

To add or modify the services that your organization is qualified/licensed/certified to provide, please complete and sign this form, then submit it to STEPS Provider Liaison Kyle Aldrich (kyle.aldrich@ks.gov) and/or Program Manager Erin Sanders-Hahs (erin.sandershahs@ks.gov)

Agency: _____ Phone: _____

Address: _____

NPI: _____ TIN: _____ KMAP #s: _____

KMAP Provider Type Enrollment(s): _____

KMAP Provider Specialty Enrollment(s): _____

Referral Contact Person: _____ Phone: _____

Referral Contact Email: _____

Agency Billing Person: _____ Phone: _____

Billing Email: _____

List of counties served: _____

Please check all areas in which your agency has training and qualifications/licenses/certifications to provide services to participants of the STEPS Program.

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| <p><input type="checkbox"/> Pre-Vocational Services – T2047 U3 (<i>Requires overview of curriculum and/or certification for approval from Program Manager.</i> Career exploration, training in work-related skills [punctuality, attendance, work behavior, etc.], internships or work experience in a competitive, integrated setting.)</p> <p><input type="checkbox"/> Transportation – T2003 U3 (Transportation to and from job interviews, work and essential locations such as grocery stores and banks.)</p> <div style="border: 2px solid black; padding: 5px;"> <p><input type="checkbox"/> Agency-directed Personal Assistance Services – S5125 U3 (In-home assistance with Activities of Daily Living and Instrumental Activities of Daily Living for individuals unable to perform these tasks independently; may be hands-on assistance or cuing and prompting.)</p> <p><input type="checkbox"/> Enhanced Services – T2025 U3 (In-home assistance for participants who require hands-on care during the night, including re-positioning, tracheotomy care, and care for chronic incontinence; need must be documented by a physician.)</p> </div> <p><input type="checkbox"/> Assistive Services – Assist. Tech/Home Mod – S5165 U3, Vehicle Mod – T2039 U3 (Medically necessary equipment, devices, and environmental modifications not already provided under the Medicaid State Plan, that enhance the functional abilities of individuals with disabilities, with emphasis on supporting employment and independent functioning.)</p> | <p><input type="checkbox"/> Independent Living Skills Training – H2014 U3 (<i>Requires overview of curriculum and/or certification for approval from Program Manager.</i> Training to develop or improve skills necessary to live as independently as possible, such as personal hygiene, household and money management and use of public transportation.)</p> <p><input type="checkbox"/> Supported Employment – H2025 U3 (<i>Requires an overview of curriculum and/or certification for approval from Program Manager.</i> Supported Employment includes a number of services which assist participants in obtaining and maintaining employment. Supported Employment can involve one-on-one assistance to assist participants to become oriented to a new job, learn job responsibilities, practice work-appropriate and safe behavior, etc.)</p> <p><input type="checkbox"/> Community Service Coordination – T1016 U3 (<i>Requires an overview of curriculum and/or certification for approval from Program Manager.</i> Case Management: Assisting participants to make program choices, locate and direct services, development of the STEPS Service Plan, develop and obtain approval for Emergency Back-Up Plans, perform fiscal management responsibilities and complete paperwork; monitoring services and progress to complete goals; linking and referring participants to community resources and non-Medicaid supports such as education, employment, and housing.)</p> |
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STEPS

Provider Agency Qualifications Checklist

Please list any trainings, licenses, and/or certificates (including dates, licensing/certifying body, license #, etc.) that support your qualifications to provide services.

- Our organization implements person-centered planning (PCP) practices (e.g., Charting the Life Course, I/DD Person Centered Support Plans, Individual Plan for Employment, etc.). Person-centered planning is a process for selecting and organizing the services and supports that a person with a disability may need to live and work in the community. PCP should involve the individuals receiving services and supports to the maximum extent possible, even if the person has a legal representative.

Which person-centered model/format does your organization use? _____

- Our organization completes background checks on all agency employees that will be serving STEPS participants as outlined in the STEPS Program Policy Manual.

I understand that our agency must ensure that there is no conflict of interest directing participants to our agency or organization without considering other service providers. Our agency cannot provide services for family members, relatives or friends of employees or allow employee family members or relatives to provide STEPS services for participants.

Agency Rep Signature: _____ Date: _____

STEPS Program Manager Signature: _____ Date: _____

KDHE