

## AGENCY BASED COMMUNITY BENEFITS - ABCB PROVIDER APPLICATION PACKET CHECKLIST FOR ABCB PROVIDERS TYPE 363 WANTING TO ADD ABCB SERVICES

**Date**

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<th>Organization</th>
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**The following forms, copies and other documents are submitted as part of the application process to become an agency based community benefit provider.**

### Forms

- ABCB Scope of Work Service Summary Form (MAD 501B)
- ABCB Statement of Financial Solvency (MAD 502)
- W-9
- Quality Improvement Assurance (MAD 741)
- Centennial Care Community Provider Attestation Form – CMS Final Rule for HCBS – (MAD 615)

### Copies of

- Current Business License(s)-City/County Business License with physical address matching MAD335
- Current Department of Health License-Adult Day Health, Assisted Living & Nursing Providers-DOH license with physical address matching MAD335
- Current State Professional License(s)-Environmental Modification, Nursing, Occupational, Speech & Physical Therapist providers
- IRS Letter – Employee Identification Number verification
- IRS 501 c3 letter-If not for profit
- NMTRD Registration Certificate –New Mexico 11-digit Tax Identification Number
- Professional Liability, Dishonest/Surety Bond, and Worker’s Compensation Insurance-Current
- Letter of reference from bank or loan institution indicating financial solvency and credit status, or bank statement with personal identifiers blacked out.
- Articles of Incorporation-If applicable
- List of board members with addresses, terms of service, positions on board & Social Security numbers
- Verification of National Provider Identifier-Adult Day Health, Assisted Living & Nursing Providers

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ORGANIZATION:

### Written Description of Organizational Structure, including

- [ ] Statement regarding Agency’s mission and purpose
- [ ] Intent to comply with applicable NM laws, regulations, policies and procedures for the Agency Based Community Benefits.
- [ ] Physical location, address and phone number for each service site or office
- [ ] Outline of plan to sustain business during the start up phase. Copy of business plan may be submitted, if desired.
- [ ] Relationships to other organizations currently providing medicaid waiver services that the provider directly or indirectly controls or influences
- [ ] Relationship to other organizations currently providing medicaid waiver services that directly or indirectly controls or influences the provider
- [ ] Detailed transition plan for clients served in the event an Agency Based Community Benefits recipient is discharged or either party terminates the provider agreement
- [ ] Copy of the agency’s procedure on Notification, and Management of Incidents of Abuse, Neglect, Exploitation, Death and Other Serious Incidents, as required by the Department.
  - • Sole proprietors or individual practitioners such as therapists may submit a Statement of Assurance that they will abide by the guidelines set forth in the DHI Incident Management Guide and will utilize the DHI Incident Management Reporting Forms to report incidents of abuse, neglect, etc.

### Written Description of Service Provision, including

- [ ] Statement describing the agency’s experience in providing services for which the agency is applying; including summaries of background and experience of staff members.
- [ ] Full description of the agency’s approach to delivering the specific Agency Based Community Benefits services
  - • Including staff orientation and training requirements
  - [ ] Proposed staffing pattern, including on-call or substitute staff coverage, by title or position, and
  - [ ] Description of staff qualifications, including copies of individual professional licenses, as appropriate
  - [ ] Description of methods used to communicate with staff (including substitute staff, if used) regarding the needs and service goals of the individuals to be served.
- [ ] Copies of emergency and on call procedures

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