**Agency Information**

Agency Name: Click here to enter text.

Agency Address: Click here to enter text.

Executive Director: Click here to enter text.

Executive Director Email: Click here to enter text.

Agency Website: Click here to enter text.

 Federal ID #: Click here to enter text.

 Primary Contact Person: Click here to enter text.

Primary Contact Telephone: Click here to enter text.

Primary Contact Email: Click here to enter text.

Date Completed: Click here to enter a date.

**Background Information**

Agency years of Operations: Click here to enter text.

Number of Individuals served annually: Click here to enter text.

Current Services and Supports offered: Click here to enter text.

Please describe your organizations experience in providing services to individuals with Intellectual and Developmental Disabilities: Click here to enter text.

Does you agency currently utilize the College of Direct Support? [ ] Yes [ ] No

Is your organization currently licensed/certified or accredited? [ ] Yes [ ] No

If yes, please provide the following information:

|  |  |  |
| --- | --- | --- |
| **License/Certification/Accreditation**  | **Valid through** | **Issued by**  |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

**Proposed Day Habilitation Services**

Please indicate the number of programs for which your agency is applying for Provisional Certifications:

 Click here to enter text.

Location(s) identified? [ ] Yes [ ] No If yes, please indicate:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Address** | **Own or Lease** | **Certificate of Occupancy**  | **Date of Fire Inspection**  |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |

**Counties in which your organization is applying to provide Day Habilitation Services**

[ ]  Atlantic

[ ]  Bergen

[ ]  Burlington

[ ]  Camden

[ ]  Cape May

[ ]  Cumberland

[ ]  Essex

[ ]  Gloucester

[ ]  Hudson

[ ]  Hunterdon

[ ]  Mercer

[ ]  Middlesex

[ ]  Monmouth

[ ]  Morris

[ ]  Ocean

[ ]  Passaic

[ ]  Salem

[ ]  Somerset

[ ]  Sussex

[ ]  Union

[ ]  Warren

**Supporting Documents**

Please submit this application along with the following documentation:

* A Service Delivery Plan explaining how your organization intends to provide services
* Activity Calendar which describes a selection of planned activities
* Admission Policies and Procedures, which at minimum, shall include the following:
	+ - Pre-admission process – in person meeting, tour of services, documentation, physical exam…
		- Criteria for acceptance – diagnosis/disability type, tier…
		- Appeal process
		- Admission process – determining start date, submission of referral packet…
		- Waiting list Program rules and expectations, rights and responsibilities
* Suspension Policies and Procedures, which at minimum, include the following:
	+ - Reasons for suspension – must be explained and signed off by individual
		- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
		- Return to services
		- Appeal process
* Discharge Policies and Procedures Policies, which at minimum, include the following:
	+ - Reasons for discharge – must be explained and signed off by individual
		- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
		- Appeal process
* Personnel Policies which including but not limited to:
	+ Table of Organization
	+ Staff Education & Experience Requirements
	+ Job Descriptions
	+ Background Checks (Initial and Ongoing)
	+ Staff Training Requirements and Practices
* Emergency Plans and Procedures
* Transportation Policies and Procedures, which include but are not limited to the following elements:
* Emergency/Accident Procedures
* Pick Up/Drop off Procedure
* Suspension
* Cancellations

**Application Submission**

Application and supporting documentation should be emailed to:

DDD.ProvisionalDayHabilitationCertification@dhs.state.nj.us

**Questions regarding this process should contact:**

Provider Performance and Monitoring

Division of Developmental Disabilities

Email: DDD.ProvisionalDayHabilitationCertification@dhs.state.nj.us

**Helpful Web Site Addresses**

**Day Habilitation Certification Process**

<http://www.state.nj.us/humanservices/ddd/services/day/day_habilitation_certification.html>

**Division Circulars**

<http://www.state.nj.us/humanservices/ddd/news/publications/divisioncirculars.html>

**Support Program Policies and Procedures Manual (draft)**

<http://www.nj.gov/humanservices/ddd/documents/supports_program_policy_manual.pdf>

**Becoming a Medicaid Provider/Medicaid Claims**

<http://www.state.nj.us/humanservices/ddd/documents/ffs_faqs_becoming_a_medicaid_provider.pdf>

**Fee For Service**

<http://www.state.nj.us/humanservices/ddd/programs/ffs_implementation.html>