

Provider Enrollment Applicant Checklist – Agency

The following items will help ensure complete information for the Provider Enrollment Application process. At all times, providers must maintain copies of their application documents, including background screening results as part of their personnel file. Please note that this checklist is for Agency Owners/authorized signers and direct care staff. To be considered an “agency” with APD for rate purposes, there must be two employees at all times providing the direct care to APD individuals, regardless of how the company is structured. Please note; contracted employees (also known as “1099 independent contractors”) do not count as direct care staff employees for this purpose.

1. Background Screenings must be completed ***before*** APD will review the Provider Application.
(required for all authorized signers and direct care staff)

- Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2
- APD General** “line item” with an **eligible** status in the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse
- Local Law Background Check

2. **Affidavit of Good Moral Character (signed and notarized)**

- Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

3. **Two Employer Reference forms or two letters of recommendation**

- Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

4. **APD Provider Enrollment Applications (choose one of the following application types):**

- A. **Non-Waiver Support Coordination (non-WSC) Application**

- Authorized Signer/Owner

- B. **Waiver Support Coordination Application (WSC) Application**

- Authorized Signer/Owner WSC 1 WSC 2

5. **Resume(s)**

- Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

6. Proof of meeting minimum educational qualification(s)

- A high school diploma, GED certificate, or college transcripts must be submitted. Applicant(s) can identify what proof of education is required by referencing the Developmental Disabilities Handbook. *Note: "Online" high school diplomas and certificates may be subject to further review*

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

7. Copy of Professional licenses or Certifications if applicable to the services being provided

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

8. Policies and Procedures Note: please see Policies and Procedures Checklist" on the APDCARES website for tips on how to complete Policies and Procedures

Authorized Signer/Owner

9. If transporting APD individuals: copy of driver's license, vehicle registration, and "Declaration Page(s) of automobile insurance

Authorized Signer/Owner

10. Transportation Service Providers: copy of driver's license, vehicle registration, and "Declaration Page(s)" of automobile insurance with \$100,00/\$300,000 insurance coverage

Authorized Signer/Owner

11. Proof of identification

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

12. Social Security Card

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

13. Copy of IRS SS-4 or W-9 form to show company's Federal Tax ID number (if applicable)

Authorized Signer/Owner

14. Florida Business Registration and Articles of Incorporation. (if applicable) Note: all applicants who are operating a business under a fictitious name or corporation must be registered with Sunbiz. Include a copy of the Article of Incorporation of latest Sunbiz report.

Authorized Signer/Owner

15. Copy of Declaration Pages of General or Professional Liability business Insurance should be provided at the time of execution of the Medicaid Waiver Services Agreement. (if applicable) Note: APD must be listed at the "certificate holder" on the Declaration page

Authorized Signer/Owner

16. My Florida Market Place Vendor Registration – this is required if applicant intends to provide services to APD's non-waiver individuals. Please visit www.dms.myflorida.com for more details

Authorized Signer/Owner

17. Completion of required training(s)

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

18. Pre-service training and other requirements: The following trainings and prerequisites are required for the specific services listed below ***before*** applicant will be considered eligible to provide that service. ***If you are the authorized signer/owner of the agency, and will not be providing the direct care services, then only the direct care staff must complete these pre-services trainings. The following trainings are required for the specific services listed below before the applicant will be considered eligible to provide that service***

Authorized Signer/Owner Direct Care Staff 1 Direct Care Staff 2

Waiver Support Coordinators: WSC pre-service training is required to be considered eligible to provide this service. An "emergency backup plan" is also required

WSC pre-services training certificate

Emergency Backup Plan

Supported Employment:

Supported Employment Training

Behavioral Services (all)

Behavioral Services Training

Supported Living Coaching:

Supported Living Coaching Training

Emergency Backup Plan

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.