**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](mailto: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](mailto: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>