



DDDS HCBS PROVIDER APPLICATION
SUPPORTING DOCUMENTATION TABLE OF CONTENTS
FOR NEW APPLICANTS

Refer to Provider Application Instructions

When turning in your packet, you should also have the following:

Page 1 – Provider Lifespan Waiver Application

Page 2 – Provider Requirement Summary

Page 3 – Provider Table of Contents - Below you will see how to label each tab. Do not combine more than one section together; everything should be separated as shown below

Provider Name:

Table with 3 columns: CRITERIA, REQUIREMENT, LABEL. Rows include Programs and Services (A1-A6), Service Integrity (B1-B9), and Business Practices (C1a-C3).



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

CRITERIA	REQUIREMENT	SECTION
Behavior Consultation Agencies	Sample of a functional behavioral assessment	D1
Nurse Consultant Agencies	Demonstration of knowledge to work with individuals with intellectual and developmental disabilities (I/DD), cognitive impairments, autism, mobility issues and concurrent mental health issues, in addition to the client's health challenges	E1
Other (if applicable)	Prompt reporting of any merger or other corporate restructuring arrangements to reassess the qualification status of the changed entity	F1
	Disclosure of any enforcement orders, violations, or sanctions related to any service or operation in which the applicant provider oversees	F2

****failure to comply with the table of contents may result in your application being returned for corrections****