Application Fax Line:

Attention CAP Unit at NC Medicaid  1+(919) 715-0052

NCDHHS, Division of Health Benefits

Willing & Qualified Provider Application Packet Template

Coordinated Caregiving

**Agency Name:**

**Agency Contact Information:**

**Willing & Qualified**

**CAP Waiver Provider**

**Application**

**Coordinated Caregiving**

**Enrollment as a Medicaid Provider**

1. **Approved NC Medicaid Provider Approval Letter or Application in Progress Status:**
* Placed behind this section of the packet.
1. **Licensure for Home Care as outlined by NCDHSR**
**or**
**Approved Enrolment as an Atypical Provider in NC**
	* Placed behind this section of the packet.

**Agency Experience:**

1. **The types of HCBS rendered and how those services were rendered.**
2. ***List of service types provided and their rendering (i.e., in-person and home based):***
3. **The number of years rendering those services.**
4. ***List of each service type and the number of years providing it:***
5. **The locations those service(s) were rendered.**
6. ***List the counties served in NC within the last two (2) or three (3) years (within 50 miles of participants’ zip codes):***
7. **The number of individuals served by services rendered.**
8. ***The current number of individuals served:***
9. ***The total number of individuals served within the last (2) or three (3) years:***
10. **The number of years working directly with the target population with chronic and severe physical disabilities. For CAP/C ages 0 through 20. For CAP/DA ages 18-64 with physical disabilities and ages 65 or older.**
11. ***The total number of years operating business in NC:***
12. **The number of waiver participants wishing to serve.**
13. ***The number based on your business plan:***
14. **References.**
15. ***Name, email address, phone number, and business name or association:***
16. ***Name, email address, phone number, and business name or association:***
17. ***Name, email address, phone number, and business name or association:***

**Connection to Service Area**

1. **The physical location of the central office.**
2. ***Main office address (must be in NC):***
3. ***Information on home office communication and engagement with the main office:***
* **Work-From-Home Policy**
* Placed behind this section of the packet.
1. **Farthest expected distance from a participants’ zip code to the office. The office may be public or home based (must be within 50 miles of participant’s zip code).**
2. ***Farthest expected distance between provider and participant (in miles):***
3. ***Addresses of all additional office locations (including home-offices):***
4. **The number of years serving the catchment area.**
5. ***Collective number of years providing services in the area:***
6. ***List the services provided and the number of years each service has been provided in the area:***
7. **Access to RNs, LPNs, behavioral support, and allied support professionals.**
8. ***Number of each staff type:***
9. ***Hours of availability, contact method, access method:***
10. ***If there is a hiring agreement:***
11. ***PRN Staffing:***
12. ***Contract(s) with organization(s):***
13. ***Staff names and professions***

**If you are seeking to increase the area you serve, list the areas you are applying to serve.**

1. ***Counties you are requesting to serve:***

**Financial Stability**

1. **Solvency Statement**
	* ***A signed statement that includes available funds, debt, and an estimated time business could continue if there is a cashflow issue:***

**Documents:**

* **Financial Statements**
* Placed behind this section of the packet.
	+ **Balance Sheet/Year-to Date Income Statement**
* Placed behind this section of the packet.
	+ **Tax Filing**
* Placed behind this section of the packet.

**Policies & Procedures**

1. **Accepting Referrals**
	* Placed behind this section of the packet.
2. **Conducting Assessments** **to Determine Care Needs of The Waiver Participant and Caregiver**
	* Placed behind this section of the packet.
3. **Developing and Carrying Out the Care Plan**
	* Placed behind this section of the packet.
4. **Monitoring Health, Safety, and Well-being of Waiver Participant to Determine Level of Support to the Caregiver**
	* Placed behind this section of the packet.
5. **Conducting Home Visits**
	* Placed behind this section of the packet.
6. **Managing Critical Incidents**
	* Placed behind this section of the packet.
7. **Knowing the Signs of Fraud, Waste, Abuse and When to Make a Report**
	* Placed behind this section of the packet.
8. **Administering Services That are Free of Seclusion and Restrictive Interventions When Not Physician Ordered**
	* Placed behind this section of the packet.
9. **Rendering Services That are Free from Conflict**
10. ***If multiple business lines: An explanation of the separation of multiple business lines:***
11. ***If providing multiple Medicaid services: An explanation of the separation of service lines:***
12. ***If a CAP CME: An explanation of the separation of service and staffing:***
* **Conflict of Interest Policy**
* Placed behind this section of the packet.
	+ **Monitoring Policy**
* Placed behind this section of the packet.
	+ **Grievance Policy**
* Placed behind this section of the packet.
1. **Types and Frequency of Training Modules, Coaching Techniques to Support the Waiver Participant and Caregiver (training provided to participant/caregiver not staff)**
	* Placed behind this section of the packet.
2. **Marketing Strategy**
	* Placed behind this section of the packet.
3. **Communication Plan**
	* Placed behind this section of the packet.

**\*Policies must be within guidelines of regulating body.**

**\*\*All documents provided must be unique to your agency.**

**\*\*\*Your policy should not be a direct copy of DHHS policy.**

**Qualified Staff**

1. **The number of and discipline of professional and supportive staff** **including PRN staff.**
2. ***List each job title and number employed in the position:***
3. **Qualification of each staff**
* **Job Descriptions**
	+ - Placed behind this section of the packet.
* **Employee Resumes or Application Listing Previous Experience**
	+ - Placed behind this section of the packet.
1. **The timeframe to run background checks on each staff and what is done when the background check is received (criminal and health registry).**
* **Background Check Policy**
	+ Placed behind this section of the packet.
1. **An attestation that all staff currently on board have passed the required background checks.**
2. ***A signed statement that all current employees have undergone and passed the required background checks:***

**Have and create systems for automated programs now and in the future**

1. **A description of virtual office.**
2. ***The schedule of training and staff completion:***
* **Work-From-Home Policy**
* Placed behind this section of the packet.
1. **Cyber Security.**
2. ***The schedule of training and staff completion:***
* **IT Policies**
* Placed behind this section of the packet.
* **IT Monitoring Policy**
* Placed behind this section of the packet.
* **SOC II Checklist or Certificate**
* Placed behind this section of the packet.
1. **HIPAA requirements.**
2. ***The schedule of training and staff completion:***

* **HIPAA Policy**
	+ Placed behind this section of the packet.
1. **Safeguarding of PII/PHI and ePHI.**
2. ***The schedule of training and staff completion:***

* **Privacy Safeguards Policy**
* Placed behind this section of the packet.