

STATE OF DELAWARE
Division of Developmental Disabilities Services

II. PART TWO: HOME AND COMMUNITY BASED SERVICES

Please indicate for which of the ODDS Home and Community Based Services listed below ODDS has qualified your organization to provide to ODDS service recipients.

ASSISTIVE TECHNOLOGY (EQUIPMENT)
ASSISTIVE TECHNOLOGY (SERVICES)
BEHAVIOR CONSULTATION SERVICES
BENEFITS COUNSELING SERVICES
CAREER EXPLORATION AND ASSESSMENT SERVICES
COMMUNITY PARTICIPATION SERVICES
COMMUNITY TRANSITION SERVICES
DAY HABILITATION SERVICES
FINANCIAL COACHING PLUS SERVICES
HOME MODIFICATION SERVICES
MEDICAL RESIDENTIAL HABILITATION SERVICES (Effective July 1, 2019)
NURSE CONSULTATION SERVICES
ORIENTATION AND MOBILITY SERVICES
PERSONAL CARE SERVICES
PREVOCATIONAL SERVICES
RESIDENTIAL HABILITATION SERVICES
RESPIRE SERVICES
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES (Not otherwise covered by Medicaid)
SUPPORTED EMPLOYMENT SERVICES (INDIVIDUAL)
SUPPORTED EMPLOYMENT SERVICES (GROUP)
SUPPORTED LIVING SERVICES
VEHICLE MODIFICATION SERVICES

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III. PART THREE: ATTESTATION

I hereby certify the information provided in this supplemental questionnaire is true and complete. Further, signature below, indicates that Vendor applying for authorization to provide home and community based services for individuals with intellectual and developmental disabilities is not excluded from participation in the Medicaid Program by the United States Office of Inspector General (OIG), Division of Health and Human Services(DHHS).

PRINT VENDOR REPRESENTATIVE NAME AND TITLE:	
SIGNATURE:	