# DEPARTMENT OF DEVELOPMENTAL SERVICES INDIVIDUAL PRACTITIONER QUALIFIED PROVIDER APPLICATION PROCESS

### **Individual Qualified Provider Checklist**

As	surance Documents
	Assurance Agreement. Select applicable document for:
	Clinical Behavioral Consultant Assurance Agreement or
	Healthcare Coordination Assurance Agreement)
	Provider Agreement ( <u>Provider Agreement</u> )
	False Claims Act Acknowledgement of Receipt (False Claims)
	Confidentiality and HIPAA Assurance Agreement (Confidentiality and HIPAA Assurance Agreement)
<u>Co</u>	rporate Documents (if applicable)
	A copy of the incorporation papers
	List of any other people with ownership share in the corporation
Inc	lividual Practitioner Documentation:
	A letter of intent describing the services you intend to provide
	Resume or Curriculum Vita Resume should highlight the individual's entire professional experience and the qualifications that directly impact their ability to provide the desired service.
	University diploma
	A copy of current professional clinical license or certificate (if applicable).
	Three current letters of reference that clearly identifies who the reference is for and the name, phone number and address of the individual supplying the reference. At least one reference should be from a clinician familiar with the applicant's professional work and that references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant. The reference letters should be specifically related to the application of becoming a DDS qualified provider.
	A certificate of insurance or certificate of insurability demonstrating professional liability insurance of a minimum of \$500,000 per occurrence and \$1.5 million in aggregate. You are required to provide documentation of such coverage annually and upon request.

#### **Clinical Behavioral Consultant only**

Letter of Intent or email: Provide whether applying for PBS, ABA or both.

#### Positive Behavior Supports Requirements: Includes one or more of the following:

- Board Certified Behavior Analyst (BCBA) or
- Doctoral Degree and current licensure in psychology or
- Master's degree in psychology, special education, social work or a related field (Proof of licensure for Licensed Clinical Social Worker, Marriage and Family Therapist or Professional Counselor).

	Must include two (2) behavioral support plans that were implemented within the last year
	The information in the work samples should be redacted (e.g., removal of identifying
	names and date of birth) and be specific to individuals with developmental disabilities.

#### **Applied Behavior Analysis Requirements: Includes one or more of the following:**

- Board Certified Behavior Analyst (BCBA) or
- Doctoral Degree and current licensure in psychology or
- Master's degree in special education and current teacher certification

No work samples are required to be submitted.

## Clinicians with one or more of the following qualifications may be considered for qualification for ABA services, upon further review of education and training:

- Master's degree and current licensure in social work or
- Master's degree and current certification as a school counselor or
- Master's degree and current licensure as a Professional Counselor or
- Master's degree and current licensure as a Marriage and Family Therapist