Received Date: By:	Idaho Department of Health and Welfare
Approved Date: By:	
	on for Developmental Disabilities Agency Certificate
Developmental Disability Governing Development	by makes application for a certificate (or renewal of certificate) to operate a silities Agency, subject to the provisions of Idaho Code, and to the "Rules ental Disabilities Agencies," IDAPA 16.03.21. Medicaid providers are also 03.09 and IDAPA 16.03.10. A separate certificate and Medicaid provider in each DHW region.
Your agency must also	o complete the provider enrollment application at www.idmedicaid.com .
Agency Name:	

Business names of the agency as filed with the Secretary of State (16.03.21.101.02.e):

State:

Street Address: City:

Name:

Agency Office

Phone Number:

Fax Number: E-mail Address:

Ownership:

Submit a copy of the corporation's articles of incorporation with designation as nonprofit or profit, public or private, and a copy of the bylaws. Check the entity that has legal responsibility for operation of the agency. Check only one in each column.

Zip:

State/Local Government	<u>Nonprofit</u>	<u>Profit</u> **
State Government County Government City Government City-county Government	Church RelatedNonprofit Corp.*Other	Individual Partnership Corporation*
Hospital District		

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^{*} If agency is a corporation, give **legal corporate name**:

^{**}If "For Profit," list the names and addresses of those persons with ownership interests of five percent (5%) or more on separate sheets

Officers of the Governing Board President:
Phone number:
Vice President: Phone number:
Secretary: Phone number:
Management Structure of the Agency:
Type(s) of Certificate: Full Temporary:
If temporary, describe duration and geographic area:
Population To Be Served:
Birth to 3 years old Children 3-17 years Adults
If children's services will be provided, please indicate which type: Habilitative Support Services Habilitative Intervention and Habilitative Support Services
Optional Services To Be Delivered:
Service Types: (check all that apply) Center-based Community and Home-based
Anticipated Start Date:
Geographic areas to be served (be specific to county):
 Address(es) of all centers, if center-based services will be provided: When center-based services are to be provided, the following are also required for each service location: a. address and telephone number for each service location; b. a checklist that verifies compliance with the ADA requirements
1.
2.

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(Use separate pages for more than 3 centers within one region)

Staff and Qualifications: Attach the following information to this application:

- 1. A copy of the proposed organizational chart or plan for staffing of the agency.
- 2. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements, and copies of all licenses or certificates for staff when applicable.
- 3. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate, boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice.

Agency Documents: Attach the following documents:

- 1. Local fire safety inspection(s) for all centers.
- 2. Evidence of compliance with local building and zoning codes for all centers, include certificate of occupancy.
- 3. Written description of the fiscal record system including a sample of program billing.
- 4. Written description of the agency's quality assurance program in accordance with 16.03.21.900.
- 5. Written Policies and Procedures that address professionals entering the field are being provided, or have completed, increased supervision for a period of six (6) months.
- 6. A Written Policy and Procedure to address each of the following:
 - Protection of all persons in the event of fire and other emergencies in accordance with 16.03.21.500.03.
 - Emergency evacuation procedures for each center in accordance with 16.03.21.500.04.
 - Staff and participants illness, communicable disease policy, and other health-related policies and procedures, in accordance with 16.03.21.510.
 - Participant grievance policies and procedures in accordance with 16.03.21.905.
 - Admission, transfer and transition policies and procedures 16.03.21.101.02.
 - Addressing special medical or health care needs of participants in accordance with 16.03.21.510.
 - Medication policies and procedures in accordance with section 16.03.21.511.
 - Written policies and procedures for reporting incidents to the adult or child protection authority and to the Department in accordance with 16.03.21.910.
 - Addresses the development of participants' social skills and the management of participants' inappropriate behavior in accordance with 16.03.21.915.
 - Transportation safety policies and procedures in accordance with 16.03.21.501.
- 7. Any other information requested by the Department for determining the agency's compliance with these rules or the agency's ability to provide the services for which certification is requested.

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Additional Terms signed
Sample Enrollment agreement (A-5)

Sample Participant File: (please assure confidentiality is maintained, do not include actual participant names or information.) The file must include the following information:

Written description of the program records system
Sample participant profile sheet in accordance with 16.03.21.601.01

Comprehensive Skill Assessment tool
Sample Developmental evaluation
Program implementation plan (sample programs)
Monitoring record

Signature:

I certify that _________ Agency is in compliance with the "Rules governing Developmental Disabilities Agencies," IDAPA 16.03.21 and all other applicable state and federal requirements

pertinent state and federal requirements governing equal opportunity and nondiscrimination;

I further certify that the information submitted herein and attached to this application is true, complete,

Agency is in compliance with

Date

8. If your agency intends to provide adult Daycare services.

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and correct to the best of my knowledge and belief.

Signature and Title, Authorized Representative

I assure that