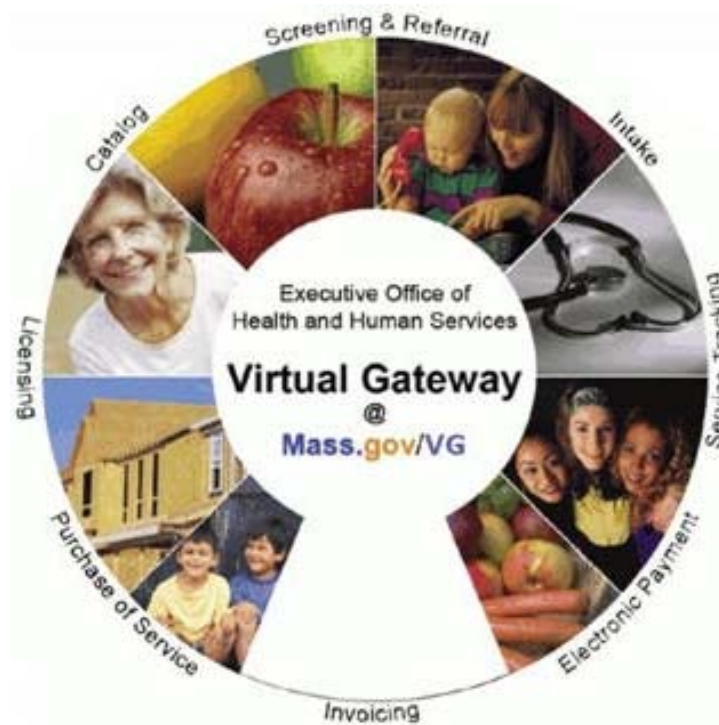


**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Virtual Gateway**



**Provider Data Management - Agency Provider Maintenance
User Manual Release 4.0**

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Introduction

The PDM Business Service is intended to serve as a well-organized, user-friendly, easily navigated “filing system” of provider data. It is important to note that the application requires both web-based data entry and population of the PDM data from external source systems.

Provider Data Management 4 [PDM4] is an application built to manage providers servicing the Purchase of Service (POS) provider population. This enhanced functionality will support enrolling provider agencies and individual providers to provide different waiver program services.

In terms of scope, the Provider Data Management system solution will encompass the following business functions:

- Provider Application (PA)
- Provider Qualification (PQ)
- Provider Management (PM)
- Service Directory (SD)

Provider Application – Potential providers of services to the Autism and three additional adult waiver programs access the system to apply and be qualified as a provider. Potential providers enter their demographic data, Service Directory [SD] options and other service data. If it is an individual provider, the system prompts for license and educational information, résumé and additional individual information. If it is a provider agency, they just submit the application and attest to their qualifications electronically. Providers also mail required qualification materials to DDS Central Office, but will eventually be able to upload these documents to the system.

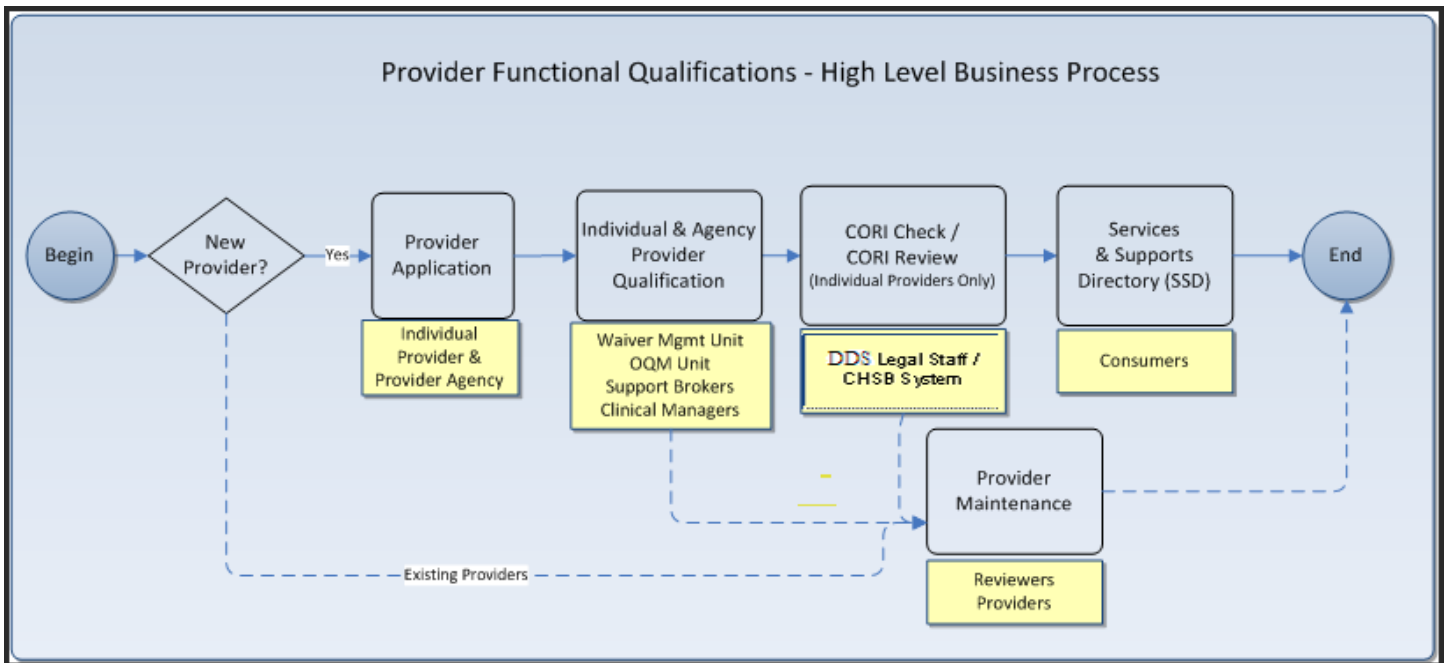
Provider Qualification – Reviewers start reviewing the assigned applications after potential providers submit their electronic applications and upload and/or mail in to DDS their qualification documents. The reviewers conduct interviews, compare professional licenses and check CORI results for qualifying individual providers. Provider Agencies go through a pre-defined set of service qualification criteria as well as any pre-qualification required for services provided through a DDS contract to become qualified providers.

Provider Management - Individual providers and provider agencies can update their demographic information; manage their services and qualifications in the system. Certain business rules apply in order to modify service related information especially when they are part of an existing plan and are currently providing services to consumers. Provider initiated service modifications and additions go through a review and approval process by the reviewers.

Services Directory (SD) - The Service Directory is a tool for consumers, their families, and circle of support to search for services and service providers in the Commonwealth of Massachusetts.

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The high level business process for enrolling providers to participate in DDS waiver programs (Autism waiver and Adults Waivers) is shown below:



Purpose

This User Guide will show Qualified Agency providers of services to the Autism and three additional Adult Waiver programs how to access PDM4 and use the system to modify and update information which was collected during the application process. In addition, they are able to request qualification for additional program services or terminate currently qualified services. The scope of this document is the Agency Provider Management process.

Accessing PDM 4.0

The Qualified Provider accesses the PDM4 link on the Mass.gov or DDS websites. Once selected, the user will be directed to the 'PDM4 Landing' page. On this landing page, the welcoming screen is displayed.

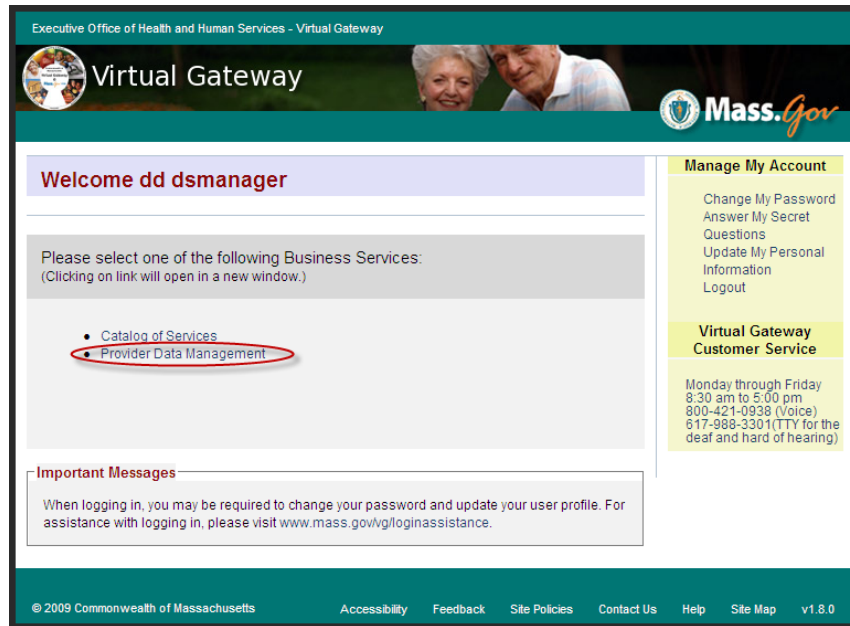


The user selects the 'Qualified Provider' link and they will be redirected to the 'Virtual Gateway Login' page:

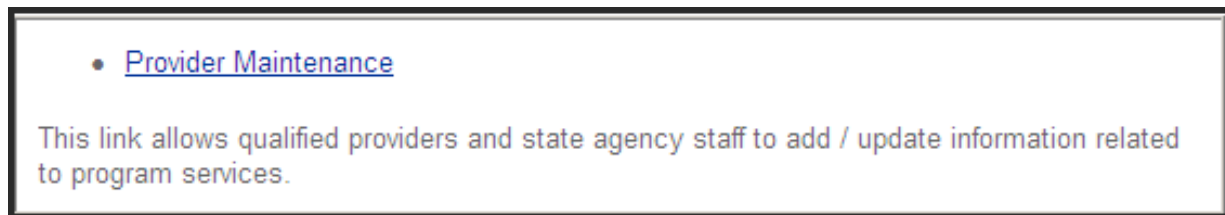
A screenshot of the 'Virtual Gateway' login page. The top header is teal and contains the text 'Executive Office of Health and Human Services - Virtual Gateway' and a circular logo. Below this is a banner image of a baby's face. The main content area has a purple header that says 'Welcome to the Virtual Gateway'. Underneath is a login section with a 'Login' heading. It contains two input fields: 'Username' with the text 'Qualified Provider' and 'Password' with six dots. To the right of the password field is the text '(Case sensitive)'. Below the fields is a 'Login' button and a 'Forgot Password' link. To the right of the login section is a yellow box titled 'Virtual Gateway Customer Service' which lists the hours 'Monday through Friday 8:30 am to 5:00 pm' and two phone numbers: '800-421-0938 (Voice)' and '617-988-3301 (TTY for the deaf and hard of hearing)'. At the bottom left, there is a section titled 'Important Messages' with a message: 'When logging in, you may be required to change your password and update your user profile. For assistance with logging in, please visit www.mass.gov/vg/loginassistance.'

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The user should enter their login credentials and select 'Login'. The Qualified Provider will then be redirected to their 'Virtual Gateway Home' page.

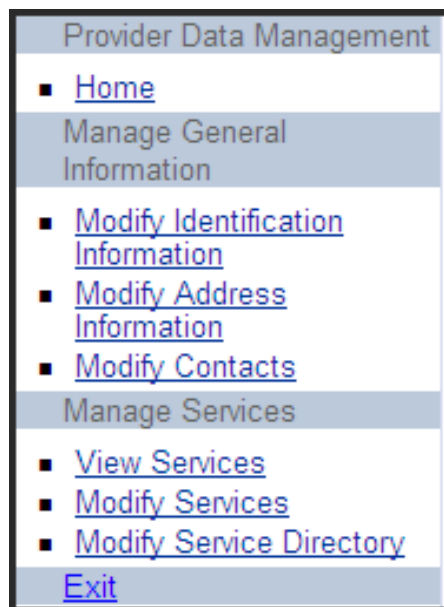


The user should then select the 'Provider Data Management' link which will redirect them to the 'Qualified Provider Landing' page.



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The Qualified Provider then clicks on the 'Provider Maintenance' link and will be redirected to the 'PDM4 Home' page:



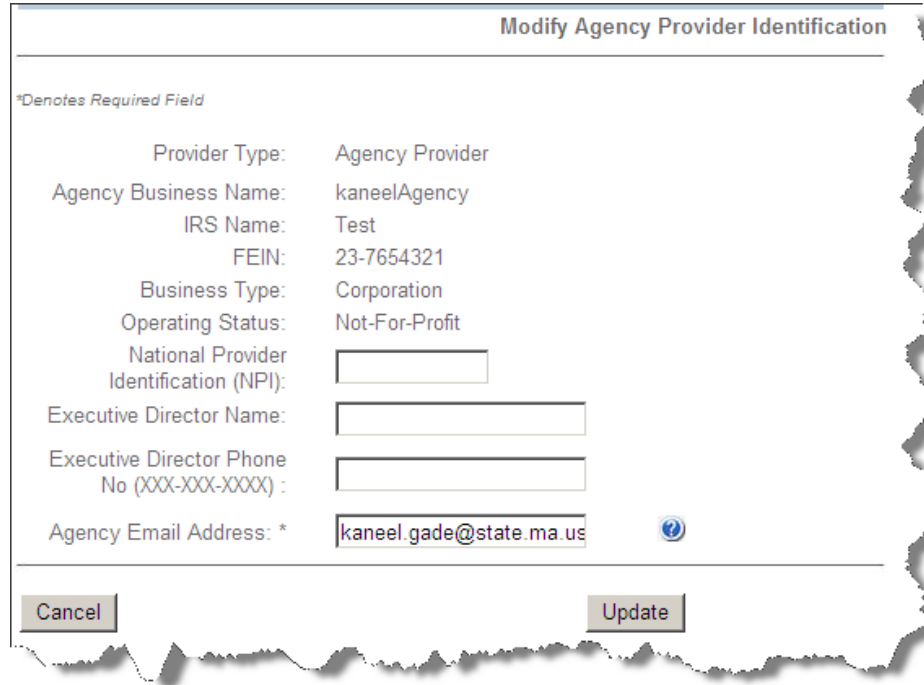
The options available from this Home Page are briefly described in the table below:

| Menu Option | Description |
|-----------------------------------|--|
| Home | Returns the user to the 'Qualified Provider Landing' page. |
| Modify Identification Information | The Qualified Provider will have the ability to modify some of the identification information that was entered at the time of the application. |
| Modify Address Information | The Qualified Provider will have the ability to edit or delete address information. |
| Modify Contacts | The Qualified Provider will have the ability to edit or delete contact information. |
| View Services | This function allows the Qualified Provider to view information about the current services that are being provided. |
| Modify Services | The function allows the Qualified Provider to modify current Program/ Services. These modifications must go through a DDS review and approval process before they take effect. |
| Modify Service Directory | This function allows the Qualified Provider to view/edit or discontinue the use of the Service Directory Listing. |
| Exit | Exits PDM4 and redirects the user to the Virtual Gateway Home Page. |

These Menu Options (with the exception of Home and Exit) are discussed in the pages that follow.

Modify Identification Information

The following screen is displayed when the user selects the 'Modify Identification Information' link:



The screenshot shows a web form titled "Modify Agency Provider Identification". At the top left, a note states "*Denotes Required Field". The form contains several fields with their current values: "Provider Type" is "Agency Provider", "Agency Business Name" is "kaneelAgency", "IRS Name" is "Test", "FEIN" is "23-7654321", "Business Type" is "Corporation", and "Operating Status" is "Not-For-Profit". There are three empty text input fields for "National Provider Identification (NPI)", "Executive Director Name", and "Executive Director Phone No (XXX-XXX-XXXX)". The "Agency Email Address" field is pre-filled with "kaneel.gade@state.ma.us" and is marked with an asterisk to indicate it is required. A small blue help icon is located to the right of the email field. At the bottom of the form, there are two buttons: "Cancel" on the left and "Update" on the right.

The user can only modify the following data fields:

- National Provider Identification
- Executive Director Name
- Executive Director Phone No
- Agency Email Address

The available buttons on this page are:

- 'Cancel' – returns the user to the previous screen without saving any changes that were entered.
- 'Update' – saves newly entered information.

Modify Address Information

The following screen is displayed when the user selects the 'Modify Address Information' link:

USER:agency

■ [Home](#)

Provider Data Management

Manage General Information

■ [Modify Identification Information](#)

■ [Modify Address Information](#)

■ [Modify Contacts](#)

Manage Services

■ [View Services](#)

■ [Modify Services](#)

■ [Modify Service Directory](#)

[Exit](#)

Modify Address Information

Modify Address Information

Click here to add an address [Add](#)

Address Type: Business [Edit Delete](#)

Street Address: 12 b

City: boston State: MA Zip: 12345

Phone: 213-321-1234

Fax:

Website:

The available buttons and links on this screen are:

- 'Add' – to add a new address
- 'Edit' – to edit an existing address
- 'Delete' – to delete an existing address

Add an Address

When the user selects the 'Add' button, the following screen will be displayed:

Add Address Information

Address Type: * --- Select Address Type ---

Street Address: * --- Select Address Type ---

City: *

State: * --- Select State ---

Zip: *

Phone: (XXX-XXX-XXXX): * Extension: *

Fax: (XXX-XXX-XXXX): *

Website:

[Cancel](#) [Reset](#) [Save](#)

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The available buttons on this screen are:

- ‘Cancel’ – returns to the ‘Modify Address Information’ page without saving the record.
- ‘Reset’ – clears all data that was entered.
- ‘Save’ – saves the information that was entered and returns to the ‘Modify Address Information’ page.

Note, the system will only allow one address per Address Type (i.e., only one Business Address is allowed).

Edit an Address

When the ‘Edit’ link is selected, the following screen will be displayed:

The screenshot shows a web form titled "Modify Address Information > Edit Address Information". The form is titled "Edit Address Information" and contains the following fields:

- Address Type: *** (Dropdown menu): Business (selected), Mailing, Payment, Service Directory Listing
- Street Address: *** (Text input field)
- City: *** (Text input field): boston
- State: *** (Dropdown menu): Massachusetts
- Zip: *** (Text input field): 12345
- Phone: (XXX-XXX-XXXX): *** (Text input field): 213-321-1234
- Extension:** (Text input field)
- Fax: (XXX-XXX-XXXX):** (Text input field)
- Website:** (Text input field)

At the bottom of the form are two buttons: "Cancel" and "Save".

The available buttons on this screen are:

- ‘Cancel’ – returns to the ‘Modify Address Information’ page without saving the record.
- ‘Save’ – saves the information that was entered and returns to the ‘Modify Address Information’ page.

Delete an Address

When the 'Delete' link is selected, the following screen will be displayed:

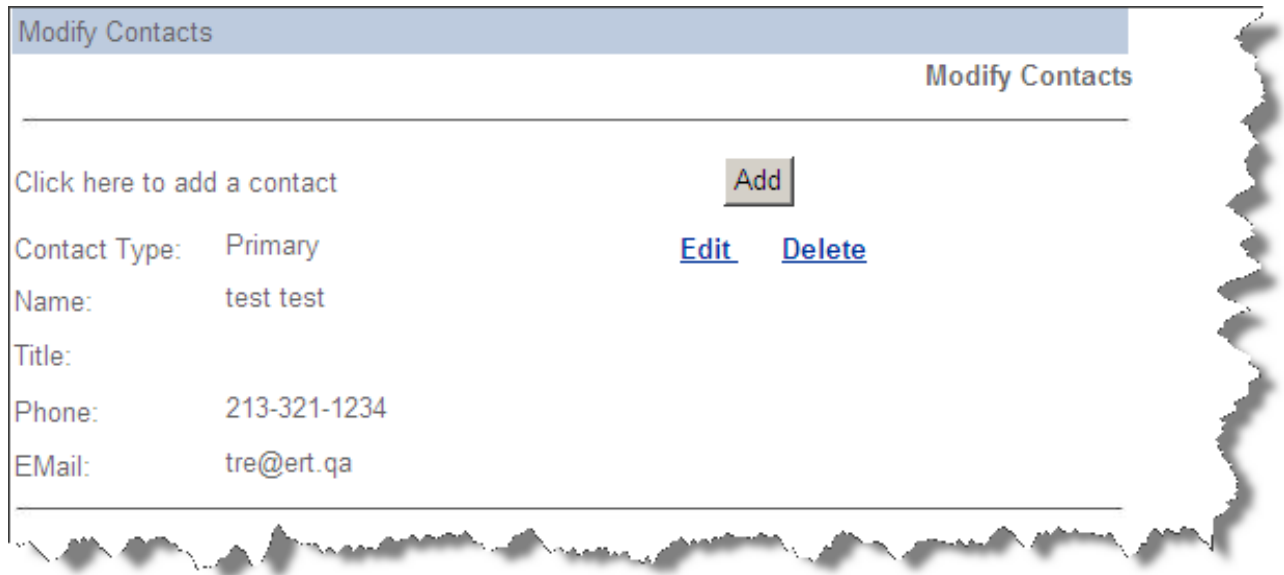
| Delete Address Information | | | | | |
|--------------------------------------|---------------------------|--------|----|------|-------|
| Address Type: | Service Directory Listing | | | | |
| Street Address: | 25 Cardinal St | | | | |
| City: | Boston | State: | MA | Zip: | 02118 |
| Phone: | 857-123-1234 | | | | |
| Fax: | | | | | |
| Website: | www.metrst.org | | | | |
| <div>Cancel</div> <div>Confirm</div> | | | | | |

The available buttons on this screen are:

- 'Cancel' – returns to the 'Modify Address Information' page without deleting the address.
- 'Confirm' – deletes the address and returns the user to the 'Modify Address Information' page.

Modify Contacts

The following screen is displayed when the user selects the 'Modify Contacts' link:



The screenshot shows a web form titled 'Modify Contacts' in a blue header bar. Below the header, the title 'Modify Contacts' is repeated in a smaller font. The form contains the following elements:


- A link: 'Click here to add a contact'
- An 'Add' button (a small grey rectangle with the word 'Add' in black text)
- Form fields and labels:
 - 'Contact Type:' with the value 'Primary'
 - 'Name:' with the value 'test test'
 - 'Title:' (empty)
 - 'Phone:' with the value '213-321-1234'
 - 'EMail:' with the value 'tre@ert.qa'
- Action links: '[Edit](#)' and '[Delete](#)' (both in blue text)

The process for modifying contacts is essentially the same as describe above for modifying addresses including the same action buttons and links:

- 'Add' – to add a new contact
- 'Edit' – to edit an existing contact
- 'Delete' to delete an existing contact

View Services

When the 'View Services' link is selected, the following screen is displayed:



View Services

View Services

EOHHS Agency: Dept of Developmental Services

Existing Services are

| Program | Service | Start Date | |
|--------------------------|--|------------|----------------------|
| Autism Spectrum Services | Expanded Habilitation Services - Education-Therapist-Agency | 06-16-2010 | View |
| Autism Spectrum Services | Family Training | 06-16-2010 | View |
| Autism Spectrum Services | Expanded Habilitation Services - Education-Senior Therapist-Agency | 06-16-2010 | View |
| Autism Spectrum Services | Homemaker | 06-17-2010 | View |
| Adults Services | Chore - SD | 06-17-2010 | View |
| Adults Services | Community/Residential Peer Supports - SD | 06-17-2010 | View |

Previous

The available buttons and links on this screen are:

- 'Previous' – to return to the 'PDM4 Home' page
- 'View' – to view the Program/Service details

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Clicking on a Program/Services ‘View’ link will cause the following screen to be displayed:

[View Service](#)

| | |
|---|--|
| EOHHS Agency: | Dept of Developmental Services |
| Program Name: | Adults Services |
| Service Name: | Community/Residential Peer Supports - SD |
| Preferred Start Date (MM-DD-YYYY): * | <input type="text" value="06-17-2010"/> |
| Preferred End Date (MM-DD-YYYY): | <input type="text"/> |

| | |
|--|--|
| Select the Requirement set for which you are qualified. * | Required Document Set |
| <input checked="" type="radio"/> 1. Effectively communicate in the language and communication style of the individual or family 2. Have experience in promoting independence and in family leadership, self-advocacy and skills training and independence. 3. Meet all relevant state and federal licensure of certification requirements in their discipline. This applies to all mental health professionals such as Family therapists, Rehabilitation counselors, and Social Workers. 4. Meet all relevant state and federal licensure of certification requirements in their discipline. | 1. License applicable to discipline certification requirements |

Select the language(s) (other than English) in which you would like to provide the service: *

Select the City/Town(s) in which you would like to provide the above service: *

The available button on this screen is:

- Preview – to return to the previous screen

Note, information displayed here is read-only.

Modify Services

When the 'Modify Services' link is selected, the following screen is displayed:

Modify Services

Modify Services

[Click here to add Services](#)

EOHHS Agency: Dept of Developmental Services

Existing Services are

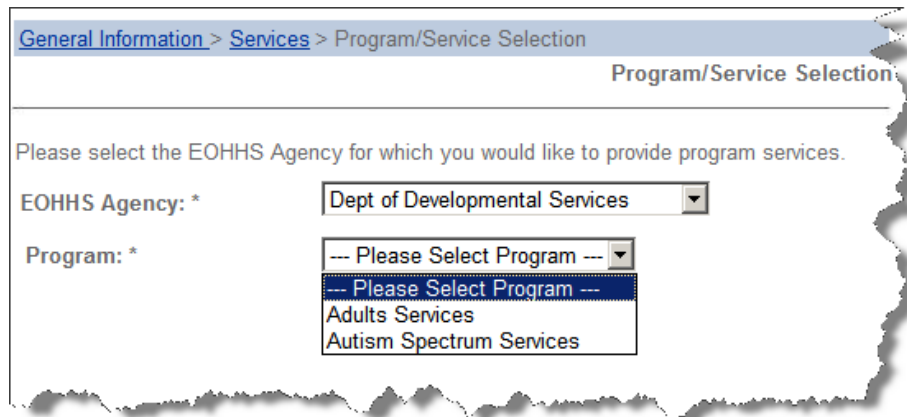
| Program | Service | Start Date | Edit | View |
|--------------------------|--|------------|----------------------|----------------------|
| Adults Services | Group or Center-based Day (CBDS) | 06-17-2010 | Edit | View |
| Adults Services | Center-based work | 06-17-2010 | Edit | View |
| Autism Spectrum Services | Expanded Habilitation Services - Education-Therapist-Agency | 06-16-2010 | Edit | View |
| Autism Spectrum Services | Family Training | 06-16-2010 | Edit | View |
| Autism Spectrum Services | Expanded Habilitation Services - Education-Senior Therapist-Agency | 06-16-2010 | Edit | View |
| Autism Spectrum Services | Homemaker | 06-17-2010 | Edit | View |
| Adults Services | Chore - SD | 06-17-2010 | Edit | View |
| Adults Services | Community/Residential Peer Supports - SD | 06-17-2010 | Edit | View |

The available buttons and links on this screen are:

- 'Add Services' – to add new Program/Services
- 'Edit' – to make changes to an existing Program/Service
- 'View' – to view an existing Program/Service
- 'Previous' – to return to the 'PDM4 Home' page

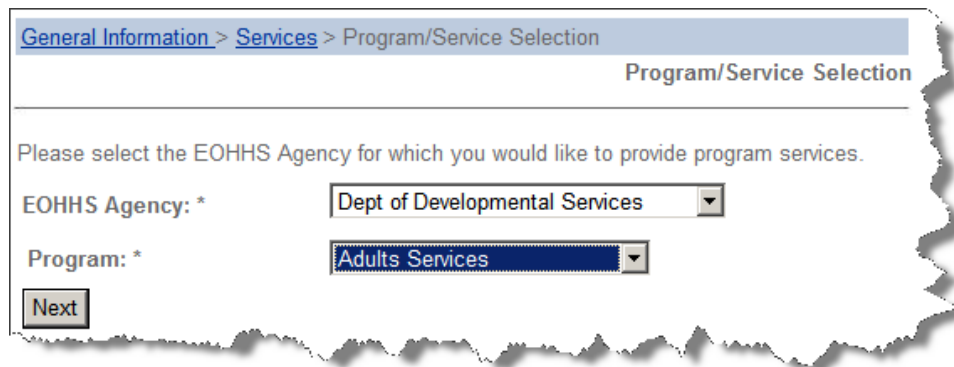
Add Services

When the user selects the 'Add Service' button from the 'Modify Services' screen, they are directed to the 'Program/Service Selection' page:



The screenshot shows a web application interface for 'Program/Service Selection'. At the top, there is a breadcrumb trail: [General Information](#) > [Services](#) > Program/Service Selection. Below this, the page title 'Program/Service Selection' is displayed. A message reads: 'Please select the EOHHS Agency for which you would like to provide program services.' There are two dropdown menus. The first, labeled 'EOHHS Agency: *', has 'Dept of Developmental Services' selected. The second, labeled 'Program: *', has '-- Please Select Program --' selected, and its dropdown menu is open, showing options: '-- Please Select Program --', 'Adults Services', and 'Autism Spectrum Services'.

After selecting the EOHHS Agency and Program, the 'Next' button will appear on the page and should be clicked.



This screenshot shows the same 'Program/Service Selection' page, but with different selections. The 'EOHHS Agency: *' dropdown remains 'Dept of Developmental Services'. The 'Program: *' dropdown now has 'Adults Services' selected. A 'Next' button has appeared at the bottom left of the form area.

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The 'Service Selection' page will then appear:

Service Selection

Adults Services

- ☒ Individualized Home Supports
- ☐ Live-In Caregiver
- ☐ Supported Employment
- ☐ Day Habilitation Supplement
- ☐ Adult Companion
- ☐ Chore Services
- ☐ Individualized Day Supports
- ☐ Vehicle Modifications
- ☐ Individualized Goods and Services
- ☐ Stabilization
- ☐ Transportation
- ☐ Assistive Technology
- ☐ Specialized Medical Equipment and Supplies
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☒ Self Directed 24hr Supports
- ☐ Respite
- ☐ Behavioral Supports and Consultation
- ☒ Home Modifications and Adaptations
- ☐ Peer Support and Family Training
- ☐ Transitional Services
- ☐ Speech Therapy
- ☐ Home Maker
- ☐ Community-Based Day Supports
- ☒ Assistive Technology

Preferred Start Date (MM-DD-YYYY): *

Previous

sachusetts R4.0b2.0

The user must supply the following information:

- Click the boxes next to the new services that will be offered. Note, any services that are already being provided will appear at the bottom of the list and can not be accessed from this screen
- Enter the 'Preferred Start Date'. The date entered must be greater than today and within one year of request date.

The available buttons on this page are:

- 'Previous' – returns to the 'Program/Service Selection' page.
- 'Next' – advances to the 'Modify Services' page

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When the user clicks ‘Next’, the user will be returned to the ‘Modify Services’ screen. The new services that were just added will be included on a separate section of the screen labeled: “*The following requested Services require additional Information*” (See below).

Modify Services

Click here to add Services
Add Service

EOHHS Agency: Dept of Developmental Services

Existing Services are

| Program | Service | Start Date | Edit | View |
|--------------------------|--|------------|----------------------|----------------------|
| Adults Services | Homemaker - SD | 07-26-2010 | Edit | View |
| Adults Services | Chore - SD | 08-16-2010 | Edit | View |
| Adults Services | Self-directed Residential Supports - SD | 08-16-2010 | Edit | View |
| Adults Services | Transitional Services - SD | 08-16-2010 | Edit | View |
| Adults Services | Adult Companion - SD | 08-02-2010 | Edit | View |
| Adults Services | Individual Day Supports - SD | 08-02-2010 | Edit | View |
| Adults Services | Individual Goods and Services - SD | 08-02-2010 | Edit | View |
| Adults Services | Individual Support and Community Habilitation - SD | 08-02-2010 | Edit | View |
| Adults Services | Individual Home Supports - SD | 08-02-2010 | Edit | View |
| Adults Services | Respite - Adult - In recipient's home - SD | 08-02-2010 | Edit | View |
| Adults Services | Respite - Adult - in caregiver's home - SD | 08-02-2010 | Edit | View |
| Adults Services | Supported Employment - SD | 08-02-2010 | Edit | View |
| Adults Services | CIES - Competitive Employment - SD | 08-02-2010 | Edit | View |
| Adults Services | Transportation - SD | 08-02-2010 | Edit | View |
| Adults Services | Behavioral Supports and Consultation - SD | 08-02-2010 | Edit | View |
| Autism Spectrum Services | Family Training | 08-02-2010 | Edit | View |
| Autism Spectrum Services | Homemaker | 08-02-2010 | Edit | View |
| Autism Spectrum Services | Respite | 08-02-2010 | Edit | View |
| Autism Spectrum Services | Habilitation - Community Integration | 08-02-2010 | Edit | View |

The following requested Services do not require additional Information

| Program | Service | Start Date | Edit | Remove |
|-----------------|------------------------------------|------------|----------------------|------------------------|
| Adults Services | Specialized Medical Equipment - SD | 07-26-2010 | Edit | Remove |

Previous


The following links will appear next to any new service that has been added:

- ‘Complete’ – to supply additional information regarding the new service
- ‘Remove’ – to delete the new service request

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Complete Service

When the user selects 'Complete', the following screen will be displayed:

| <ul style="list-style-type: none">■ Home■ Provider Data Management<ul style="list-style-type: none">■ Manage General Information■ Modify Identification Information■ Modify Address Information■ Modify Contacts■ Manage Services<ul style="list-style-type: none">■ View Services■ Modify Services■ Modify Service Directory■ Exit | <div style="text-align: right;">Edit Service</div> <hr/> <div>EOHHS Agency: Dept of Developmental Services</div> <div>Program Name: Adults Services</div> <div>Service Name: Group or Center-based Day (CBDS)</div> <div>Preferred Start Date (MM-DD-YYYY): * <input type="text" value="06-17-2010"/></div> <div>Preferred End Date (MM-DD-YYYY): <input type="text"/> </div> <table border="1" style="width: 100%;"><thead><tr><th style="width: 50%;">Select the Requirement set for which you are qualified. *</th><th style="width: 50%;">Required Document Set</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team.</td><td>1. Copy of Diploma or GED or documentation of equivalencies or relevant competencies 2. Names and Contact information of two references</td></tr></tbody></table> <div>Select the language(s) (other than English) in which you would like to provide the service: * <div style="border: 1px solid black; padding: 2px;"><div>English</div><div>-- Other languages Available --</div><div>Albanian</div><div>American Sign Language</div></div></div> <div>Select the City/Town(s) in which you would like to provide the above service: * <div style="border: 1px solid black; padding: 2px;"><div>Acton</div><div>-- Other City/Town(s) Available --</div><div>Abington</div><div>Acushnet</div></div></div> <div>Is this provider actively providing this service to any consumers? * <input type="text" value="Select One"/></div> <div>Does the service end date fall with in the service end date on the plan or contract end date? * <input type="text" value="Select One"/></div> <div>Reason for changing the service * <input type="text"/></div> <div>Is transition in place for the requested service change * <input type="text" value="Select One"/></div> <div>Comments <input type="text"/></div> <div style="text-align: center; margin-top: 10px;"><input type="button" value="Cancel"/> <input type="button" value="Submit"/></div> | Select the Requirement set for which you are qualified. * | Required Document Set | <input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team. | 1. Copy of Diploma or GED or documentation of equivalencies or relevant competencies 2. Names and Contact information of two references |
|--|---|---|-----------------------|--|--|
| Select the Requirement set for which you are qualified. * | Required Document Set | | | | |
| <input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team. | 1. Copy of Diploma or GED or documentation of equivalencies or relevant competencies 2. Names and Contact information of two references | | | | |

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The following action buttons are available on this page:

- ‘Cancel’ – returns to the ‘Modify Services’ page without saving any data entry.
- ‘Submit’ – sends the request to the DDS Application manager to start the review process

In order to submit the change, the user must:

- Click the radio button that appears in the Requirements Section.
- Select Language(s) under which the Service will be offered.
- Select Cities/Towns wherein the Service will be offered.

Note the information displayed in the ‘Qualification Requirements’ and ‘Required Document Set’ sections will vary depending on the Program and Service being added.

Remove Services

When the user selects 'Remove', the following page will be displayed:

| Remove Service Selection | |
|--|---|
| EOHHS Agency: Dept of Developmental Services | |
| Program Name: Adults Services | |
| Service Name: Respite | |
| Start Date: 06-16-2010 | |
| End Date: | |
| Select the Requirement set for which you are qualified. * | Required Document Set |
| <input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team. | 1. Copy of Diploma or GED 2. Names and Contact information of two references |
| Select the language(s) (other than English) in which you would like to provide the service: * | <input type="text" value="English"/> |
| Select the City/Town(s) in which you would like to provide the above service: * | <input type="text" value="Abington"/> |
| <input type="button" value="Cancel"/> | <input type="button" value="Confirm"/> |


The available buttons on this page are:

- 'Cancel' – returns to the 'Modify Services' page without removing the service.
- 'Confirm' – removes the service from the application and returns to the 'Modify Services' page.

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Edit Services

When the user clicks an 'Edit' link, the following screen will be displayed::

| <ul style="list-style-type: none">■ Home■ Provider Data Management<ul style="list-style-type: none">■ Manage General Information■ Modify Identification Information■ Modify Address Information■ Modify Contacts■ Manage Services<ul style="list-style-type: none">■ View Services■ Modify Services■ Modify Service Directory■ Exit | <div style="text-align: right;">Edit Service</div> <hr/> <p>EOHHS Agency: Dept of Developmental Services</p> <p>Program Name: Adults Services</p> <p>Service Name: Group or Center-based Day (CBDS)</p> <p>Preferred Start Date (MM-DD-YYYY): * <input type="text" value="06-17-2010"/></p> <p>Preferred End Date (MM-DD-YYYY): <input type="text"/> </p> <table border="1" style="width: 100%;"><thead><tr><th>Select the Requirement set for which you are qualified. *</th><th>Required Document Set</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team.</td><td>1.Copy of Diploma or GED or documentation of equivalencies or relevant competencies 2. Names and Contact information of two references</td></tr></tbody></table> <p>Select the language(s) (other than English) in which you would like to provide the service: *</p> <div><div>English</div><div>-- Other languages Available --</div><div>Albanian</div><div>American Sign Language</div></div> <p>Select the City/Town(s) in which you would like to provide the above service: *</p> <div><div>Acton</div><div>-- Other City/Town(s) Available --</div><div>Abington</div><div>Acushnet</div></div> <p>Is this provider actively providing this service to any consumers? *</p> <div>Select One</div> <p>Does the service end date fall with in the service end date on the plan or contract end date? *</p> <div>Select One</div> <p>Reason for changing the service *</p> <div></div> <p>Is transition in place for the requested service change *</p> <div>Select One</div> <p>Comments</p> <div></div> <div style="text-align: center;"><div>Cancel</div><div>Submit</div></div> | Select the Requirement set for which you are qualified. * | Required Document Set | <input checked="" type="radio"/> Staff members shall: 1. Be 18 years of age or older. 2. Respect and accept different values, nationalities, races, religions, cultures, and standards of living. 3. Maintain confidentiality and privacy of individual. 4. Be knowledgeable about how to report abuse and neglect. 5. Be knowledgeable about what to do in an emergency 6. Have the ability to communicate effectively in the language and communication style of the individual to whom they provide services. 7. Specific competencies needed to meet the support needs of the participant will be delineated in the Support Plan by the Team. | 1.Copy of Diploma or GED or documentation of equivalencies or relevant competencies 2. Names and Contact information of two references |
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The following fields (which were included in the application) may be modified:

- Preferred Start Date
- Preferred End Date
- Language set – add or delete languages in which the Service is offered
- City/Towns - -add or delete City/Towns in which the Service is offered

The following three ‘Service Modification’ questions must be answered:

- Is the provider actively providing this service to any consumer?
- Does the service end date fall with in the service end date on the plan or contact end date?
- Is transition in place for the requested service change?

The following two additional test fields are also displayed on this page:

- Reason for changing the service (required)..
- Comments – for recording any supporting statements for the change to Service (optional).

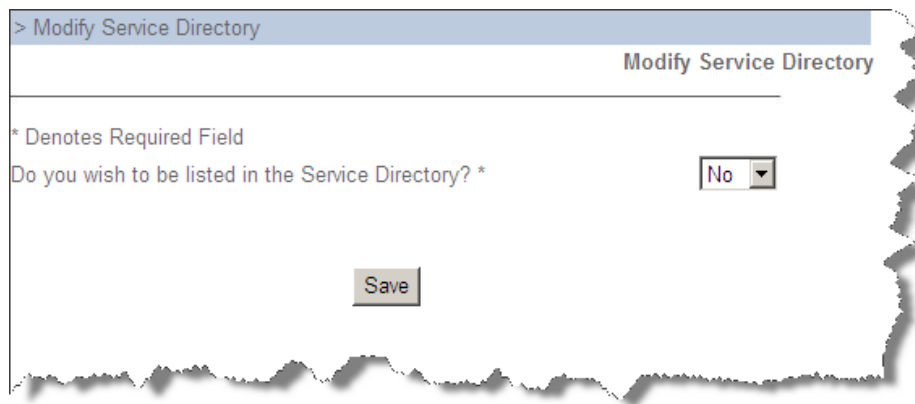
The available buttons on this screen are:

- ‘Cancel’ – cancels the screen and returns to the ‘Modify Services’ screen.
- ‘Submit’ – sends the Qualified Provider’s application to the DDS Application manager to start the review process.

Modify Service Directory

When the 'Modify Service Directory' link is selected and the provider is currently being listed in the Service Directory, a screen listing the current information displayed in the Service Directory will appear. In order to modify the Contact or Address Information being displayed in the Service Directory or to discontinue being listed in the Service Directory, the user should click the 'Edit' button that appears on the bottom of the screen.

The following screen will then appear:



> Modify Service Directory

Modify Service Directory

* Denotes Required Field

Do you wish to be listed in the Service Directory? *

No

Save

This screen also appears when the 'Modify Service Directory' link is selected and the provider is not currently listed in the Service Directory,

If the Qualified Provider selects 'No' and clicks the 'Save' button, then they no longer will be listed in the Service Directory. If the Qualified Provider selects 'Yes', the following screen will appear:

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| Manage Services > Modify Service Directory | |
|--|--|
| Modify Service Directory | |
| The following information will be displayed as you answered 'Yes' to be listed in the Service Directory: | |
| Name: | Leonard H McCoy |
| Address: | 25 Cardinal St Boston |
| Phone: | 617-234-1500 |
| Fax: | |
| EMail: | lmc@gmail.com |
| Website: | www.metrst.org |
| Program(s) and Service(s) | |
| Program: | Service: |
| Adults Services | Homemaker - SD |
| Adults Services | Specialized Medical Equipment - SD |
| Adults Services | Chore - SD |
| Adults Services | Self-directed Residential Supports - SD |
| Adults Services | Transitional Services - SD |
| Adults Services | Adult Companion - SD |
| Adults Services | Individual Day Supports - SD |
| Adults Services | Individual Goods and Services - SD |
| Adults Services | Individual Support and Community Habilitation - SD |
| Adults Services | Individual Home Supports - SD |
| Adults Services | Respite - Adult - In recipient's home - SD |
| Adults Services | Respite - Adult - in caregiver's home - SD |
| Adults Services | Supported Employment - SD |
| Adults Services | CIES - Competitive Employment - SD |
| Adults Services | Transportation - SD |
| Adults Services | Behavioral Supports and Consultation - SD |
| Autism Spectrum Services | Family Training |
| Autism Spectrum Services | Homemaker |
| Autism Spectrum Services | Respite |
| Autism Spectrum Services | Habilitation - Community Integration |
| Language(s): | English, Creole Haitian, Creole French, Portugese, Creole Portugese, Cape Verdean, Sign Language - Other, Chinese, Mandarin, Chinese, Cantonese, Khmer/Cambodian |
| City/Town(s): | Acushnet, Weston, Acton, Boston, Assonet, Cambridge, New Bedford, Brockton, Plymouth, Norwood, Uxbridge, Adams, Concord, Carlisle, Wrentham, Mattapan, Arlington Heights, Ashburnham, Abington |
| Edit | |

This screen will allow the Qualified Provider to choose the contact and address information that will be displayed in the Service Directory. Once this is done, the 'Save' button should be clicked. The information that was just entered will now appear in the Service Directory and the 'Save' button on the 'Service Directory' page will be replaced by an 'Edit' button.