



**DDDS HCBS PROVIDER APPLICATION  
 SUPPORTING DOCUMENTATION CHECKLIST  
 FOR CURRENT PROVIDERS**

*Refer to Provider Application Instructions*

**Provider Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Checklist Completed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

CRITERIA	REQUIREMENT	CHECK	ADDITIONAL COMMENTS
<b>Programs and Services</b>	Description of the service delivery model		
	Operational practices		
	Person-centered approach		
	Sample of a consumer service plan		
	Two (2) letters of reference		
	Quality Improvement and Assurance Plan for new service		
	Medicaid Compliance Plan		
	Emergency Operations plan for new service (if applicable)		
	Client Rights Policy		
	Internal Client Dispute Resolution Process		
<b>Business Practices</b>	Business Plan for new service, including:		
	▪ Organization and management		
	- Organizational chart		
	- Composition of governing body		
	- Description of local advisory board		
	▪ Market analysis		
	▪ Client/family marketing strategy		
	▪ Financial stability		
	▪ Proposed operating budget for each new service		
	Internal compliance and auditing system		
DE Business license or 501(c)(3) IRS letter			