**HCBS PROVIDER APPLICATION**

**REQUIREMENTS SUMMARY CHECKLIST**

**DDDS HCBS SERVICES**

**INSTRUCTIONS**

1. Submit this Requirements Summary Checklist in Word format ONLY.
2. You must submit a response to every question as a separate .pdf document. 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 | | |  | |  | |  |  | | |
| Requirements Summary Checklist | | |  | |  | |  |  | | |
| Programs and Services | | A1. AGENCY OVERVIEW | | |  | |  | |  |  | | |
| Services & target populations | | | A1.1 | |  | |  |  | | |
| Professional experience with services | | | A1.2 | |  | |  |  | | |
| Community stakeholders | | | A1.3 | |  | |  |  | | |
| Mission, vision, values | | | A1.4 | |  | |  |  | | |
| Empower & coordinate | | | A1.5 | |  | |  |  | | |
| Unduplicated # served | | | A1.6 | |  | |  |  | | |
| Licensure, certification & standards | | | A1.7 | |  | |  |  | | |
| A2. SERVICE DELIVERY MODEL | | |  | |  | |  |  | | |
| Diversity, equity, inclusion | | | A2.1 | |  | |  |  | | |
| HCBS Settings Rule | | | A2.2 | |  | |  |  | | |
| DDDS Provider Standards | | | A2.3 | |  | |  |  | | |
| A3. I/DD EXPERIENCE | | |  | |  | |  |  | | |
| Relationships & community inclusion | | | A3.1 | |  | |  |  | | |
| Professional experience of officers | | | A3.2 | |  | |  |  | | |
| A4. ORGANIZATION STRUCTURE | | |  | |  | |  |  | | |
| Staffing patterns, ratios, schedules | | | A4.1 | |  | |  |  | | |
| Organizational chart | | | A4.2 | |  | |  |  | | |
| Staff knowledge | | | A4.3 | |  | |  |  | | |
| Affiliations, contracts, subcontracts | | | A4.4 | |  | |  |  | | |
| Violations & sanctions | | | A4.5 | |  | |  |  | | |
| Resumes or CVs of key team members | | | A4.6 | |  | |  |  | | |
| Position descriptions | job duties of program staff | | | A4.7 | |  | |  |  | | |
| A5. PERSON-CENTERED APPROACH | | |  | |  | |  |  | | |
| Translating into practice | | | A5.1 | |  | |  |  | | |
| Operationalization | | | A5.2 | |  | |  |  | | |
| Participation in process | | | A5.3 | |  | |  |  | | |
| Discover needs & interests | | | A5.4 | |  | |  |  | | |
| A6. SERVICE PLANNING | | |  | |  | |  |  | | |
| Supports self-advocacy | | | A6.1 | |  | |  |  | | |
| Goals | | | A6.2 | |  | |  |  | | |
| Plan connected to service delivery | | | A6.3 | |  | |  |  | | |
| Working with individuals | | | A6.4 | |  | |  |  | | |
| Achieving desired outcomes | | | A6.5 | |  | |  |  | | |
| A7. LETTERS OF REFERENCE | | |  | |  | |  |  | | |
| Two (2) letters of reference | | | A7 | |  | |  |  | | |
| Service Integrity | Health and Safety | | B1. QUALITY IMPROVEMENT PLAN | | |  | |  | |  |  | | |
| CQI philosophy | | | B1.1 | |  | |  |  | | |
| Responsible positions | | | B1.2 | |  | |  |  | | |
| Involving individuals & families | | | B1.3 | |  | |  |  | | |
| Performance measures | | | B1.4 | |  | |  |  | | |
| Uses data to improve service delivery | | | B1.5 | |  | |  |  | | |
| Timeline for implementing QA plan | | | B1.6 | |  | |  |  | | |
| Agency’s use of plan | | | B1.7 | |  | |  |  | | |
| Quality Assurance Plan | | | B1.8 | |  | |  |  | | |
| 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. INTERNAL DISPUTE RESOLUTION | | |  | |  | |  |  | | |
| 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. PERSONNEL MANAGEMENT | | |  | |  | |  |  | | |
| Agency’s philosophy | | | B6.1 | |  | |  |  | | |
| Mechanism for disseminating policy | | | B6.2 | |  | |  |  | | |
| Recruitment & retention | | | B6.3 | |  | |  |  | | |
| Personnel operations policies (a-h) | | | B6.4 | |  | |  |  | | |
| Business Practices  Business Practices  (continued) | | 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 | |  | |  |  | | |
| C3. LOCAL ADVISORY BOARD | | |  | |  | |  |  | | |
| Diversity & inclusion | | | C3.1 | |  | |  |  | | |
| Frequency & duties | | | C3.2 | |  | |  |  | | |
| Minutes from past 3 advisory board meetings | | | C3.3 | |  | |  |  | | |
| Plan to organize Advisory Board | | | C3.4 | |  | |  |  | | |
| C4. MARKETING ANALYSIS | | |  | |  | |  |  | | |
| Marketing analysis | | | C4 | |  | |  |  | | |
| C5. FINANCIAL STABILITY | | |  | |  | |  |  | | |
| Operating reserves policy | | | C5.1 | |  | |  |  | | |
| Notarized letter from CPA firm | | | C5.2 | |  | |  |  | | |
| C6. INTERNTAL COMPLINCE & AUDITING | | |  | |  | |  |  | | |
| Audit process & schedule | | | C6.1 | |  | |  |  | | |
| Deficiencies & findings | | | C6.2 | |  | |  |  | | |
| Capacity to bill Medicaid | | | C6.3 | |  | |  |  | | |
| BUSINESS DOCUMENTATION | | |  | |  | |  |  | | |
| Business documentation | | | C7 | |  | |  |  | | |
| Budget | | Agency’s annual operating budget | | | AA1 | |  | |  |  | | |
| Start-up budget for Year 1 | | | AA2 | |  | |  |  | | |
| Service Description for Lifespan Waiver Services | | Detailed program narrative of service for each service included in the application. Potential applicants must answer ALL questions for the service(s) for which they are applying. NOTE: These must match services identified on the Application. | | |  | |  | |  |  | | |
| Day Habilitation | | Agency’s experience in providing services and supports to help a diverse population | | | D1 | |  | |  |  | | |
| Agency’s experience in supporting person-centered plans | | | D2 | |  | |  |  | | |
| Agency’s success in increasing independence | | | D3 | |  | |  |  | | |
| Agency’s support to help achieve desired level of participation in the community | | | D4 | |  | |  |  | | |
| Site locations | | | D5 | |  | |  |  | | |
| Emergency operational plan | | | D6 | |  | |  |  | | |
| Standard precautions and infection control | | | D7 | |  | |  |  | | |
| Community Participation | | Agency’s experience in providing services and supports to help a diverse population | | | E1 | |  | |  |  | | |
| Agency’s experience in supporting person-centered plans | | | E2 | |  | |  |  | | |
| Agency’s success in increasing independence | | | E3 | |  | |  |  | | |
| Community inclusion | | | E4 | |  | |  |  | | |
| Staffing | emergency operational plan | | | E5 | |  | |  |  | | |
| Agency’s support to help achieve desired level of participation in the community | | | E6 | |  | |  |  | | |
| Personal Care | | Types | tasks of assistance | | | F1 | |  | |  |  | | |
| Addresses choice | | | F2 | |  | |  |  | | |
| Compliance with EVV | | | F3 | |  | |  |  | | |
| Maximize continuity of care | | | F4 | |  | |  |  | | |
| Licensure and certification | | | F5 | |  | |  |  | | |
| Prevocational  Services | | Service coordination with Voc. Rehab | | | G1 | |  | |  |  | | |
| Success at transitioning members | | | G2 | |  | |  |  | | |
| Tailored service delivery | | | G3 | |  | |  |  | | |
| Options for service delivery | | | G4 | |  | |  |  | | |
| Emergency operational plan | | | G5 | |  | |  |  | | |
| Standard precautions and infection control | | | G6 | |  | |  |  | | |
| Residential Habilitation | | Approach to accessibility, affordability | | | H1 | |  | |  |  | | |
| Emergency operational plan | | | H2 | |  | |  |  | | |
| Standard precautions and infection control | | | H3 | |  | |  |  | | |
| Support for emergency placements | | | H4 | |  | |  |  | | |
| Program components | | | H5 | |  | |  |  | | |
| Respite | | Delivery and settings | | | I1 | |  | |  |  | | |
| Coordinates services | | | I2 | |  | |  |  | | |
| Supports and acclimates individuals | | | I3 | |  | |  |  | | |
| Compliance with EVV | | | I4 | |  | |  |  | | |
| Licensure and certification | | | I5 | |  | |  |  | | |
| Supported Employment – Individual | | Success at competitive employment | | | J1 | |  | |  |  | | |
| Coordinate for self-employment | | | J2 | |  | |  |  | | |
| Supported employment strategies | | | J3 | |  | |  |  | | |
| Emergency operational plan | | | J4 | |  | |  |  | | |
| Job sites | | | J5 | |  | |  |  | | |
| Collaboration with AT | | | J6 | |  | |  |  | | |
| Supported Employment – Group | | Success at competitive employment | | | K1 | |  | |  |  | | |
| Coordinate for self-employment | | | K2 | |  | |  |  | | |
| Supported employment strategies | | | K3 | |  | |  |  | | |
| Emergency operational plan | | | K4 | |  | |  |  | | |
| Job sites | | | K5 | |  | |  |  | | |
| Collaboration with AT | | | K6 | |  | |  |  | | |
| Transition to Individual Supported Employment | | | K7 | |  | |  |  | | |
| Assistive Technology Not Otherwise Covered by Medicaid | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Behavioral Consultation | | Experience using PBS model | | | L1 | |  | |  |  | | |
| Least intrusive interventions | | | L2 | |  | |  |  | | |
| Support for co-occurring conditions | | | L3 | |  | |  |  | | |
| Support for persons with challenging behaviors | | | L4 | |  | |  |  | | |
| Role of BA in accessing psychiatric services | | | L5 | |  | |  |  | | |
| Functional Behavioral Assessment and BSP | | | L6 | |  | |  |  | | |
| Minimum education & experience | | | L7 | |  | |  |  | | |
| Community  Transition | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Home or Vehicle Modification | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Nurse Consultation | | Requisite knowledge | | | M1 | |  | |  |  | | |
| Oversight of nursing activities | | | M2 | |  | |  |  | | |
| Experience in health services | | | M3 | |  | |  |  | | |
| Self-management and prevention | | | M4 | |  | |  |  | | |
| Emergency situations | | | M5 | |  | |  |  | | |
| Licensure and qualifications | | | M6 | |  | |  |  | | |
| Specialized Medical Equipment | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
| Supported Living | | Integrated activities | | | N1 | |  | |  |  | | |
| Residence | | | N2 | |  | |  |  | | |
| Monitors ISPs and support strategies | | | N3 | |  | |  |  | | |
| Self-advocacy training | | | N4 | |  | |  |  | | |
| Compliance with EVV | | | N5 | |  | |  |  | | |
|  | |  | | |  | |  | |  |  | | |
| Service Description for Pathways to Employment services | | Detailed program narrative of service for each service included in the application. Potential applicants must answer ALL questions for the service(s) for which they are applying. NOTE: These must match services identified on the Application. | | |  | |  | |  |  | | |
| Career Exploration and Assessment | | Identifies interests and career direction | | | O1 | |  | |  |  | | |
| Community-based career assessments | | | O2 | |  | |  |  | | |
| Compliance with HCBS Settings Rule | | | O3 | |  | |  |  | | |
| Avoids duplication with DVI | | | O4 | |  | |  |  | | |
| Balances participant interest with local labor market | | | O5 | |  | |  |  | | |
| Supported Employment – Individual | | Success at competitive employment | | | P1 | |  | |  |  | | |
| Coordinate for self-employment | | | P2 | |  | |  |  | | |
| Supported employment strategies | | | P3 | |  | |  |  | | |
| Emergency operational plan | | | P4 | |  | |  |  | | |
| Job sites | | | P5 | |  | |  |  | | |
| Collaboration with AT | | | P6 | |  | |  |  | | |
| Job placement strategy re-authorization | | | P7 | |  | |  |  | | |
| Supported Employment – Small Group | | Success at competitive employment | | | Q1 | |  | |  |  | | |
| Coordinate for self-employment | | | Q2 | |  | |  |  | | |
| Supported employment strategies | | | Q3 | |  | |  |  | | |
| Emergency operational plan | | | Q4 | |  | |  |  | | |
| Job sites | | | Q5 | |  | |  |  | | |
| Collaboration with AT | | | Q6 | |  | |  |  | | |
| Transition from Individual Supported Employment | | | Q7 | |  | |  |  | | |
| Benefits Counseling | | Compliance with HCBS Settings Rule | | | R1 | |  | |  |  | | |
| Knowledge of benefits programs | | | R2 | |  | |  |  | | |
| Translate complex information | | | R3 | |  | |  |  | | |
| Financial Coaching Plus | | Coordinates with Benefits Counseling | | | S1 | |  | |  |  | | |
| Identify theft and predatory lending | | | S2 | |  | |  |  | | |
| Changing financial goals | | | S3 | |  | |  |  | | |
| Personal Care | | Types | tasks of assistance | | | T1 | |  | |  |  | | |
| Addresses choice | | | T2 | |  | |  |  | | |
| Compliance with EVV | | | T3 | |  | |  |  | | |
| Maximize continuity of care | | | T4 | |  | |  |  | | |
| Licensure and certification | | | T5 | |  | |  |  | | |
| Orientation, Mobility, and Assistive Technology | | See Provider Qualification Instructions – Application to Provide Non-recurring DDDS HCBS Services. | | |  | |  | |  |  | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | 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 | |  | |  | |  | |  | | | |