

Self-Help Tool and Instructions

If you are interested in providing waiver services to individuals with developmental disabilities, we believe this self-help tool will assist you with determining whether your interests are compatible with the mission and values of MHDDAD and DHR. We encourage you to use this tool as a mechanism to determine whether you are prepared to continue with the application process to be a provider.

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| 1. Have you had the opportunity to navigate and become familiar with the Division of Mental Health/Developmental Disabilities and Addictive Diseases webpage? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you had the opportunity to navigate and become familiar with the Georgia Health Partnership webpage? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you had the opportunity to navigate and become familiar with the Georgia Office of Regulatory Services web page? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Are you familiar with writing a business plan and developing agency policies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you had the opportunity to participate in DHR/Office of Developmental Disabilities trainings? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Are you familiar with the required pre-enrollment trainings before you submit your application to be a developmental disabilities provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Have you read the Guidelines and Standards related to individuals with developmental disabilities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Do you have any educational background in social service work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Are you familiar with services that require licensure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Are you aware that costs may be associated with licensure requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Do you have a business license? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Are you familiar with Department of Labor standards? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 13. Are you familiar with Social Security requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Do you have a Federal tax identification number? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. Do you realize that becoming a DD provider does not guarantee that individuals will choose you as a service provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. Have you had an opportunity to read the service definitions for the NOW and COMP waivers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17. Have you had any work experience with individuals with developmental disabilities? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18. Do you have the software capability in order to bill for services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19. Do you have the financial resources to sustain your business during the application process? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20. Are you prepared for an application process up to several months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. Are you familiar with the required pre-enrollment trainings that you must attend before you submit your application to be a developmental disabilities provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If your response was "No" to any of the questions, we strongly encourage you to conduct research on the areas you are unfamiliar with prior to proceeding with the application process.