agency for persons with disabilities
State of Florida

AGENCY PROVIDER ENROLLMENT CHECKLIST
(Companies who have two or more staff to provide services)

Instructions: Please check each box to ensure it is included in your APD Provider Application Packet.
Items with an asterisk (*) are required upon initial submission.

STEP 1: Background Screening

☐ 1. LiveScan Form*

Instructions: Submit the complete "Live Scan Background Screening Submission Form" to an Approved Live-Scan Vendor. You must obtain your own ORI/OCA code for your agency that your employees will use on their LiveScan forms. This will ensure your employees' background screening will be returned to you. You must keep record of LiveScan results for all direct service staff in their personnel files. Your employees' LiveScan results are not required to be submitted with your APD application.

☐ 2. Local Law Screenings*

Instructions: Contact your local sheriff's office to obtain a "local law check". You must conduct Local Law results for all direct service staff and keep copies in their personnel files; your employees' screenings are not required in this application package.

☐ 3. Affidavit of Good Moral Character* (AGMC)

Instructions: Sign and return with your application. You must have signed AGMCs for all direct service staff and keep copies in their personnel files; your employees' AGMCs are not required in this application package.

☐ 4. Two Complete Employer Reference Forms*

Instructions: If employer reference forms are unavailable, please submit two letters of recommendation from employers or work associates who can recommend you to perform services for APD individuals. You must keep two letters of recommendation for each direct service staff and keep the letters in your employees' personnel files; the employees' letters are not required in this application package *unless the agency head is not providing services his/herself.*

Note: At all times, providers must maintain copies of their complete Level 2 background screening and five-year rescreening results as part of their personnel file. Agency providers are also responsible for maintaining copies of their employees' documentation at all times.

STEP 2: APD Provider Enrollment Application

☐ 1. APD Provider Enrollment Application*

☐ 2. Professional Resume*

Instructions: Resumes are required for all direct service staff.

☐ 3. Proof of Education*

Instructions: Attach copies of all direct service staff members' high school diploma, GED certificate, or college transcripts. You can identify what proof of education is required by referencing the Developmental Disabilities Handbook.

☐ 4. Policies and Procedures*

Instructions: **Required** for all Agency providers. For details, please see Appendix A: Core Assurances located in the Developmental Disabilities Handbook.

☐ 5. Transporting APD Individuals:

☐ 6(a). Copy of current driver's license(s).

☐ 6(b). Copy of current vehicle registration(s).

☐ 6(c). Copy of "Declaration Page(s)" as proof of automobile insurance.

☐ 6(d).**TRANSPORTATION PROVIDERS ONLY:** "Declaration Page(s)" of automobile insurance with 100,000/300,000 insurance coverage.*

☐ 6. Copy of Social Security Card(s)*

☐ 7. Copy of IRS SS-4 or W-9 form to show proof of your company's Federal Tax ID number*

☐ 8. Florida Business Registration & Articles of Incorporation (AOI) *

Instructions: All applicants who are operating business under a fictitious name or corporation must be registered with SunBiz. Include a copy of your Articles of Incorporation (AOI) or latest Sunbiz Annual Report.

☐ 9. MyFloridaMarketPlace Vendor Registration*

Instructions: This registration is required if you intend to provide services to APD's non-waiver individuals. Please visit www.dms.myflorida.com for more details.

☐ 10. Copy of "Declaration Page(s)" of General or Professional Liability business Insurance*

Instructions: APD **must** be listed at the 'certificate holder' on the declaration page. Proof of liability insurance does not need to be provided until execution of the MWSA.

☐ 11. Copy of Professional License(s) and/or Certification(s), if applicable (i.e.; LPN, RN, Therapies)*

Instructions: Attach copies of all direct service staff members' active license and/or certification. You can identify what licenses and certifications are required, per service, by referencing the Developmental Disabilities Handbook.

☐ 12. Waiver Support Coordinators, Supported Employment and Supported Living Applicants:

☐ 12(a). All **Waiver Support Coordinators (WSCs)*** must complete WSC training to be considered eligible to provide this service. Attach a copy of all training certificates.

☐ 12(b). All **Supported Employment**** applicants must complete Supported Employment training BEFORE service provision.

☐ 12(c). All **Supported Living**** applicants must complete Supported Living training BEFORE service provision.

☐ 12(d). All **Behavioral Services**** applicants must complete Behavioral Services Training BEFORE service provision.

Note: At all times, providers must maintain copies of all of their application documents in their provider files.

> **IMPORTANT:** Your application package will not be accepted by APD until it is complete and accurate. Any missing documentation required above will prompt the APD Enrollment Liaison to return your application without approval.

*Required upon submission of application packet
**Applicant may enroll and execute MWSA with APD, but must complete training before providing services

STEP 3: Completion of Enrollment:

1. If your APD application package is accepted and you are deemed eligible to provide services, an APD Enrollment Liaison will date stamp your APD Provider Enrollment application and give you a draft version of the APD Service Listing Letter, detailing the list of services you are eligible to provide upon execution of an MWSA contract with APD.
2. You will initiate the Medicaid Provider Enrollment process via the Medicaid Provider Enrollment Online Wizard:
   a. To obtain access to the AHCA/Medicaid Website please proceed through the following steps:
      i. Begin by going to the AHCA website: www.AHCA.Myflorida.com
      ii. Click on the "Medicaid Tab";
      iii. Proceed, and click on the "Providers' Tab";
      iv. Next, click on "Provider Enrollment";
      v. Scroll to approximately the center of the page, and click on "On-line Enrollment Wizard";
      vi. Finally, click on the highlighted words that read "New Application."
3. Once your enrollment is complete with Medicaid, you will send your **AHCA "Welcome Letter"** to APD.
   a. At this point, you will be required to show proof of professional liability insurance. You will not be able to execute a contract with APD until this is verified.
4. Some providers may begin providing services to APD individuals upon execution of a Med Waiver Services Agreement, signed by the provider and the Agency for Persons with Disabilities. However, the provider must complete the required trainings found in Appendix B of the Handbook. Supported Employment coaches, Supported Living Coaches and providers of Behavioral Services must complete training <u>prior</u> to service provision.

Provider
Enrollment
Checklist
08/01/13

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