

LTSS Supplemental Directory Information

Instructions: This LTSS document must be completed in its entirety for any LTSS agreement.

Date Completed:	Name:		
Individual NPI:	Group NPI:	Tax ID:	

LTSS/HCBS/Home Health Agencies Servicing Counties: (if needed attach an additional sheet)

Servicing County 1:	Servicing County 2:	Servicing County 3:	Servicing County 4:
Servicing County 5:	Servicing County 6:	Servicing County 7:	Servicing County 8:
Servicing County 9:	Servicing County 10:	Servicing County 11:	Servicing County 12:

Complete for each Service Location that is part of the application.

LTSS/HCBS Services Provided for Service Location 1 of _____: (check all that apply)

<ul style="list-style-type: none"> <input type="checkbox"/> Adult Daily Living <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Career Assessment <input type="checkbox"/> Community Integration <input type="checkbox"/> Community Transition Services <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Education Support <input type="checkbox"/> Employment Skills Development <input type="checkbox"/> Exceptional DME <input type="checkbox"/> Family Support Services <input type="checkbox"/> Financial Management Services <input type="checkbox"/> HIV Case Management <input type="checkbox"/> Home Adaptations <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Home Health Aide Services <input type="checkbox"/> I & A: Service Coordinators/Care Managers <input type="checkbox"/> Job Coaching <input type="checkbox"/> Job Finding <input type="checkbox"/> Non-Medical/Non-Emergency Transportation <input type="checkbox"/> Nursing Facility Services <input type="checkbox"/> Nursing Services <input type="checkbox"/> Nutritional Counseling/SNAP 	<ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Participant-Directed Community Support <input type="checkbox"/> Participant-Directed Goods and Services <input type="checkbox"/> Personal Assistance Services <input type="checkbox"/> Personal Emergency Response System (PERS) <input type="checkbox"/> Pest Eradication <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Respite <input type="checkbox"/> Special Diet Preparation <input type="checkbox"/> Specialized Medical Equipment and Sales <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Structured Day Habilitation <input type="checkbox"/> Supported Employment <input type="checkbox"/> Telecare Services <input type="checkbox"/> Temporary Crisis Services <input type="checkbox"/> Therapeutic and Counseling Services <input type="checkbox"/> Transportation <input type="checkbox"/> Vehicle Modifications <input type="checkbox"/> Other _____
---	--

LTSS/HCBS Services Provided for Service Location 2 of _____: (check all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Adult Daily Living <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Career Assessment <input type="checkbox"/> Community Integration <input type="checkbox"/> Community Transition Services <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Education Support <input type="checkbox"/> Employment Skills Development <input type="checkbox"/> Exceptional DME <input type="checkbox"/> Family Support Services <input type="checkbox"/> Financial Management Services <input type="checkbox"/> HIV Case Management <input type="checkbox"/> Home Adaptations <input type="checkbox"/> Home Delivered Meals <input type="checkbox"/> Home Health Aide Services <input type="checkbox"/> I & A: Service Coordinators/Care Managers <input type="checkbox"/> Job Coaching <input type="checkbox"/> Job Finding <input type="checkbox"/> Non-Medical/Non-Emergency Transportation <input type="checkbox"/> Nursing Facility Services <input type="checkbox"/> Nursing Services <input type="checkbox"/> Nutritional Counseling/SNAP | <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Participant-Directed Community Support <input type="checkbox"/> Participant-Directed Goods and Services <input type="checkbox"/> Personal Assistance Services <input type="checkbox"/> Personal Emergency Response System (PERS) <input type="checkbox"/> Pest Eradication <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Private Duty Nursing <input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Respite <input type="checkbox"/> Special Diet Preparation <input type="checkbox"/> Specialized Medical Equipment and Sales <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Structured Day Habilitation <input type="checkbox"/> Supported Employment <input type="checkbox"/> Telecare Services <input type="checkbox"/> Temporary Crisis Services <input type="checkbox"/> Therapeutic and Counseling Services <input type="checkbox"/> Transportation <input type="checkbox"/> Vehicle Modifications <input type="checkbox"/> Other _____ |
|---|--|