

SOLO PROVIDER ENROLLMENT CHECKLIST

(Individuals who will not hire others to perform 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.
- 2. Local Law Screenings*
Instructions: Contact your local sheriff’s office to obtain a “local law check”.
- 3. Affidavit of Good Moral Character* (AGMC)
Instructions: Sign and return with your application. You must include AGMCs for all direct service staff.
- 4. Two Complete Employer Reference Forms*
Instructions: Please see the Employer Reference Form on the APD Website. If you do not have previous professional work history, please attach two letters of references from people who can recommend you to work with APD individuals.

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.

STEP 2: APD Provider Enrollment Application

- 1. APD Provider Enrollment Application*
- 2. Professional Resume*
- 3. Proof of Education*
Instructions: Attach a copy of your 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** only for Residential Habilitation, Support Coordination, Supported Employment and Supported Living Coaching 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.
 - 6(b). Copy of current vehicle registration.
 - 6(c). Copy of “Declaration Page” as proof of automobile insurance.
 - 6(d). **TRANSPORTATION PROVIDERS ONLY:** “Declaration Page” of automobile insurance with 100,000/300,000 insurance coverage.
- 6. Copy of Social Security Card*

- 7. Copy of IRS SS-4 or W-9 form to show proof of your company's Federal Tax ID number, if applicable.*
- 8. Florida Business Registration & Articles of Incorporation (AOI), if applicable.*
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" 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 and/or Certification, if applicable (i.e.; LPN, RN, Therapies)*
Instructions: Attach a copy of active license and/or certification. You can identify which licenses and certifications are required, per service, by referencing the Developmental Disabilities Handbook.
- 12. Completion of Training
 - 13(a). All **Waiver Support Coordinators (WSCs)*** must complete WSC training to be considered eligible to provide this service. Attach a copy of training certificate. Applicants must also attach an emergency backup plan.
 - 13(b). All **Supported Employment**** applicants must complete Supported Employment training BEFORE service provision.
 - 13(c). All **Supported Living Coaching**** applicants must complete Supported Living training BEFORE service provision. Applicants must also attach an emergency backup plan.
 - 13(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 apply 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 prior to service provision.