

**DDDS HCBS PROVIDER APPLICATION
SUPPORTING DOCUMENTATION CHECKLIST****FOR NEW PROVIDERS***Refer to Provider Application Instructions***Provider Name:** _____ **Application Date:** _____**Checklist Completed by:** _____ **Date Completed:** _____

CRITERIA	REQUIREMENT	CHECK	ADDITIONAL COMMENTS
Programs and Services	Description of the service delivery model		
	Description of IDD experience		
	Operational practices		
	Person-Centered approach		
	Sample of a consumer service plan		
	Two (2) letters of reference		
Service Integrity	Quality Improvement and Assurance Plan		
	Medicaid Compliance Plan		
	Client Rights Policy		
	Internal Client Dispute Resolution Process		
	Emergency Operation Plan (if applicable)		
	Infection Control and Infestation Protocols (if applicable)		
	Incident reporting procedures		
	Personnel management policies (a-h)		
	Internal grievance/complaint system		
Business Practices	Business Plan		
	▪ Agency description		
	▪ Organization and management		
	- Legal structure		
	- Organizational chart		
	- Composition of governing body		
	- Description of local advisory board		
	▪ Marketing analysis		



CRITERIA	REQUIREMENT	CHECK	ADDITIONAL COMMENTS
	▪ Client/family marketing strategy		
	▪ Financial stability		
	▪ Budget for each proposed service		
	Internal compliance and auditing system		
	DE business license or 501(c)(3) documentation		