**MO HealthNet and Department of Mental Health-Division of Developmental Disabilities**

Application for Developmental Disabilities (DD) Health Home Service Provider Designation

2023

The DD Health Home is intended for individuals statewide served through the Division of DD, who have a qualifying chronic health condition, and a healthcare level indicating increased health-related risks or destabilization. The DD Health Home will provide care coordination for enrollees while integrating care management of chronic conditions and other identified health risks for population health management.

Updated 11/21/2023

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**Section 1: Introduction and Procurement Requirements**

1. **Missouri Developmental Disabilities (DD) Health Home Overview**

The Missouri Department of Social Services (DSS) and the Missouri Department of Mental Health (DMH) seek Division of DD Targeted Case Management (TCM) and accredited or certified DD Home and Community-Based Service (HCBS) waiver providers to serve as DD Health Homes for Medicaid participants. The DD Health Home is an alternative approach to the delivery of healthcare services that ensures better participant experience and results than traditional care. The DD Health Home is customized to meet the specific needs of individuals with intellectual and developmental disabilities (IDD) who have chronic medical conditions.

The recognized DD TCM and DD HCBS waiver provider is expected to evolve as a DD Health Home. To assist in transforming their practices, consistent with DD Health Home principles, DD TCM and DD HCBS waiver providers will be required to participate in a learning collaborative established by DMH.

DD Health Home services are available to the eligible population and cannot be restricted by age.

DMH has developed Missouri DMH standards for DD Health Home designation.

DD TCM and DD HCBS waiver providers that meet the DD Health Home requirements will receive a per member per month (PMPM) payment for performing required DD Health Home services.

1. **DD Health Home Qualifications**

In order to be recognized as a DD Health Home, a provider must, at a minimum, be enrolled in good standing as a DD TCM or accredited/certified DD HCBS waiver provider as of the date of application submission, and meet the following criteria:

* Must be enrolled in Missouri’s Medicaid program and agree to comply with all Medicaid program requirements;
* DD Health Home providers can either directly provide, or subcontract for the provision of DD Health Home services. The DD Health Home remains responsible for all DD Health Home program requirements, including services performed by the contractor;
* Have strong, engaged leadership personally committed to and capable of leading the practice through the transformation process and sustaining transformed practices processes as demonstrated through the application process and agreement to participate in learning activities including in-person sessions and regularly scheduled phone calls; and that provider leadership in collaboration with the state have presented the state-developed PowerPoint Introduction to Missouri’s DD HH initiative (**this PowerPoint is in development**) to provider staff and board of directors;
* Meet the state’s minimum access requirements as follows: Prior to implementation of DD HH service coverage, provide assurance of enhanced individual access to the health team, including the development of alternatives to face-to-face visits, such as telephone or email, 24 hours per day 7 days per week;
* Actively use MHD and DMH information technology (IT) systems to conduct care coordination and prescription monitoring for Medicaid individuals;
* Utilize the department’s identified system to input annual metabolic screening results, track and measure care of individuals, automate care reminders, produce care planning reports, and other items as required by the department;
* Routinely use an electronic health management tool to determine individualized health risks (i.e.: Health Risk Screening Tool (HRST));
* Routinely use an electronic health management tool to determine problematic prescribing patterns;
* Conduct wellness interventions as indicated based on the individual’s level of risk;
* Agree to convene regular, ongoing, and documented internal DD HH team meetings to plan and implement goals and objectives of ongoing practice transformation;
* Agree to participate in CMS and state-required evaluation activities;
* Agree to develop required reports describing DD HH activities, efforts and progress in implementing DD HH services;
* Maintain compliance with the terms and conditions as a DD HH provider or face termination as a provider of DD HH services;
* Present a proposed DD HH service delivery model the department determines will have a reasonable likelihood of being cost-effective. Cost effectiveness will be determined based on the size of the proposed DD HH, Medicaid caseload, percentage of caseload with eligible chronic conditions of individuals and other factors to be determined by DMH.

1. **Ongoing Provider Qualifications**

Providers will also be expected to:

* Continue to have strong, engaged leadership personally committed to and capable of leading the DD Health Home through the transformation process and sustaining transformed DD Health Home processes as evidenced by successful participation in the leadership training and learning collaboratives developed for DD Health Home;
* Coordinate care and build relationships with regional hospital(s) or hospital system(s) to develop a structure for transitional care planning, including communication of inpatient admissions of Health Home individuals, and maintain a mutual awareness and collaboration to identify individuals seeking emergency department services who might benefit from connection with a Health Home, and encourage hospital staff to notify the area Health Home staff of such opportunities;
* Develop quality improvement plans to address gaps and opportunities for improvement identified during and after the application process;
* Demonstrate development of fundamental Health Home functionality through an assessment process to be applied by DMH;
* Demonstrate significant improvement on clinical indicators specified by and reported to DMH;
* Submit data reports as required by DSS and/or DMH;
* Provide DD Health Home services that demonstrate overall cost effectiveness;
* Participate in technical assistance conference calls and webinars as requested by DSS and/or DMH; and
* Meet standards as determined by DMH.

**Section 2: Scope of Services**

DD Health Home providers will work individually, and in some cases with one another collectively, to continually evolve as DD Health Homes by fulfilling the responsibilities delineated in this section.  ***Failure to meet these requirements will be cause for suspension of DD Health Home payments, suspension of new enrollees, and/or loss of DD Health Home provider designation.***

This section describes the activities providers will be required to engage in and the responsibilities they will fulfill if recognized as a DD Health Home provider. Provider activities, roles and responsibilities are further delineated in the DD Health Home Provider Operations Manual.

DD Health Home status is also subject to change should the Centers for Medicare and Medicaid Services (CMS), DSS, or DMH action cause the elimination of the DD Health Home.

1. **DD Health Home Services**

The DD Health Home Team shall provide the following six health home services to all members of the DD Health Home:

1. **Comprehensive Care Management.** Initial and ongoing assessment and management of health care and community services;
2. **Care Coordination.** Assist individuals with implementing and meeting their healthcare goals and coordinating care with multiple providers;
3. **Health Promotion.** Education and individual engagement in health care decisions to promote maximum independent living skills;
4. **Comprehensive Transitional Care.** Support individual and family when individual is transitioning between levels of care or a new provider;
5. **Individual and Family Support.** Coordinate information and services to support the individual to maintain and promote quality of life with a focus on community living;
6. **Referral to Community and Social Supports.** Provide information and assistance to refer individuals to community-based resources to meet needs identified in the service plan.
7. **DD Health Home Staffing**

DD TCM and DD HCBS Waiver providers enrolling as DD Health Home providers will establish a DD Health Home Care Team. Care team members will be expected to log their DD Health Home activities as determined by DMH.

1. **DD Health Home Care Team**
   1. **DD Health Home Director.** Oversees the implementation and coordination of DD Health Home activities, provides oversight to Nurse Care Managers, and oversight of monitoring for care management gaps via population health.
      1. The required credentials for the DD Home Health Director are Registered Nurse (RN) with a 4-year degree who has a current Missouri or compact RN license and recognized by the Missouri State Board of Nursing as a RN, or a bachelor’s level or higher degreed professional within the human services field (social work, psychology, counseling, etc.) and considerable experience.
      2. Experience in the IDD field is preferred but not required.
      3. The DD HH Director and Facilitators may not exceed the maximum 1 FTE: 500 individuals served ratio. This includes staff filling these roles on a part-time basis. Part-time maximum caseload size is determined by pro rating based on the 1 FTE: 500 caseload standard.
   2. **Nurse Care Manager (NCM).** Assist in managing the individual’s full array of physical health care needs, in addition to behavioral health care needs, taking a “whole person” approach.
      1. RNs and Licensed Practical Nurses (LPN) are qualified as NCMs.
      2. Experience in the IDD field is preferred but not required.
      3. One RN NCM must be on the DD Health Home Team.
      4. One full-time NCM shall support a minimum of 200 individuals.
   3. **Physician Consultant** (**Advanced Practice Registered Nurse (APRN) as a substitute).** Provide medical leadership to the DD Health Home Care Team through participation in treatment planning and consultation regarding identified health conditions. See section 6.1 of the provider operations manual for information related to substitution of PC with an APRN.
      1. The required credentials for the PC are: Licensure as a physician in Missouri and board certified in family practice or internal medicine and be current in their practice.
      2. The required credentials for the APRN are: Current Missouri or compact RN license, maintain national certification in population focus and be recognized by the Missouri State Board of Nursing as an APRN.
      3. Experience in the IDD field is preferred but not required.
      4. The minimum PC (APRN as substitute) supports is one hour per individual per year.
   4. **Specialized Healthcare Consultant (SHC).** Specialized Healthcare Consultant includes one or more of the following: Behavioral Health Consultant (BHC), dietitian, occupational therapist (OT), physical therapist (PT), or speech language pathologist (SLP). The SHC focuses on managing a population of individuals versus specialty care; supports the care team and the individual in identifying and behaviorally intervening to improve and manage the individual’s physical health condition; assists with high utilizers; assist with medication adherence, DD HH goal adherence, self-management support/goal setting, and facilitate staff trainings. It also allows the DD HH to have flexibility in offering additional consultation from a variety of healthcare professionals for special populations.
      1. The required credentials for the BHC are: Missouri Licensed Behavior Analyst, Licensed Clinical Social Worker, Licensed Clinical Psychologist (Ph.D.) and/or individuals that are working towards certification and are currently in clinical supervision.
      2. The required credentials for a dietician are: Licensed in Missouri as a dietician.
      3. The required credentials for Occupational Therapist are: Certified according to RSMo 1990 334.735—334.746 as OT by American

Occupational Therapy Association (AOTA).

* + 1. The required credentials for Physical Therapist are: Licensed per RSMo

1990 334.530–334.625.

* + 1. The required credentials for Speech Language Pathologist are: Licensed Speech Language Pathologist per RSMo 1990 345.050 or certified in accordance with provisional licensing per RSMo 1998 345.022, employed and supervised by a Licensed Speech Language Pathologist.
    2. Experience in the IDD field is preferred but not required.
    3. The minimum SHC supports is one hour per individual per year.
  1. **DD Health Home Facilitator.** The DD HH Facilitator tracks individual enrollments, transfers and discharges; facilitate information exchange; track individual’s hospitalizations, discharges and ER visits; identify high utilizers; track screening completions, including the Metabolic Screening (MBS) and ensure entry of MBS data; support IT functions; and support general DD HH team operations.
     1. Qualifications for the DD HH Facilitator are an individual meeting one of the following: 18 years of age and have a High School diploma or its equivalent.
     2. DD HH Facilitators may not exceed the maximum 1 FTE: 500 individuals served ratio. This includes staff filling these roles on a part-time basis. Part-time maximum caseload size is determined by pro rating based on the 1 FTE: 500 caseload standard.
  2. **DD Health Home Individuals** – All individuals eligible and enrolled to receive DD Health Home services will have access to a NCM. Individuals shall be actively involved in managing their care planning.

1. **Internal Practice Team Meetings.** Providers shall convene regular internal DD Health Home team meetings with the DD Health Home Director, PC or APRN, and NCMs to plan and take steps to support continual DD Health Home evolution.
2. **Notification of Staffing Changes.** DD Health Homes are required to notify DMH within seven (7) business days of vacancies in the DD Health Home Director, PC, APRN, NCM, SHC, and DD Health Home Facilitator positions for the DD Health Home.
3. **Learning Collaborative.** DMH shall require practice organizations to participate in education and training activities to help implement their DD Health Home functions and activities, and to help with practice transformation. DD Health Homes will participate in a variety of centralized learning supports including but not limited to: learning collaboratives, webinars, training and technical assistance including peer led training and community resources. DD Health Home providers will be required to complete required competencies and other designated trainings assigned by DMH in order to retain their status as a designated DD Health Home Provider. Further learning collaborative descriptions shall be found in the DD Health Home Provider Operations Manual.
4. **Department’s Identified System**. DD Health Homes shall utilize the department’s identified system approved by the Division of DD. The department’s identified system is a system for tracking information the Division of DD deems critical in the management of the health of a DD Health Home patient population, including dates of delivered and needed services, laboratory values needed to track a chronic condition, and other measures of health status. The department’s identified system shall be used for:
5. Patient tracking;
6. Patient risk stratification;
7. Analysis of patient population health status and individual patient needs, and
8. Required reporting.
9. **Data Reporting.**  Providers shall submit to DMH reports specified in section 19 of the provider operations manual.
10. **Demonstrated Evidence of DD Health Home Transformation.**

Providers are required to demonstrate evidence of DD Health Home transformation on an ongoing basis using measures and standards established by DSS and DMH, and communicated to the DD Health Home. As of the publication date of this application, DMH defines evidence of DD Health Home transformation as follows:

1. Demonstrates development of fundamental DD Health Home functionality at twelve (12) months based on a designation process; and
2. Demonstrates significant improvement on clinical indicators specified by and reported to DMH.
3. **Participation in Designation.**

Providers shall participate in the designation process. Participation may entail responding to surveys and requests for interviews with DD Health Home staff and individuals. Providers shall provide all requested information to the evaluator within the specified timeline.

**Section 3: DD Health Home Payment**

Subject to all required federal approvals, DMH will develop a Per Member Per Month (PMPM) rate for designated DD Health Home providers.

The PMPM payment will be based on DSS’ count of Medicaid individuals assigned to or attributed to the DD Health Home on a specific date each month. Payments shall be made for only those individuals meeting the eligibility criteria. The PMPM payment is made two months in arrears for services attested to (i.e., services attested to in January will be paid in March.)

Should experience reveal to DSS/DMH that elements of the payment methodology will not function, or are not functioning, as DSS/DMH intended, DSS/DMH reserves the right to make changes to the payment methodology after consultation with recognized DD Health Homes and receipt of any and all required federal approvals.

1. **DD Health Home Participant Eligibility and Enrollment**

Individuals eligible for Division of DD services shall meet the following criteria to be eligible for services from a designated DD Health Home:

1. Have a chronic condition of Intellectual and/or Developmental Disability; and

2. Have or be at risk of developing one of the following conditions:

1. Diabetes;
2. Asthma;
3. Cardiovascular Disease (CVD) or Hypertension;
4. Chronic Obstructive Pulmonary Disease (COPD);
5. Overweight (Body Mass Index (BMI)>25);
6. Dementia;
7. Dependent on a ventilator;
8. One of the Fatal Five Plus conditions or one or more chronic conditions that could lead to one of the following Fatal Five Plus conditions:

(I) Pulmonary Aspiration;

(II) Bowel Obstruction;

(III) Gastroesophageal Reflux Disease (GERD);

(IV) Seizures;

(V) Sepsis;

(VI) Dehydration.

1. Tobacco use;
2. Diagnosis of Autism Spectrum Disorder; or
3. Using the Health Risk Screening Tool that identifies potential risk for individuals with a Healthcare Level of 3 or greater.

*\* Developmental Disability. Adults and youth who meet the Missouri State statute definition of Developmental Disability RSMO 630.005(9). DSS/DMH will consider the addition of individuals with other chronic conditions and risk factors for Year Two.*

Individuals will be auto-assigned to the DD Health Home using a standard individual auto-assignment algorithm adopted by DSS/DMH. Recognized DD Health Home providers will be required to inform individuals of other Health Home provider options in the state after the individual is enrolled. Individuals will also be given the choice to opt-out of DD Health Home services.

**Section 4: Provider Application Requirements**

1. **Application Response Requirements**
   1. **General Application Instructions**
      1. A new Missouri DD Health Home (referred to as DD Health Home) provider applicant must complete and submit one application per organization.
         1. The application must include, if any, additional sites/locations that will be providing DD Health Home services. The application must show onsite presence of DD Health Home staff at these identified sites/locations, as the DD Health Home requires teams at each site for face-to-face (telehealth with visual option is considered face-to-face) services and team meetings.
         2. Once the organization is recognized as a DD Health Home, a DD Health Home Add Sites form must be submitted for any new sites/locations within that organization seeking to provide DD Health Home services.
   2. **General Submission Instructions**
      1. Completed applications must be submitted via email to the DMH designated mailbox at [DDHealthHome@dmh.mo.gov](mailto:DDHealthHome@dmh.mo.gov) by close of business December 15, 2023, in order for the designation process to be completed by March 2024. Applicants will receive email verification confirming receipt of the initial application. Documents can be attached to the application.
      2. Applicants must comply within established timeframes as communicated by DMH during the review process.
      3. Prospective applicants may make written inquiries concerning this application at [DDHealthHome@dmh.mo.gov](mailto:DDHealthHome@dmh.mo.gov).
   3. **Contents of the Submission**
      1. The applicant must submit, with attachments, the completed application form (Appendix A and attachments noted in miscellaneous documents of Appendix B).
      2. Providers will submit required DD Health Home policies and procedures (Appendix B).
2. **Application Evaluation Process**
   1. **Application Review and Evaluation**
      1. **Compliance with Application Instructions**
         1. All responses will be reviewed by a DMH Designation Committee to determine compliance with the response submission instructions.
         2. **Applicant Interview/Site Visit**
            1. At its discretion, DMH may elect to interview or visit some or all applicants to assess their qualifications to serve as a DD Health Home.
         3. **Evaluation Criteria for DD Health Homes** 
            1. The following identifies the criteria by which DMH will evaluate written responses and interview findings, if any, from each applicant organization (and all applicant sites/locations):

The organization demonstrates that it meets the pre-qualifications identified in the DD Health Home Provider Application;

Prior to the organization’s comprehensive designation review, each applicable site/location has at least ten (10) individuals enrolled with the DD Health Home designated provider (to facilitate staffing);

The organization demonstrates that it is committed to meeting the DD Health Home Application (Scope of Services), to include:

DD Health Home services;

Promote individual being active in their care planning;

Maintain DD Health Home staffing, including prompt notification to DMH of any staffing changes;

Convene regular team meetings to include the DD Health Home Director, Nurse Care Manager, PC/APRN, Specialized Healthcare Consultant, DD Health Home Facilitator and other identified positions to support DD Health Home evolution;

Participate in learning collaborative, education, and training activities to implement DD Health Home functions and activities, and to help with DD Health Home transformation;

Utilize the department’s identified system to create and maintain patient tracking, patient risk stratification, analysis of patient population health status and individual patient needs;

Meet data reporting requirements as per CMS, MHD, and DMH;

Participate in the designation process as required; and

Demonstrate evidence of DD Health Home transformation.

The organization demonstrates understanding and implementation of DD Health Home payment requirements, structure, and process.

The quality of the responses to the questions in **Appendix A** in accordance with the following criteria: Comprehensiveness, feasibility, appropriateness, clarity, effectiveness, innovation, and responsiveness to the needs of the DD Health Home core competency requirements;

The extent to which the practice demonstrates leadership commitment and basic capabilities that will allow it to effectively operate as a DD Health Home and continually evolve as such through practice transformation activity.

* + - 1. **Qualifying Applications**
         1. DMH reserves the right to reject an organization’s application at any time during the evaluation process if the applicant:

Fails to demonstrate to DMH satisfaction that it meets all application requirements, or

Fails to submit all required information or otherwise satisfy all application requirements**.**

**Appendix A**

**Application for DD Health Home Provider Designation**

**Section A: Practice Site Information**

* + - 1. **General Information for Missouri DD Health Home**

**a**. Full name of applicant organization:

* 1. Applicant organization administrative street address, PO Box (if applicable), city, state, and zip code)

Applicant E-mail Address:

Applicant Telephone Number

* 1. Applicant representative completing this application. (Please include: Full Name, Title, Address (physical and mailing), E-mail Address, and Telephone Number)
  2. Governing Board President Name:

Contact information(Please include: Full Name, Title, Address (physical and mailing), E-mail Address, and Telephone Number)

* 1. CEO Name:

Contact information(Please include: Full Name, Title, Address (physical and mailing), E-mail Address, and Telephone Number)

* 1. Applicant organization Federal Tax Identification Number:
  2. Applicant organization National Provider Identifier:
  3. Applicant organization State Charter Number:
  4. Is your organization currently designated as a Health Home in Missouri (e.g., as a MO CMHC Health Care Home provider and/or MO PC Health Home provider), or another state?

Yes  No

If yes, please indicate Missouri health home provider type:

If serving as a health home in other states, please describe:

If nationally accredited as a CMHC/Primary Care health home, indicate name(s) of

accrediting entities:

* 1. Is the applicant organization currently a DD Targeted Case Management provider?

Yes  No

* 1. Is the applicant organization currently an accredited or certified DD HCBS Waiver provider?

Yes  No

* 1. For accredited providers, please indicate accrediting body (CARF, TJC, CQL):
  2. If applicable, please indicate parent name of the agency:
  3. Please provide the address of each proposed site/location within the organization applying for participation as a DD Health Home in an attached document. Each proposed site/location shall have a DD Health Home Director and a Nurse Care Manager either located onsite or providing services at that site. In the attached document please include for each proposed site/location:
* Name of site/location
* Street address, PO Box (if applicable), city, state, zip code
* Contact persons full name, street address, PO Box (if applicable), City, state, zip code, e-mail address, and telephone
  1. **DD Health Home Care Team**

**a.** Please submit accompanying document which provides a job description for each required

DD health home staff position, at a minimum include:

* 1. Qualifications (credentials, experience);
  2. Roles and responsibilities;
  3. Staff/enrollee ratios.

**3**. **Medical Records**

**a.** Is the applicant a member of a Regional Health Information Exchange (RHIE)?

Yes  No

If yes, please indicate which RHIE:

Comments (optional):

1. List registered CyberAccess Practice/Site Administrator(s) employed by the organization (Please include name, address, city, state, and zip code):

**4**. **Application Attestations**

*I attest that as an applicant organization for DD Health Home, I have read the above sections 1-4 of the companion document.*

**Wet Signature Required:**

**Printed or Typed Name:**

**Date Signed:**

*I attest that as a DD Health Home provider we will utilize the department’s identified system to input annual metabolic screening results, track and measure care of individuals, automate care reminders, produce care planning reports, and other items as required by the department.*

**Wet Signature Required:**

**Printed or Typed Name:**

**Date Signed:**

*I attest that as a DD Health Home provider we* *agree to verify and document individuals enrolled in our DD Health Home services who have/do not have a Primary Care Physician.*

*For individuals without a Primary Care Physician, we agree to assist with referring them.*

**Wet Signature Required:**

**Printed or Typed Name:**

**Date Signed:**

**Section B: DD Health Home Transformation**

1. In one paragraph, describe your organizations primary goals and objectives in providing DD Health Home services.
2. In two or three paragraphs, describe: (1) the vision the DD Health Home Provider has for the DD Health Home Director(s) who will provide organizational leadership for DD Health Home transformation; (2) what they will do to ensure successful DD Health Home evolution; and (3) your understanding of the challenges this individual will face inherent in DD Health Home transformation within the provider agency.
3. In two or three paragraphs, describe and provide one or two examples of how the DD Health Home will involve individuals, families and/or caregivers in the process of defining the elements of a “person-centered” health home.
4. In two or three paragraphs, describe your organization’s history and commitment to conducting wellness interventions and reporting based on individuals’ level of risk.
5. In two or three paragraphs, describe what your organization hopes to gain from DD Health Home learning collaboratives and other training activities?
6. If there is any additional information specific or unique to your organization you would like to include in the application, please do so here.

**Appendix B**

**supplemental documentation to be submitted with completed application**

**Policies and Procedures:**

Background Screening in accordance with 9 CSR 10-5.190

EMT reporting in accordance with 9 CSR 10-5.206

Abuse and Neglect in accordance with 9 CSR 10-5.200

HIPAA compliance in accordance with 9 CSR 10-5.220 and 42 CFR

Opt-out process for individuals that otherwise qualify for DD Health Home services

Transfer and discharge processes for DD Health Home individuals

Primary Care Physician referrals

Primary Care Physician or other specialty care coordination

24 hour coverage in accordance with DD Health Home regulations

Prescription monitoring

Health Risk Screening Tool and routine monitoring

Quality Assurance/Quality Improvement process as related to DD Health Home

Guidelines to follow across risk levels or health conditions

Follow up care after discharge related to transitional care

Training requirements for DD Health Home staff

DD Health Home Data Reporting

General policy on composition of DD Health Home team

Notification of DD Health Home staffing changes

Utilization of the department’s identified system

Complaints and Grievances

Attestation and documentation

**Miscellaneous Documents:**

Organizational Chart

List of additional sites/locations (section 1n from application)

Job Descriptions for DD Health Home staff (section 2a from application)

Contact information (name, title, address, e-mail, and telephone) for applicant organization’s proposed DD Health Home Leadership Team (include Organization Director, CFO, and proposed DD HH Director).

**By my signature, I attest that the information provided in this application is accurate and complete.**

Authorized Signature (Wet Signature Required):

Printed or Typed Name here:

Title:

Date: