

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION**

Documentation for TCM License

Name/Agency Name _____

Date approved:	
	30-63-12 (a): Completed application form
	<p>30-63-12 (b) (1) Qualifications of Director of services to develop and modify a program of individualized services:</p> <ul style="list-style-type: none"> ○ bachelor’s or higher degree in a field of Human services awarded by an accredited college or university. <ul style="list-style-type: none"> - Evidenced by: Human Services field transcript <li style="text-align: center;">OR ○ Work Experience in human services of 1,040 hours of paid work experience substituted for higher education 15 undergraduate credit hours/ at least 8 full time semesters of satisfactory education/work experience <ul style="list-style-type: none"> - Evidenced by: Documentation of employer, time worked and job duties and/or documentation of college credit
	<p>30-63-12 (b) (2) Qualifications of Director of services to supervise delivery of a program of services:</p> <ol style="list-style-type: none"> 1. At least 1 year of experience in senior management-level positions w/ a licensed provider <ul style="list-style-type: none"> - Evidenced by Documentation of employer, time worked and job duties <li style="text-align: center;">OR 2. At least 2 years experience as a case manager or a services manager w/ supervisory authority over at least 2 other individuals providing direct services to persons <ul style="list-style-type: none"> - Evidenced by: Documentation of employer, time worked and job duties <li style="text-align: center;">OR ○ At least 5 years of experience delivering direct care services to persons with I/DD <ul style="list-style-type: none"> - Evidenced by: Documentation of employer, time worked and job duties
	30-63-12 (b) (3): 3 letters of reference by individuals knowledgeable both of the applicant and of the delivery services to persons
	<p>30-63-12 (b) (4): Evidence of background check for director of services: <u>Information Memorandum January 24, 2017 (http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</u> Background Check policy and Attachment A.)</p> <ol style="list-style-type: none"> a. DCF – APS Registry b. DCF – CPS Registry c. KNAR- Kansas Nurse Aid Registry (non-licensed/certified and/or licensed/certified) d. HOC-KBI Criminal history record check (including juvenile record) e. KDOR- MVR: Motor Vehicle Record for transportation f. OIG: Office of the Inspector General g. If applicable, professional license
	30-63-32 (a) (1): Develop and implement policies and procedures concerning the provision of case management services that are consistent with the requirements of the regulation
	30-63-32 (a) (3): Case Manager requirements
	30-63-32 (b): Case management services
	<p>30-63-12 (c) (5) -written business plan including marketing, accommodation of growth, response to risk factors - financial plan to keep operation fiscally solvent during the next 3 years Documents required for evaluation of fiscal solvency include</p> <ol style="list-style-type: none"> 1. Three most recent bank statements and/or line of credit from a financial institution; 2. current income statement; current account payable journal and current balance sheet (or projected versions of income statement, account payable journal and balance sheet)
	Application approved by: