

ENROLLMENT APPLICATION FOR PROVISIONAL APPROVAL TO PROVIDE BEHAVIOR SUPPORT PROFESSIONAL SERVICES

INSTRUCTIONS

The application process for approval to provide Behavior Support Professional services begins when the I/DD Waiver provider submits the **Enrollment Application for Provisional Approval to Provide Behavior Support Professional Services** (page 2) to IRG d/b/a APS Healthcare. This Enrollment Application serves as a letter of intent to indicate how an agency intends to meet the training qualifications for Behavior Support Professional as stipulated in the I/DD Waiver Manual. Upon receipt of this Enrollment Application, APS Healthcare will “turn on” an agency’s permission to bill the Behavior Support Professional rate on a provisional basis for up to six months. APS Healthcare will “turn off” the ability to bill the Behavior Support Professional rate at the end of six (6) months if the agency has not done one of the following:

1. Submitted and received approval of a Positive Behavior Support training from the West Virginia Association for Positive Behavior Support Network. (Indicate on the Enrollment Application the date by which they expect to submit their completed training to the WVAPBS Network.)
2. Had their staff trained by another agency with a Positive Behavior Support training that has been approved by the WVAPBS Network. Agencies obtaining approval will be listed on the WVAPBS Network website (<http://www.as.wvu.edu/wvpbs/>).
3. Have their staff enrolled in training for completion of the Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst credential. (Staff do not have to complete this training by the end of the six-month period.)

Submit the Enrollment Application for Provisional Approval to Provide Behavior Support Professional Services to APS Healthcare at lmcgurty@apshealthcare.com . Applications will only be accepted by APS Healthcare in electronic format. Please save a hard copy for your records.

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_____ is submitting this application to APS Healthcare, I/DD Waiver, to indicate our intent to meet the training qualifications for Behavior Support Professionals on a provisional basis. We understand that we must meet all required dates as specified in the I/DD Waiver manual in order to continue to provide the Behavior Support Professional service. We are choosing to qualify our staff with the following training: (Check all that apply)

_____ Develop a Positive Behavior Support training curriculum that embeds all aspects of the Association for Positive Behavior Support Standards of Practice. We will submit this completed training curriculum to the West Virginia Association for Positive Behavior Support Network (WVAPBS) along with required application document by this date: _____

_____ Staff will receive training through an agency whose positive behavior support curriculum has already been approved by the WVAPBS Network. Indicate agency name below

_____ Enroll qualified staff in training for the completion of the Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst Credential and/or agency already has staff who are credentialed as Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst as stated in the I/DD Waiver Manual. It is expected that these staff will also have a background in positive behavior support.

We understand that this provisional qualification is the first step toward a unified approach to positive behavior support practice in West Virginia and that participants will be urged to pursue Positive Behavior Support Endorsement when it becomes available. The West Virginia Statewide Positive Behavior Support Endorsement process is currently being developed by the WVAPBS Network and its affiliates with implementation expected by 2015.

Submitted by _____
Title _____
Date _____
Address _____
Phone _____
Email _____