



Chapter: Developmental Disabilities Community Services

Subject: Recruitment and Application to Become a Provider of Developmental Disabilities Services

Applicability:

Potential Providers of Developmental Disabilities Services, Regional Offices, Support Coordination, Intake & Evaluation

Original Effective Date: July 1, 2010

Last Reviewed Date:

Last Revision Date:

Next Review Date:

Full Implementation Date:

Approved:

Attachments:

- Attachment A – Letter of Intent to Provide Services Form
- Attachment B – New Site Inspection Checklist
- Attachment C – Identified Technical Schools for Direct Support Professional Training
- Attachment D – Assets Form

Beverly D. Rollins 11/8/11

 Beverly D. Rollins, M.P.A. Date

Assistant Commissioner
Division of Developmental Disabilities

Frank E. Shelp M.D., M.P.H. 11/14/11

 Frank E. Shelp, M.D., M.P.H., Commissioner Date

POLICY

DBHDD recruits and qualifies a provider base determined by the needs of individuals with developmental disabilities. This recruitment and qualifying is accomplished through the use of a prequalification process and a two-phase application and training process. Recruitment cycles will occur two times per year, beginning July 1 and January 1 of each fiscal year (FY). Successful completion of the prequalification process and two-phase application and training process will result in recommendation to The Department of Community Health for Medicaid provider number to be issued. The Department of Community Health will make the final decision in the issuance of a Medicaid provider number.

GENERAL INFORMATION

DBHDD may elect at any time to revise these policy requirements, the time frames for the phases, the content of the training, or other aspects of the provider recruitment and application process.

DBHDD may terminate any potential provider from participation in the process to become a developmental disabilities provider due to material misrepresentation or falsification of information is determined.

DBHDD reserves the right to Request for Proposal (RFP) any developmental disabilities services. Providers selected through the RFP process may not be subject to this policy.

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DBHDD considers any Potential Agency Provider /individual whose records reveal a history of termination and/or suspension of Contract or Letter of Agreement with the Department (or the former Department of Human Resources) for any health and/or safety concern, but may deny such potential agency provider/individual participation in the provision of developmental disabilities services.

DBHDD does not guarantee to any potential agency provider or individual that it will refer individuals with developmental disabilities. Individuals with developmental disabilities and their families always have a choice in the selection of providers.

DEFINITIONS

Accrual basis accounting - Reports income when earned and expenses when incurred, as opposed to cash basis accounting, which reports income when received and expenses when paid.

Developmental Disabilities Professional (DDP) – An individual that meets the qualifications of one or more of the DDP designations which are found in “Community Standards for All Providers” section of the current year Provider Manual located at the DBHDD website: www.dbhdd.georgia.gov.

Director -- An individual responsible for corporate or management oversight of the potential agency provider with one of the following qualifications:

1. A bachelor’s degree in a human service field (such as social work, psychology, education, nursing, or closely related field) or business management and two years of experience in service delivery to persons with developmental disabilities, with at least one year in a supervisory capacity; or
2. An associate degree in nursing, education or a related field and four years of experience in service delivery to persons with developmental disabilities, with at least one year in supervisory capacity.

Emergency Situations – The following constitute emergency situations:

- Death of immediate family member;
- A doctor’s verification of accident, illness, or hospitalization of individual approved to participate in training process; or
- A natural disaster.

Immediate Family Member – Immediate family includes the individual’s spouse, child, parent, brother and sister. Immediate family also includes any other person who resides in the individual’s house AND is recognized by law as a dependent of the individual.

Individual Provider – Sole Proprietor or Individual legally responsible for providing a New Options Waiver or Comprehensive Supports Waiver home and community based service as allowed by Department of Community Health policy.

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Letter of Intent to Provide Services Form – A form letter provided by DBHDD which must be completed by the potential provider, outlining their intent to become a Medicaid approved provider of developmental disabilities services.

No Show – Failure to appear or more than 15 minutes late for any of the training dates and times.

Nonprofit Organization – An organization as qualified and approved as a tax-exempt organization under section 501(c) (3) of the Internal Revenue Code

Nurse – For the purpose of this policy, Nurse means a Registered Nurse (RN) or Licensed Practical Nurse (LPN) with a current license to practice in the State of Georgia.

Potential Agency Provider - Corporation, Partnership, Limited Liability Corporation (LLC), or other entity legally responsible for providing New Options or Comprehensive home and community based waiver services as allowed by Department of Community Health policy.

Potential Provider – for the purposes of this policy, the term potential provider includes both Agency Providers and Individual Providers.

Pre-Qualifier – Items listed in this policy that are required before the potential provider may proceed with the Phase I process.

Provider Forum – An interactive informational session held prior to the beginning of each recruitment cycle that will allow for potential providers to discuss Letter of Intent, Pre-Qualifiers, Medicaid Application, and DBHDD Application Policy Submission Requirements.

Recruitment Cycle – A six month cycle of recruitment, prequalification determination and two-phase application and training process for potential providers beginning July 1 and January 1 of each FY.

Request for Proposal (RFP) – A request for proposal is a document that an organization posts to elicit bids from potential vendors for a product or service.

Technical Assistance Workshop – Workshop held at the end of each recruitment cycle to offer technical assistance and support to potential agency providers, or individual providers who were unsuccessful in their Letter of Intent and Pre-Qualifier submission.

PROCEDURES

Identification of Need for Additional Providers

The Department of Behavioral Health and Developmental Disabilities/Division of Developmental Disabilities (Division of DD) maintains a short term planning list, a long term planning list and transition list for individuals eligible for developmental disabilities services. These planning lists are sorted by needs of the individual, service area, and service type.

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The Division of DD utilizes the demographics of these lists to recruit for potential provider types based on need in specific regions and counties and will prioritize the processing of potential providers according to the aforementioned criteria.

Announcement of Recruitment of Potential Providers

The Division of DD distributes an Announcement for Recruitment of Potential Providers based on identified needs, service area and service type. Distribution of the announcement occurs at least 30 calendar days prior to the beginning of each recruitment cycle. The announcement will be located on the Department of Behavioral Health and Developmental Disabilities website at www.dbhdd.georgia.gov.

Informational Session for Potential Providers

The Division of DD will hold Provider Forums prior to the beginning of each recruitment cycle period to meet with potential providers. The Provider Forums will supply information concerning Letter of Intent, Pre-Qualifiers, Medicaid Application, and DBHDD Application Policy Submission Requirements.

Process for Qualifying Potential Providers

The Division of DD utilizes a prequalification determination and two-phase process to recruit and qualify potential providers of developmental disabilities services.

Potential Agency Providers or Individual Providers unsuccessful at becoming a developmental disabilities provider, after two recruitment cycle period attempts, will be required to wait a minimum of twelve (12) months before again beginning the recruitment cycle process to qualify as a developmental disabilities provider.

Prequalification Determination Process

A. Interested potential agency providers, or potential individual providers must submit a completed **Letter of Intent to Provide Services Form (Attachment A)**. Applicable *PRE-QUALIFIERS* listed below must be sent with the Letter of Intent to Provide Services Form. All potential agency providers or potential individual providers must meet the requirements of *Pre-qualifiers* specific to an agency, or individual service.

B 1. The Agency *Pre-qualifiers* include:

- Resumes of Director, agency Nurse and Developmental Disabilities Professional (DDP) who meet qualifications outlined in current Fiscal Year Provider Manual *Community Standards for All Providers*
- Current Secretary of State registration
- Current Applicable licenses, such as, Georgia Nurse License, Private Home Care, Community Living Arrangement, Occupational Therapy, Physical Therapy. Any license related to the service listed in the Letter of Intent must be submitted. A Personal Care Home License will be accepted for the provision of Respite Services only.
- **New Site Inspection Checklist (Attachment B)** completed and signed by Potential Provider as applicable to all Community Residential Alternative

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Provider. This Site inspection checklist will be verified by Regional Office during Phase I of the two-phase process. Verification must result in approval of site inspection by Regional Office, or no application will be accepted and potential provider must wait until next recruitment cycle to begin a new process.

- Proof that the potential agency provider has operated an agency which has provided a Medicaid reimbursable comparable service, such as, residential for the aging population if applying to do residential services, etc., for a minimum of one year immediately prior to submission of *Letter of Intent to Provide Services Form and Pre-qualifiers* or,
- If the agency has not provided a Medicaid reimbursable comparable service for a minimum of one year immediately prior to submission of *Letter of Intent to Provide Services Form and Pre-qualifiers*, then the owner/s must submit proof of completion of technical certificate of credit of Direct Support Professional training offered within Georgia's **Identified Technical Schools for Direct Support Professional Training (Attachment C)**. The owner/s must also hold at minimum any degreed credentials identified by the Department of Behavioral Health and Developmental Disabilities that meet a Director or Developmental Disabilities Professional (DDP) designation. The owner/s must also complete Phase II (see below **Phase II – Training and Competency Assessment**) mandatory training. Resumes of owner/s must be submitted with the Technical Certificate of Credit.
- Three professional reference letters, signed and on professional letterhead.
- A 12-month pro-forma (projected) operating budget which outlines and includes expenses such as: professional fees, employee salaries and other employee costs, facility costs and utilities, transportation, service contracts, administrative cost, other support services, etc and identify all revenue sources based on the numbers of individuals projected to be served. Incremental budgets are not accepted.
- Appropriate signed or attested corporate Federal and State tax returns for most recent fiscal year. Personal tax returns will not be accepted. Non profit pre-qualifiers must submit Internal Revenue Service exempt status determination letters and Internal Revenue Service exempt organization information returns (IRS Form 990).
- Applicable financial statement. The following applicable financial statement must be submitted:
 - An “audited” financial statement that includes statement of financial position/balance sheet, statement of revenue and expenditures (For Profit Agencies), statement of operational/functional expenses (Not for Profit Agencies), statement of cash flow, statement of retained earnings (For Profit) and the signed auditor’s opinion letter which provides either a qualified or unqualified opinion on how the companies financial statements were prepared and presented. These audited financial statements must be prepared and certified by an American Institute of Certified Public Accountants (AICPA) registered public accountant, and certified that the

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financial statements meet the requirements of the U.S. generally accepted accounting principles (GAAP). These documents may be subject to additional DBHDD review and validation.

For agencies that do not meet the above 12 month pre-qualifier, with revenue below \$100,000, and who are also submitting the Technical Certificate of Credit for Direct Support Professional Training the following financial documents must be submitted in lieu of the Audited Financial Statement:

- a. Company/Corporate-wide (accrual-based) current financial statements for the previous year presented in accordance with generally accepted accounting principles, which include;
 - i. Balance Sheet
 - ii. Statement of Revenue and Expenditures (For Profit Agencies)
 - iii. Statement of Functional Expenses (Not for Profit Agencies)
 - iv. Statement of Cash Flows
 - v. Statement of Retained Earnings (For Profit Agencies)
- b. These financial statements must be signed and accuracy attested by an official of the agency, i.e., CEO, CFO or Owner/s of the agency, and will be subject to additional review and validation.

For agencies that do not meet the above 12 month pre-qualifier, with revenue above \$100,000, and who also are submitting the Technical Certificate of Credit for Direct Support Professional Training, Audited Financial Statements must be provided.

- Proof of liquid assets equal to at least three (3) times the monthly expenses listed in budget (three months of operating capital). Proof must be submitted on **Assets Form (Attachment D)** and must be certified with the signature of a representative from the financial institution where the corporate (not personal) account is established. The Assets Form must also be notarized. Corporate or personal lines of credit will not be accepted. Operating capital must be unrestricted.

B 2. The Individual *Pre-qualifiers* include:

- Individual Resume.
- Current Applicable License or Certification/s required for:
 - Adult Occupational Therapy Services
 - Adult Physical Therapy Services
 - Adult Speech and Language Therapy Services
 - Behavioral Supports Consultation Services
 - Community Living Support LPN Services
 - Community Living Support RN Services
 - Community Residential Alternative LPN Services
 - Community Residential Alternative RN Services
- Transcripts that identify required hours of training or education specific to service applying to provide, as applicable.

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- Individual providers for any service not listed as a professionally licensed required service must provide the waiver service for at least one year through self-direction prior to submission of a *Letter of Intent to Provide Services Form and Pre-qualifiers*. In addition, these individual providers must provide evidence of satisfactory performance of self-directed service provision through documentation from the support coordination agency, fiscal intermediary, and other sources as appropriate.
 - Individual providers of non-professionally licensed services and licensed services must also submit any required information listed within the Medicaid manuals for each defined service. NOW and COMP Medicaid manuals are located at www.mmis.georgia.gov. Defined services are in the Part III NOW and COMP Manuals.
 - National Criminal Background Check – The Provider Development Coordinator requests that individual providers complete a national criminal background check upon the successful processing of the pre-qualifiers.
- C. No provider agency may add additional services or sites after the initial approval until they have completed the following:
- provided a minimum of twelve (12) months of services approved in their initial application, AND
 - have successfully achieved full accreditation and/or complete compliance with the Standards Compliance Review, for a minimum of six (6) months. Provisional status of any type will not be accepted.
- D. The *Letter of Intent to Provide Services Form and Pre-qualifiers* are submitted to the Provider Development Coordinator of the Division of Developmental Disabilities within 31 calendar days of each recruitment cycle (July 1, and/or January 1).
- *Letters of Intent to Provide Services Form and Pre-qualifiers* in the first recruitment cycle must not be postmarked prior to July 1, and must be received via US Postal Service certified return receipt requested no later than July 31.
 - *Letter of Intent to Provide Services Form and Pre-qualifiers* in the second recruitment cycle must not be postmarked prior to January 1, and must be received via U.S. Mail, certified, and return receipt requested no later than January 31.

Letter of Intent to Provide Services Form and Pre-qualifiers received by DBHDD that are postmarked prior to the beginning date, or postmarked after the closing date of each recruitment cycle will not be processed. *Letter of Intent to Provide Services Form and Pre-qualifiers* that are not sent via US Postal Service certified return receipt requested will not be processed. Information must arrive in hardcopy format in a notebook, organized with each pre-qualifier section tabbed. No handwritten documents accepted; except signatures. *Letter of Intent to Provide Services Form and Pre-qualifiers* that are not submitted as requested in this policy will not be processed.

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Information must be submitted to:

Provider Development Coordinator
Division of Developmental Disabilities
Department of Behavioral Health & Developmental Disabilities
Suite 22-102
2 Peachtree Street, NW
Atlanta, Georgia 30303

- E. Within 30 calendar days of receipt of *Letter of Intent to Provide Services Form*, the Provider Development Coordinator will send an *Invitation Letter* via email correspondence to potential provider and Regional Office notifying successful completion of the *Pre-qualifiers* and inviting the potential provider to move forward in the Phase I process or notifying potential provider that they did not meet pre-qualifiers and will not be invited to move forward in the Phase I process. One correction attempt will be given for missing or incorrect documents, and any additional or corrected documents must be received within three (3) business days of notification,
- F. Potential Agency Providers or Individual Providers must meet **ALL** applicable *Pre-qualifiers* to be invited to move forward in the Phase I process. Any incomplete or deficient *Letter of Intent to Provide Services Form*, and/or incomplete or deficient *Pre-qualifiers*, not received within the correction period, will result in no invitation to move on to Phase I and Phase II of the process.
- G. A Technical Assistance Workshop will be offered to all potential agency providers, and/or individual providers who are unable to meet the *Letter of Intent to Provide Services Form and Pre-Qualifiers* in their first recruitment cycle.
- H. The DBHDD application, application users guide, Medicaid application and site visit form to be used for Regional Office Site Visit verification (as applicable) will be provided in conjunction with the *Invitation Letter*.
- I. Email addresses listed in the *Letter of Intent to Provide Services Form* for potential agency providers or individual providers must be current and correct as correspondence from DBHDD is conducted via email. It is the responsibility of the potential provider to ensure that emails from DBHDD are accepted by their email system and do not go to the "spam" mailbox. Upon receipt of email notification from DBHDD, potential provider must return a reply of receipt email to emailing body.

Phase I - Application Submission and External Site Visit

- A. Potential Provider must submit DBHDD application, Medicaid application and approved external site visit verification within 30 calendar days of the *Invitation Letter* date. Potential provider is responsible for contacting Regional Office to request verification of Pre-qualifier site visit completed by potential provider.

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Verification must result in approval of site inspection by Regional Office, or no application will be accepted and potential provider must wait until next recruitment cycle to begin a new process.

- B. Submission of Application information must include:
- 1) DBHDD and Medicaid application and all information requested in applications
 - 2) External Site Visit, as applicable
- C. Applications must be postmarked and sent via US Postal Service certified return receipt requested within this 30 day window of the *Invitation Letter* date. If received postmarked after the 30th calendar day, then the application will not be processed. Completed Applications must be submitted to:
- Office of Provider Network Management
Department of Behavioral Health & Developmental Disabilities
Suite 23-247
2 Peachtree Street. NW
Atlanta, Georgia 30303
- D. Within 15 days of receipt of application, the Office of Provider Network Management will send *Notification Letter* via email correspondence to potential provider notifying successful completion of the Phase I, or notifying potential provider of unsuccessful completion of the Phase I: this *Notification Letter* will indicate whether they will/will not be invited to continue to the Training Phase (Phase II) of the process. *Notification Letter* will contain location(s) and dates for training. One correction attempt will be given for missing or incorrect documents, and additional or corrected documents must be received within three (3) business days of notification. Upon receipt of email notification from DBHDD, potential provider must return a reply of receipt email to emailing body.
- E. Any incomplete or incorrect applications or omissions of any application document not received within the correction period will result in closure of application and notification to The Department of Community Health that application was unsuccessful. Further correspondence regarding potential provider's application will be sent to potential provider from The Department of Community Health.

Phase II – Training and Competency Assessment

- A. Attendance at training by the Developmental Disability Professional, Nurse and Director of a potential agency provider or potential individual provider is mandatory for all days, times and modules of Phase II Training and Competency Assessment. The DDP, Nurse and Director of a potential agency provider, and/or potential individual provider must attend a mandatory two weeks of training on topics identified and presented by DBHDD.

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- B. Upon receipt of *Notification Letter* of successful completion of Phase I, a potential provider must submit the Training Fee of \$250.00 per individual attending. This training fee must be submitted prior to attendance at training. Fees not received prior to first day of training will result in closure of application. Fees will not be accepted at training sites. Fees can be sent overnight delivery. A potential provider will be notified that their fee was successfully delivered via email within 24 business hours upon receipt of fee. Upon receipt of email notification from DBHDD, a potential provider must return a reply of receipt email to the emailing body.
- C. Fees must be paid by Cashier's Check or Money Order made payable to the Division of Developmental Disabilities and submitted to:
 Provider Development Coordinator
 Division of Developmental Disabilities
 Department of Behavioral Health & Developmental Disabilities
 Suite 22-102
 2 Peachtree Street, NW
 Atlanta, Georgia 30303
- D. Refund of any training fee will be prorated at a rate of twenty-five dollars (\$25.00) per module not yet attended if potential provider withdraws application during the training and assessment process.
- E. State or Governmental Photo ID will be required at each training session, for each individual attending.
- F. Absences due to an emergency must be verified. In the event of an emergency situation that precludes attendance at training, notification of emergency situations must be made via email, and followed up by written verification on agency letter head with attached original copy of medical verification (if applicable), to the Provider Development Coordinator on the business day following the documented emergency unless the nature of the emergency prevents the individual from contacting DBHDD. If so, the individual is to contact the Provider Development Coordinator at the first available opportunity.
- G. Absences that are not verified as defined in this policy will result in closure of application, forfeiture of refund and "unsuccessful completion" status for all individuals representing the potential provider.
- H. In the event of a verified, documented emergency situation, where any of the three potential provider attendees (DDP, nurse and director) or potential individual provider is not able to complete training, the potential provider application will be placed on hold. Applications placed on hold may require updated documents when reopened. All required attendees (DDP, nurse and/or director) or potential individual provider who did not complete the training will be required to complete training during the next available training cycle. In this circumstance, training fees will carry

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over to the next available training cycle. If training is not completed in next available training cycle, the application will be closed.

- I. There will be no refunds for “no shows”. No shows will result in closure of application, forfeiture of refund, and “unsuccessful completion” status for all individuals representing the potential provider.

- J. The Division of DD reserves the right to alter the topics taught and amount of time devoted to each topic. Training topics are listed below:
 1. Health Risk Screening Tool (HRST)
 2. Individual Service Plan
 - Implementation of the ISP
 - Documentation Requirements Based Upon Service
 3. Supports Intensity Scale
 4. Person Centered Training
 - Health, Safety, Well Being & Holistic Needs
 - Choice & Rights
 - Person Centered Service Delivery
 5. Provider Requirements
 - Personnel Requirements for Specific Services
 - Professional Staff
 - Mandatory Disqualification Standards
 - Training of Staff/Orientation
 - Introduction to Policies and Procedures for All Providers
 - Accreditation/Certification Standards
 - Certification Tool
 - Medication
 - Introduction to NOW/COMP Medicaid Manuals
 - Service Specific Requirements
 - Self-Direction of Services
 6. Quality Management
 - Individual Rights
 - Quality Assurance and Monitoring of Services
 - Quality Improvement Plans
 - Grievance Procedures – Internal and External
 7. Behavior Support
 - Applied Behavior Analysis
 - Best Practice Standards for Behavior Support Services and Other Relevant Policies
 - Safety Planning
 - Crisis Protocols
 - Staff Training Topics and Technique
 8. Medicaid Policy
 - Billing Medicaid

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- Program Integrity
 - Medicaid Audits
9. Reporting/Investigation Critical Incidents and Deaths
10. Crisis Planning

K. Developmental Disabilities Professionals, Nurses and Directors and Owner/s (as applicable) will be given a competency assessment at the end of each module, and be provided with a discussion session following the assessment. Completed assessments will be returned by potential provider to trainer at end of each module session and discussion.

L. This training does not transfer to new employment, or consultation as a DDP, Nurse, or Director with different potential providers or current approved providers.

Requirement for Successful Completion of All Phases

All Phases of Process are required to be successfully completed within the six month cycle (July 1 – December 31, or January 1 – June 30) after the *Letter of Intent to Provide Services Form and Pre-qualifiers* were submitted.

Ongoing Recruitment of Some Services:

Division of DD may elect to do ongoing recruitment of some services, including:

A. Direct Care Services

- Environmental Accessibility Adaptations
- Specialized Medical Supplies
- Specialized Medical Equipment
- Vehicle Adaptations

B. Therapy Services Professionally Licensed Services

- Community Residential Alternative/Community Living Support Nursing RN
- Community Residential Alternative/Community Living Support LPN Services
- Adult Occupational Therapy
- Adult Physical Therapy
- Adult Speech Language Therapy
- Behavioral Supports Consultation

C. Single Provider Services

- Financial Support Services (application made through the Division of Community Health)
- Support Coordination
- Community Guide Services

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REFERENCE MATERIALS:

Department of Behavioral Health and Developmental Disabilities - Provider Information - Provider Toolkit

www.dbhdd.georgia.gov

Georgia Department of Community Health/Georgia Health Partnership – Georgia Web Portal

<https://mmis.georgia.gov>

Healthcare Facility Regulation – Licensing Body

www.dch.georgia.gov

Small Business Administration

<http://www.sba.gov/localresources/district/ga/index.html>

Score/Small Business Mentoring and Training

<http://www.score.org/index.html>

Rights

Universal Declaration of Human Rights

<http://www.ohchr.org/EN/Issues/Pages/UDHRIndex.aspx>

The Developmental Disabilities Assistance and Bill of Rights Act of 2000

<http://www.acf.hhs.gov/programs/add/ddact/DDACT2.html>

Human Rights Education Associates

http://www.hrea.org/index.php?base_id=152

United Nations Council for Human Rights

<http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx>

United Nations Enable

<http://www.un.org/disabilities/>

Quality Assurance / Improvement

Georgia Quality Management System

www.dfmc-georgia.org

Centers for Medicare & Medicaid Services (CMS) Quality Framework

<http://www.ncdhhs.gov/mhddsas/statspublications/reports/hcbsqualityframework.pdf>