to attend and participate in post-secondary or adult education classes; • Provide support to complete work or business activities including supports for individuals who own their own business; • Training and support to increase or maintain self-help, socialization, and adaptive skills to participate 	Up to 184 hours in Supports, combination with other day services. Maximum number of hours varies per month but total cannot exceed 184 hours of combined day services as expressed in 8 hours per day. This service is not provided in or from a facility-based (center-based or community based) day program. This service is not provided from a provider-operated or state-operated group residence. This service may not be provided at the same time as Group or Individual Supported Employment, Center-based Work Supports, Community Based Day Supports, Individualized Goods and Services Supports or when other services that include care and supervision are provided.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agenc:, Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							<p>in own community;</p> <ul style="list-style-type: none"> Develop, maintain or enhance independent functioning skills in the areas of sensory-motor, cognition, personal grooming, hygiene, toileting, etc. <p>This service is only available to waiver participants who self-direct his/her own supports and must be pre-approved by the Team, subject to DDS rules stated above, and must be an identified need and documented in the service plan. The Individualized Day Supports must be purchased through a self-directed budget through either the Fiscal Intermediary or the Agency with Choice.</p>		
Adult Supports, Community Living & Intensive Supports	5716 6716	Peer Support	Yes	Yes	Yes	No	<p>Peer support is designed to provide training, instruction and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support is designed to promote and assist the waiver participant's ability to participate in self-advocacy through either a peer mentor or through an individual/agency peer support facilitator. Peer support may be provided in 1) small groups or 2) peer support may involve one individual who is either a peer or an individual peer support facilitator providing support to a waiver participant. The one to one peer support is instructional; it is not counseling. The service enhances the skills of the individual to function in the community and/or family home. Documentation in the individual's record demonstrates the benefit to the individual. This service may be provided in small groups or as a one-to-one support for the individual. Peer support is available to individuals who receive less than 24 hours of support per day and those who reside in residential settings. This</p>		

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							service may be self-directed.		
Adult Supports, Community Living & Intensive Supports	5756	Specialized Medical Equipment and Supplies	No	No	Yes	Yes	<p>Specialized medical equipment and supplies include: (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) such other durable and non-durable medical equipment not available under the State plan that is necessary to address participant functional limitations; and, (e) necessary medical supplies not available under the State plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the participant. Accessing the state plan benefits must occur before accessing this service. All items shall meet applicable standards of manufacture, design and installation. The medical support devices or equipment must have proven evidenced-based support and conform with acceptable medical practice; no experimental or alternative devices or equipment are permitted to be purchased. Any devices used in the provision of the service must be FDA approved. Specialized Medical Equipment and Supplies must be authorized by the Service Coordinator as part of the Individual Service Plan process. Specialized medical equipment and supplies must be purchased through a self-directed budget through the Fiscal Intermediary.</p>	This service is limited to \$3,500 per waiver year.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
Adult Supports, Community Living & Intensive Supports	5734	Vehicle Modification	No	Yes	Yes	Yes	<p>Adaptations or alterations to an automobile or van that is the waiver participant's primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Examples of vehicle adaptations include:</p> <ul style="list-style-type: none"> • Van lift • Tie downs • Ramp • Specialized seating equipment • Seating/safety restraint <p>The following are specifically excluded vehicle modifications:</p> <ol style="list-style-type: none"> 1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual. 2. Purchase or lease of a vehicle 3. Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the adaptations. <p>The individual must be in the family home. Funding for adaptations to a new van or vehicle purchased/leased by family can be made available at the time of purchase/lease to accommodate the special needs of the participant. This service must be an identified need and documented in the service plan. The Vehicle modifications must be purchased through a participant-</p>	Cost not to exceed \$15,000 over a five year period. Modifications can only be made to the individual's car or the car of a family member used to transport the individual. Vehicle modification is not available to individuals who reside in a provider residential setting or in 24 self-directed 24 home sharing supports or in the live-in caregiver model.	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative? Able to Provide Service?	Service Definition	Service Limits	Rates
							<p>directed budget and paid through the Fiscal Intermediary</p> <p>1. The Service Coordinator must receive in advance for his/her review and recommendation the following information: a proposal detailing the request for funding and the completed Vehicle/Home Adaptations Funding Request Form. The participant's Individual Support Plan that clearly defines and explains the need for a vehicle adaptation must be attached to this information.</p> <p>2. If the DDS Service Coordinator recommends the proposal for funding, the request is then forwarded to the Area and then the Regional Director for review and recommendation of funding.</p> <p>3. All payments for Vehicle Adaptations must be made through the Fiscal Management Service and purchased through a self-directed budget.</p>		
Community Living & Intensive Supports	5719	Live-In Caregiver	No	Yes	No	No	<p>The payment for the additional costs of rent and food that can reasonably be attributed to a live-in personal caregiver who resides in the same household as the waiver participant. Payments for live-in caregiver services are made to the waiver participant. Payment will not be made when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services. The live-in caregiver may provide up to 40 hours per week of direct service including self-directed adult companion, self-directed individualized home support self-directed individual supported employment or individualized day support. The live-in caregiver service must be self-directed, paid through the Fiscal Intermediary.</p>	The live-in caregiver may not be related by blood or marriage to any degree. The live-in caregiver cannot be employed by a provider of waiver services. Live-in caregiver cannot provide more than 40 hours of direct service per week.	Maximum daily rate is determined from a rate sheet based upon town/city the individual lives.

Waiver	Service Code	Service Name	Agency w/choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?		Service Limits	Rates
Intensive Supports	5156 5157 5158	24 Hour Self-Directed Home Sharing	No	Yes	No	Yes	24-Hour Self-Directed Home Sharing Support consists of ongoing services and supports by paid care giver(s) that is designed to assist individuals to acquire, maintain, or improve the skills necessary to live in a non-institutional setting. The service is available to individuals who need daily staff intervention with care, supervision and skills training in activities of daily living, home management and community integration and live in a home of their own or live in the home of a care provider identified by the waiver participant or the legally responsible individual. . The care provider is identified and supervised directly by the waiver participant or the legally responsible individual. Unlike Placement Services in Residential Habilitation, there is no support agency involved in the 24-Hour Self-Directed Home Sharing Support. Like placement services there is an assessment to determine the intensity of the need of the individual in relation to the daily payment rate for the care provider. There are three levels of intensity in the model. 24-Hour Self-Directed Home Sharing Support means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, recognition and money management, social and leisure skill development that assist the participant to reside in the most integrated setting appropriate to his/her needs. 24-Hour Self-Directed Home Sharing Support also includes personal care and protective oversight and supervision 24 hours a day. This service may also include the provision of medical and health care services that are integral to meeting the daily needs of the participants or arranging and assisting	This service may not be provided at the same time as Respite, Individualized Home Supports, or Adult Companion or when other services that include care and supervision are provided 24-Hour Self-Directed Home Sharing Support services are not available to individuals who live with their parent or spouse unless that individual is also eligible for the Department's supports. Family members who are either the legal guardian or legal representative or spouse cannot provide 24-Hour Self-Directed Home Sharing Support. Other family members such as siblings or cousins, aunts, uncles may provide these services. 24-Hour Self-Directed Home Sharing Support cannot be provided in a provider licensed Group Residence or staffed by a provider agency. The physical site is either owned or leased directly by the waiver participant or the direct care provider and not	Daily rate ranges: 5156: \$110-\$138.90 5157: \$125.93-\$196.92 5158: \$164.57-\$251.27

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative Able to Provide Service?	Service Definition	Service Limits	Rates
							<p>individuals to access the health care system. Transportation between the participant's place of residence and other service sites or places in the community may be provided as a component of 24-Hour Self-Directed Home Sharing Support and is included in the individual's participant budget. 24-Hour Self-Directed Home Sharing Support must be purchased through a self-directed budget. These services may be arranged and organized by a family member or legally responsible individual. Payment is not made for the cost of room and board including the cost of building maintenance, upkeep and improvements. 24-Hour Self-Directed Home Sharing Support services can only be self-directed through an individual budget and paid through a fiscal management service.</p>	by the provider agency. 24-Hour Self-Directed Home Sharing Support is limited to one individual in the same site. Licensed providers may not act as the employer of the care provider and may not provide services in one of their licensed settings.	
Intensive Supports	5284	Transitional Assistance	No	Yes	Yes	Yes	<p>Transitional Assistance Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence whether or not the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) security deposits that are to obtain a lease on an apartment or home; (b) essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the individual's health and safety such as pest eradication</p>	<p>Transitional assistance services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. Transitional required Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such</p>	

Waiver	Service Code	Service Name	Agency with Choice	Individual Provider	Agency Provider	Relative' Able to Provide Service?	Service Definition	Service Limits	Rates
							and one-time cleaning prior to occupancy and; (e) activities to assess need, arrange for and procure needed resources. This service may be self-directed paid through the Fiscal Intermediary.	expense or when the services cannot be obtained from other sources.	

; Relative is defined as not a legal guardian or legal representative.

**MA Participant Direct Program
Required Packets Forms Per Service**

Service Code	Service Title	Unit	Individual Provider	Agency Provider	Submission Required for Payment	Adult	CLS	INT	Service Limits
Hourly Services									
5154	Self Directed Residential Supports	Hour	Employee	N/A	Timesheet				No new enrollments
5168	Supported Employment	Hour	Employee	Agency	Timesheet	x	x	x	up to 184hrs/month*
5180	CIES- Competitive Employment	Hour	N/A	Agency	Timesheet	x	x	x	up to 184hrs/month*
5240	Physical Therapy	Visit	Independent Contractor	Agency	Timesheet	x	x	x	no more than 1 individual and 1 group treatment/day
5243	Occupational Therapy	Visit	Independent Contractor	Agency	Timesheet	x	x	x	no more than 1 individual and 1 group treatment/day
5245	Speech Therapy	Visit	Independent Contractor	Agency	Timesheet	x	x	x	no more than 1 individual and 1 group treatment/day
5282	Support Broker - Private	Hour	Independent Contractor	N/A	Timesheet	x	x	x	
5703	Individualized Home Supports	Hour	Employee	Agency	Timesheet	x	x	x	23 hrs/day or less
5704	Individualized Day Support	Hour	Employee/Independent Contractor	Agency	Timesheet	x	x	x	up to 184hrs/month*
5707	Adult Companion	Hour	Employee	Agency	Timesheet	x	x	x	23 hrs/day or less
5709	Community/Residential Family Training	Hour	Independent Contractor	Agency	Timesheet	x	x	x	
5710	Behavioral Supports and Consultation	Hour	Independent Contractor	Agency	Timesheet	x	x	x	
5716	Community/Residential Peer Support	Hour	Independent Contractor	Agency	Timesheet	x	x	x	
5725	Chore	Hour	Employee	Agency	Timesheet	x	x	x	
Day Services									
5155	Self Directed Residential Supports	Day	Employee	N/A	Timesheet				No new enrollments
5156	24 Hour Self-Directed Home Sharing	Day	Employee	N/A	Timesheet			x	
5157	24 Hour Self-Directed Home Sharing	Day	Employee	N/A	Timesheet			x	
5158	24 Hour Self-Directed Home Sharing	Day	Employee	N/A	Timesheet			x	
5719	Live-in Caregiver	Day	Independent Contractor	N/A	Timesheet		x	x	cannot be a relative by blood or marriage to any degree
5701	Respite - In Recipient's Home	Day	Employee	Agency	Timesheet	x	x	x	up to 30 days per calendar year
5702	Respite - In Caregiver's Home	Day	Independent Contractor	Agency	Timesheet	x	x	x	up to 30 days per calendar year
5153	Self Directed Residential Supports	Day	N/A	Agency	Automatic Payment			x	No new enrollments
5888	Shared Living No Agency, Self Directed	Day	Independent Contractor	N/A	Automatic Payment				No new enrollments
Transportation Services									
5196	Transportation	Trip	Employee	Agency	5196 Invoice	x	x	x	
5198	Transportation Mileage	Unit	Independent Contractor	Agency	Transportation Invoice	x	x	x	
5300M	Transportation - Unique	Unit	Form W-9		Transportation Invoice				
5197	Transportation	Unit	5197 Request Form; Form W-9	Form W-9	Automatic Payment	x	x	x	
Goods & Items									
5283	Assistive Technology	Unit	Form W-9	N/A	Invoice	x	x	x	
5284	Transitional Services	Unit	Form W-9	N/A	Invoice			x	Room and Board Excluded
5728	Individualized Goods and Services	Unit	Form W-9	N/A	Invoice	x	x	x	\$1,500/waiver year
5731	Home Modifications and Adaptations	Unit	Form W-9	N/A	Invoice	x	x	x	\$15,000 in a 5yr period - only made to individual's own home or family home
5734	Vehicle Modification	Unit	Form W-9	N/A	Invoice	x	x	x	\$15,000 in a 5 yr period - only to the individual's vehicle or the family member's vehicle
5756	Specialized Medical Equipment and Supplies	Unit	Form W-9	N/A	Invoice	x	x	x	Not to exceed \$3,500 per waiver year
Non Waiver Services 5300 & 5400									
5300A	Adult Education Classes	Unit	Form W-9	N/A	Invoice	x	x	x	
5300B	Clinical Assessments	Unit	Form W-9	N/A	Invoice	x	x	x	
5300C	Conference	Unit	Form W-9	N/A	Invoice	x	x	x	
5300D	Furniture - non-start-up	Unit	Form W-9	N/A	Invoice	x	x	x	
5300E	Group Activity (for individual only)	Unit	Form W-9	N/A	Invoice	x	x	x	
5300F	Individual Activity	Unit	Form W-9	N/A	Invoice	x	x	x	
5300G	Medical Services	Unit	Form W-9	N/A	Invoice	x	x	x	
5300H	Medical Supplies	Unit	Form W-9	N/A	Invoice	x	x	x	
5300I	Membership	Unit	Form W-9	N/A	Invoice	x	x	x	
5300J	Moving Costs	Unit	Form W-9	N/A	Invoice	x	x	x	
5300N	Domestic Employee	Hour	Employee	N/A	Timesheet	x	x	x	
5400A	Personal Stipend - Volunteer Work	Unit	Form W-9	N/A	Invoice	x	x	x	
5400B	Personal Stipend - Household bills	Unit	Form W-9	N/A	Invoice	x	x	x	
5400C	Personal Stipend - Community Activities	Unit	Form W-9	N/A	Invoice	x	x	x	
5400D	Clothing Stipend	Unit	Form W-9	N/A	Invoice	x	x	x	
5400E	Food Stipend	Unit	Form W-9	N/A	Invoice	x	x	x	
5400F	First and Security Deposit for Housing	Unit	Form W-9	N/A	Invoice	x	x	x	
5400G	Prescription Co-Pay	Unit	Form W-9	N/A	Invoice	x	x	x	
5400H	Rent	Unit	Form W-9	N/A	Invoice	x	x	x	
5400I	Utilities - Natural Gas	Unit	Form W-9	N/A	Invoice	x	x	x	
5400J	Utilities - Electric	Unit	Form W-9	N/A	Invoice	x	x	x	
5400K	Utilities - Phone	Unit	Form W-9	N/A	Invoice	x	x	x	
5400L	Utilities - Cable	Unit	Form W-9	N/A	Invoice	x	x	x	
5400M	Utilities - Heating Fuel	Unit	Form W-9	N/A	Invoice	x	x	x	
5400N	Volunteer Worker	Hour	Independent Contractor	N/A	Timesheet	x	x	x	
Non Waiver 5300 & 5400 Automatic Payments									
5400A2AUTO	Auto. Personal Stipend - Volunteer Work	Month	Form W-9		Automatic Payment	x	x	x	
5400B2AUTO	Auto. Personal Stipend - Household bills	Month	Form W-9		Automatic Payment	x	x	x	
5400C2AUTO	Auto. Personal Stipend - Community Activities	Month	Form W-9		Automatic Payment	x	x	x	
5400D2AUTO	Auto. Clothing Stipend	Month	Form W-9		Automatic Payment	x	x	x	
5400E2AUTO	Auto. Food Stipend	Month	Form W-9		Automatic Payment	x	x	x	
5400G2AUTO	Auto. Prescription Co-Pay	Month	Form W-9		Automatic Payment	x	x	x	
5400H2AUTO	Auto. Rent	Month	Form W-9		Automatic Payment	x	x	x	
5300F2AUTO	Auto. Individual Activity	Month	Form W-9		Automatic Payment	x	x	x	
5300G2AUTO	Auto. Medical Services	Month	Form W-9		Automatic Payment	x	x	x	
5300H2AUTO	Auto. Medical Supplies	Month	Form W-9		Automatic Payment	x	x	x	
5300I2AUTO	Auto. Membership	Month	Form W-9		Automatic Payment	x	x	x	
5300J2AUTO	Auto. Transportation	Month	Form W-9		Automatic Payment	x	x	x	

Please NOTE: Form W-9 is required for all vendors paid; PPL may already have a W-9 on file for the Vendor in questions. Please contact our customer service number at (888)866-0869.

*The aggregate number of days and employment supports cannot exceed the total number of business days per month as expressed in 8 hours per day. Maximum number of hours varies per month but total cannot exceed 184 hours in any month.

MA Participant Directed Program New Provider Paperwork Matrix

Welcome to the Massachusetts Participant Directed Program! In order to begin providing services through the program, certain paperwork must be completed and submitted to PPL for processing. Once all required paperwork has been fully and accurately completed, you are good to begin working. Depending on the provider type that you have selected to work under (Independent Contractor, Employee, or Agency), the required paperwork may vary. In order to assist with the on-boarding process of new providers, the below matrix has been created to outline all required paperwork for each required provider type in the program.

How to read the chart below:
The first column on the left is a list of all possible pieces of paperwork. The first row on the top is a list of the four provider types. Find your provider type in the top row: Employee, Independent Contractor, Agency, or 'Non-Waiver Service' Provider. Look down the appropriate column. Any cell with an 'x' in it means that the corresponding piece of paperwork in the 'paperwork column' is required.

- Two Important Notes:
- 1. All Provider packets and CORI application are located on www.publicpartnerships.com.
 - 2. Please note: Any participant receiving IP services must have an Employer of Record on file. An EoR is established by filling out an Employer of Record packet on publicpartnerships.com

Please refer to the chart below to determine what paperwork is required for 'good to go' status for new providers:





	New Employee	New Independent Contractor	New Agency	New 'Non-Waiver Service' Provider
Employee Packet:				
Form A	x			
Form B	x			
Employee Info. Form	x			
INS Form 1-9	x			
IRSW-4 Form	x			
A DOR Form M-4	x			
EFT Form (optional)	x			
Independent Contractor Packet:				
IRS W-9 Form		x		
IC Info. Form		x		
Form A		x		
Form B		x		
EFT Form (optional)		x		
Agency Packet:				
IRS W-9 Form			x	X
Agency Info. Form			x	
Form A			x	
Form B			x	
EFT Form (optional)			x	
Credentialing Packet*:				
Information Form	x	x	x	
Service Selection	x	x	x	
Certification Page	x	x	x	
CORI Application:				
CORI Request	ix	ix	i	i

*The Credentialing Packet is obtained by creating a provider profile in the Web Portal and clicking "print forms" at the bottom of the last page

Sample Budget

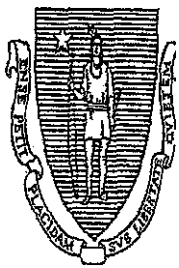
Budget \$21,292.00

Total Allocated Funds: \$21,092.00 Total Authorizations: \$21,092.00 Start Date: 7/1/2013
Total Unallocated Funds: \$200.00 Total Spent: \$20,754.90 End Date: 6/30/2014

Service	Service Sub Type	Authorized By	Authorization No	Start Date	End Date	Line Total	Paid Dollars	Invoiced	Balance	Note	Status	Attachments	Action
		Date		7/1/2013	6/30/2014	N/A	\$0.00	\$0.00	N/A		Approved		
5400: Non waiVer financial\\		Month		7/1/2013	6/30/2014	\$10,800.00	\$10,800.00						
5400H2AUTO: Auto_Rentli\\				7/1/2013	6/30/2014	\$8,767.00	\$8,744.03	\$0.00	\$0.00		Paid		
5703: 111dM dual ed Homesupports 1\\		Date				\$1,525.00	\$1,210.77	\$0.00	\$314.23		Timesheet Submitted		
Total						\$21,092.00	\$20,754.90	\$0.00	\$337.20				

4000: Personal
Slipend
Communityq





The Commonwealth of Massachusetts

Executive Office of Health & Human Services
Department of Developmental Services Metro
North Area Office
27 Water Street
Wakefield, Mass. 01880

TEL 781-338-2300 • FAX 781-338-2302 TTY 781-338-2332

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
Deputy Governor

MARYLOU SUDDERS
SECRETARY

ELINOR M. HOWE
COMMISSIONER

AMANDA J. CHALMERS
REGIONAL DIRECTOR

RICHARD A. KAUSH
AREA DIRECTOR

February 5, 2015

LYNNFIELD, MA 01940

Dear:

Here is a copy of your new ISP which you and your ISP Team developed for this year. Also included is a Support Agreement that tells about the services and supports to help you meet your goals.

Also enclosed is an ISP Response Sheet. If you are in agreement with the Plan as written, please sign your name and date this form within thirty (30) days of your receipt of this package and return it to me at the above address. The copy of the Plan is for your records.

If you have concerns about or would like clarification regarding the information included in the ISP, please feel free to call me at the Area Office within ten (10) days of your receipt of this letter.

If you want to make a formal appeal of your ISP, you must send this appeal to the DDS Regional Director at:

Amanda Chalmers
PO Box A Hathorne,
MA 01937 (978) 774-
5000

If you want or need help you have the right to have a lawyer or an advocate help you with the appeal.

You can get a copy of the DDS regulations or ask questions about your right to appeal by talking to the Hearings Administrator. You can reach this person at the DDS Legal Office, 500 Hanover Avenue, Boston, MA 02118 or at (617) 727-5608, ext. 7707.

Sincerely,

Deputy Coordinator

CC:

APPEAL NOTIFICATION

- I/we understand that the ISP will be implemented as written unless within 30 days I/we initiate an appeal on any of the following grounds, which may be found in 115 CMR 631 et seq. which are summarized below:
- 1. eligibility for supports;
 - 2. priority of need;
 - 3. whether the assessments which served as the basis for the ISP were sufficient for that purpose;
 - 4. whether the goals identified in the ISP are consistent with the following quality of life areas: rights and dignity; individual control; community membership; relationships; personal growth and accomplishments; and personal well-being;
 - 5. whether the type of support identified in the ISP is the least restrictive; appropriate and available support to **meet the goals**;
 - 6. whether behavior modification, medication and limitations of movement are consistent with Department of Developmental Services regulations;
 - 7. whether the recommendation of the ISP team with regard to the individual's ability to make personal and financial decisions is consistent with the clinical evidence available and whether the type of decision-making support recommended is consistent with the standards set forth at 115 CMR 5.07;
 - 8. whether the ISP was developed, reviewed or modified in accordance with the procedures set forth in the ISP regulations; and
 - 9. whether the ISP is being implemented.

An appeal may be had at any time as to whether the ISP is being implemented.

If we want to appeal the ISP on the following grounds:

Date

Individual

Guardian

Re:

"/"
"--

PUBLIC PARTNERSHIPS, LLC - Mr DP • PROVIDER TIMESHEET

Participant's ID:

--	--	--	--	--	--	--	--	--	--

provider's ID:

--	--	--	--	--	--	--

PUBLIC.
PARTNERSHIPS

Service Code

--	--	--	--	--

Participant's Name: _____

Provider's Name: _____

, FAX TIMESHEETS ONLY TO PPL@ 877-779-4188

MAIL: PUBLIC PARTNERSHIPS, One Cabot rd. Ste. 102, Medford, MA 02155

lweekl | Begin: Sunday (mm/dd/yy) rn / rn / rn

lwe :k2 | End: Saturday (mm/dd/yy) rn / rn / []

	Time IN		AM/PM	Time OUT		AM/PM	Total Hours
Sun			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
Mon			O O AM PM			O O AM PM	
			AM PM O O			AM PM O O	
Tue			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
Wed			AM PM			PM	
						O O AM	
Thu			O O AM PM O O			PM O O	
			AM PM			AM PM	
			O O AM PM			O O AM PM	
Fri			O O AM PM O O			O O PM O O	
Sat			AM PM O O			AM PM O O	

	Time IN		AM/PM	Time OUT		AM/PM	Total Hours
Sun			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
Mon			O O AM PM			O O AM PM	
			AM PM O O			AM PM O O	
Tue			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
			AM PM O O			AM PM O O	
Wed						AM PM	
						O O	
Thu			O O AM PM O O			O O AM PM O O	
			AM PM			AM PM	
			O O AM PM			O O AM PM	
Fri			O O AM PM O O			O O AM PM O O	
sat			AM PM O O			AM PM O O	

AM PM

O O

PM
O O

AM PM
O O

AM PM
O O

By signing below, I certify services I have provided to the participant during the times described on this timesheet.

I certify that the participant has received hours of service as *reported* above.

Date (mm/dd/yy) :

Provider Signature:

Date (mm/dd/yy) :

Participant/Responsible Party Signature:



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III

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| ITJI[]t[D

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USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, TRY NOT TO TOUCH THE LINES !!!
Per Medicaid regulations the MA PDP program does not allow payroll hours to exceed 40 hours per week.



PUBLIC e

Check Here if this is a REIMBURSEMENT (select one)

Check Here if this is a PAYMENT TO VENDOR

Provider Name:

Provider Address:

City, State, Zip:

Participant First Name:

Participant Last Name:

Remit Address:

Remit City, State, Zip:

Agency vendor, the Tax Identification number is the Federal Employer Identification Number (FEIN).

Invoice Guidelines

1. All invoices or payment requests must include a quote or receipt from the vendor as back up documentation accompanying this form.

2. Enter the service code that matches the service authorized in the budget.

3. Enter the total amount (including taxes) that the check will be made out for. If you have more than one service code on the quote or price check receipt, distribute the taxes evenly among the service codes. *NOTE: If the invoice exceeds certain dollar amounts, you must receive DDS approval prior to purchase.*

Item	Service Date (MM/DD/YY)	Service Code	\$ Amount	Quantity
1.				
2.				
3.				

Code	Services	Code	Waiver Services	Code	Services
5283	Assistive Technology	5300E	Group Activity (for individual only)	5400C	Personal Stipend - Community Activities
5284	Transitional Services	5300F	Individual Activity	5400D	Clothing Stipend
5728	Individual Goods and Services	5300G	Medical Services	5400E	Food Stipend
5731	Home Modifications/ Adaptations	5300H	Medical Supplies	5400F	First and Security Deposit for Housing
5734	Vehicle Modification	5300I	Membership	5400G	Prescription Co-Pay
5756	Specialized Medical Equipment and Supplies	5300J	Moving Costs	5400H	Rent
5300A	Adult Education Classes	5400A	Personal Stipend - Volunteer Work	5400I	Utilities - Natural Gas
5300B	Clinical Assessments	5400B	Personal Stipend - Household bills	5400J	Utilities - Electric
5300C	Conference			5400K	Utilities - Phone
5300D	Furniture - non-start-up			5400L	Utilities - Cable
				5400M	Utilities - Heating Fuel

Participant or Responsible Party Signature

Printed Name

Date

IMPORTANT NOTE: YOU MUST ATTACH A RECEIPT WITH THIS INVOICE FORM. FAILURE TO DO SO WILL RESULT IN A 1099 BEING ISSUED AT THE CLOSE OF THE YEAR

FOR DDS STAFF USE ONLY:

☒ CHECK HERE IF THIS IS A PAYMENT AUTHORIZATION AND YOU HAVE REVIEWED RECEIPTS

DDS Staff Person Initials:

FAX OR MAIL INVOICE REQUEST WITH COPY OF QUOTE/PRICE CHECK RECEIPT TO:
FAX: 877-563-6438
MAIL: PPL, MA PDP Program, One Cabot Rd. Ste. 102, Medford, MA, 02155

PLEASE KNOW THAT FAILURE TO FILL OUT THIS FORM COMPLETELY AND ACCURATELY CAN RESULT IN DELAY OF PAYMENT.

PPL Monthly Budget Expenditure Report

Section 1.(e)(8)

16

RFR Qualification List: SIDQUAL-10-AWC Date: 8/3/201()	Location Availability				
	Northeast	Southeast	Metro	Central	West
Agency With Choice Qualified Providers					
Advocates, Inc.	X	X	X	X	
Anodyne Medical Services Corp.	X	X	X		
ARC Community Services, Inc.				X	
ARC of Cape Cod		X			
ARC of Greater Haverhill Newburyport	X				
ARC of Greater Plymouth		X			
Association for Community Living					X
Bay Cove Human Services	X	X	X		
Beaverbrook STEP	X	X	X	X	
Behavioral Health Network, Inc.					X
Berkshire County Arc, Inc.					X
Berkshire Family and Individual Resources					X
Better Community Living		X			
Brockton Area Multi-Services	X	X	X	X	
Cambridge Family and Children's Service	X		X		
Career Resources Corp.	X				
Centro Las Americas				X	
Charles River Association			X		
Community Connections		X			
Cooperative for Human Services, INC	X		X		
Cooperative Productions, Inc.		X			
Delta Projects		X	X		
East Middlesex ARC	X				
Eliot Community Human Services, Inc.	X	X	X		
Enable, Inc.		X	X		
Fidelity House Human Services	X				
Friendship Home, Inc.		X			
Greater Marlboro Programs Inc			X		
Habilitation Assistance Corporation		X			
Horace Mann Educational Associates		X	X	X	
Jewish Family and Children's Service			X		
Kennedy Donovan Center		X	X	X	
LifeLinks, Inc.	X				
LifeStream, Inc.		X			
Lifeworks, Inc.		X	X		
M.O.U.e		X			
Martin Luther King Jr. Family Services				X	X
Matson Community Services, Inc.				X	
Multicultural Community Services of the Pioneer Valley, Inc.					X
North Suffolk Mental Health Association	X		X		
Northeast ARC	X				
NWW Committee for Community Living			X		
People, Incorporated		X			

Project COPE, Inc.	X				
Public Partnerships	X	X	X	X	X
Reach, Inc.		X			
Resources for Human Development, Inc.	X	X	X		
Riverside Community Care	X		X	X	
ServiceNet					X
Seven Hills Community Services	X	X	X	X	X
Seven Hills Family Services	X	X	X	X	X
South Norfolk County Association for ARC, Inc.		X	X		
South Shore Support Services		X			
Southeastern Massachusetts Educational Collaborative		X			
Southern Worcester County ARC				X	
The Arc of Northern Bristol County		X	X		
The Barry L. Price Rehabilitation Center, Inc.			X		
The Bridge of Central Massachusetts, Inc			X	X	
The Edinburg Center	X		X		
The Nemasket Group, Inc.		X			
The Shared Living Collaborative	X				
Toward Independent Living and Learning, Inc.	X	X	X	X	
UCP of Berkshire County Inc					X
UCP of Metro Boston	X		X		
UnHed ARC of Franklin and Hampshire Counties					X
Vinfen	X	X	X		
Walnut Street Center, Inc.	X		X		
Waltham CommHtee, Inc, dba WCI-Work Community, Inc	X	X	X	X	
Work, Inc	X	X	X		

Please Note: Proposal Reviews are still ongoing; additional qualifying providers will be added in the coming days.



FAX COVER PAGE

TO: MA PDP Program
PUBLIC PARTNERSHIPS, LLC

PHONENUMBER: _____

DATE: _____

RE: CRIMINAL BACKGROUND CHECK

(including cover) — — — — —

REQUIRED INFORMATION

, FIRST NAME OF DDS CONSUMER:

TYPE OF GOVERNMENT ISSUED PICTURE ID INCLUDED:

BREIF DESCRIPTION OF POTENTIAL JOB:

Confidentiality Notice
The Documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in relation to the contents of this telecopied information is strictly prohibited.

COR! REQUEST FORM

Please send all completed COR!Applications by fax
to Public Partnerships,LLC (PPL): 1-877-563-6438

Public Partnerships, LLC has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant'employee for I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant'Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested, not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: ____ft. ____in. WEIGHT:----- EYE COLOR: _____

STATE DRIVER'S LICENSE **NUMBER**:-----
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC **IDENTIFICATION**:-----

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to:

PPL by fax:1-877-563-6438