**HCBS PROVIDER APPLICATION**

**REQUIREMENT SUMMARY CHECKLIST & TABLE OF CONTENTS**

**DDDS HCBS SERVICES**

**INSTRUCTIONS**

1. You must submit the Requirement Summary Checklist Word format ONLY.
2. You must submit a response to every question as a separate .pdf document unless the Provider Qualification Instructions inform you differently. For example, you must submit Item #A.1.1 and Item #A.1.2 as separate .pdf documents. You must submit each section in order as a .ZIP file.
3. Do not leave any question blank. DDDS will reject incomplete applications.
4. In the Services sections, complete only those sections that pertain to the service(s) for which you are applying.
5. The “Provider Included” column is optional and intended to assist applicants in ensuring they have included all required elements (see Appendix A of the Provider Qualification Instructions document).

| CRITERIA | | REQUIREMENT | | | LABEL | | PROVIDER INCLUDED | DDDS | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YES | NO | | |
| General Requirements | | Provider Application to Provide HCBS | | |  | |  |  |  | | |
| Provider Table of Contents | | |  | |  |  |  | | |
| Programs and Services  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Service Integrity/Health and Safety | | A1. AGENCY OVERVIEW | | |  | |  |  |  | | |
| Services & target populations | | | A1.1 | |  |  |  | | |
| Professional experience with services | | | A1.2 | |  |  |  | | |
| Mission, vision, values | | | A1.3 | |  |  |  | | |
| A3. I/DD EXPERIENCE | | |  | |  |  |  | | |
| Relationships & community inclusion | | | A3.1 | |  |  |  | | |
| Professional experience of officers | | | A3.2 | |  |  |  | | |
| A4. ORGANIZATION STRUCTURE | | |  | |  |  |  | | |
| Staffing patterns | | | A4.1 | |  |  |  | | |
| Organizational chart | | | A4.2 | |  |  |  | | |
| Staff knowledge | | | A4.3 | |  |  |  | | |
| Resumes or CVs of key team members | | | A4.6 | |  |  |  | | |
| Position descriptions | job duties of program staff | | | A4.7 | |  |  |  | | |
| Ability to manage contracts | | | A4.8 | |  |  |  | | |
| A5. PERSON-CENTERED APPROACH | | |  | |  |  |  | | |
| Translating into practice | | | A5.1 | |  |  |  | | |
| Operationalization | | | A5.2 | |  |  |  | | |
| Participation in process | | | A5.3 | |  |  |  | | |
| Discover needs & interests | | | A5.4 | |  |  |  | | |
| Achieve desired outcomes | | | A5.5 | |  |  |  | | |
| A7. LETTERS OF REFERENCE | | |  | |  |  |  | | |
| Two (2) letters of reference | | | A7 | |  |  |  | | |
| B2. MEDICAID COMPLIANCE PLAN | | |  | |  |  |  | | |
| Medicaid compliance plan (including all 7 components) | | | B2 | |  |  |  | | |
| B3. CLIENT RIGHTS POLICY | | |  | |  |  |  | | |
| Empower individuals | | | B3.1 | |  |  |  | | |
| HIPAA | | | B3.2 | |  |  |  | | |
| DDDS “Behavior Support Plans” policy | | | B3.3 | |  |  |  | | |
| DDDS “Restraints and Restrictive Procedures” policy | | | B3.4 | |  |  |  | | |
| Client Rights policy | | | B3.5 | |  |  |  | | |
| B4. DISPUTE RESOLUTION PROCESS | | |  | |  |  |  | | |
| Types of grievances & complaints | | | B4.1 | |  |  |  | | |
| Process & timelines | | | B4.2 | |  |  |  | | |
| Mechanisms to resolve grievances | | | B4.3 | |  |  |  | | |
| Dispute resolution process and forms | | | B4.4 | |  |  |  | | |
| B5. INCIDENT REPORTING | | |  | |  |  |  | | |
| Consistency with DDDS policies | | | B5.1 | |  |  |  | | |
| Incident reporting policy and procedures | | | B5.2 | |  |  |  | | |
| B6. RECRUITMENT & SCREENING | | |  | |  |  |  | | |
| Agency’s philosophy | | | B6.1 | |  |  |  | | |
| Mechanism for disseminating policy | | | B6.2 | |  |  |  | | |
| Recruitment & retention | | | B6.3 | |  |  |  | | |
| B7. PERSONNEL OPERATIONS | | |  | |  |  |  | | |
| Personnel operations policies (a-h) | | | B7 | |  |  |  | | |
| Business Practices | | C1. LEGAL STRUCTURE | | |  | |  |  |  | | |
| Legal structure | | | C1 | |  |  |  | | |
| C2. COMPOSITION OF GOVERNING BODY | | |  | |  |  |  | | |
| Orientation & Training | | | C2.1 | |  |  |  | | |
| Diversity planning | | | C2.2 | |  |  |  | | |
| Roster of governing body | | | C2.3 | |  |  |  | | |
| C5. FINANCIAL STABILITY | | |  | |  |  |  | | |
| Operating reserves policy | | | C5.1 | |  |  |  | | |
| Notarized letter from CPA firm | | | C5.2 | |  |  |  | | |
| C6. INTERNTAL COMPLIANCE & AUDITING | | |  | |  |  |  | | |
| Audit process & schedule | | | C6.1 | |  |  |  | | |
| Deficiencies & findings | | | C6.2 | |  |  |  | | |
| Capacity to bill Medicaid | | | C6.3 | |  |  |  | | |
| Capacity to disburse funds | | | C6.4 | |  |  |  | | |
| Compliance with billing rules | | | C6.5 | |  |  |  | | |
| C7. BUSINESS DOCUMENTATION | | |  | |  |  |  | | |
| Business documentation | | | C7 | |  |  |  | | |
| Service Description for Lifespan Waiver Services | | Potential applicants must answer ALL questions. | | |  | |  |  |  | | |
| Z1. RECRUITING & SCREENING PROVIDERS | | |  | |  |  |  | | |
| Relationships to recruit providers | | | Z1.1 | |  |  |  | | |
| Supports diversity, equity, inclusion | | | Z1.2 | |  |  |  | | |
| Screening providers | | | Z1.3 | |  |  |  | | |
| Interviewing providers | | | Z1.4 | |  |  |  | | |
| Application for providers | | | Z1.5 | |  |  |  | | |
| Interview and scoring protocols | | | Z1.6 | |  |  |  | | |
| Z2. COMPLIANCE & MONITORING PROVIDERS | | |  | |  |  |  | | |
| Ensuring compliance | | | Z2.1 | |  |  |  | | |
| HCBS Settings Final Rule | | | Z2.2 | |  |  |  | | |
| Provider Standards | | | Z2.3 | |  |  |  | | |
| Provider staff orientation & training | | | Z2.4 | |  |  |  | | |
| Provider inspections | | | Z2.5 | |  |  |  | | |
| Site inspection form | | | Z2.6 | |  |  |  | | |
| Z3. QUALITY ASSURANCE PLAN | | |  | |  |  |  | | |
| Philosophy on quality improvement | | | Z3.1 | |  |  |  | | |
| Positions responsible for QI plan | | | Z3.2 | |  |  |  | | |
| Family involvement in QI plan | | | Z3.3 | |  |  |  | | |
| Performance measures | | | Z3.4 | |  |  |  | | |
| Using data to improve service delivery | | | Z3.5 | |  |  |  | | |
| Agency’s QA plan | | | Z3.6 | |  |  |  | | |
| Quality Assurance of providers | | | Z3.7 | |  |  |  | | |
| Z4. PROVIDER SUPPORT | | |  | |  |  |  | | |
| Questions and communications | | | Z4.1 | |  |  |  | | |
| Support during emergencies | | | Z4.2 | |  |  |  | | |
| Budget | | Agency’s annual operating budget | | | AA1 | |  |  |  | | |
| Start-up budget for Year 1 | | | AA2 | |  |  |  | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | Y | | N |
| Did the application include all required sections? | | | |  | |  | |  | |  |
|  |  | | If “Yes” forward to Provider Authorization Committee  If “No” send notification to applicant | | | | | | | |
| DDDS Signature | |  | |  | |  | |  | | |
| Date | |  | |  | |  | |  | | |