Application Fax Line:

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

NCDHHS, Division of Health Benefits

Willing & Qualified Provider Application Packet Template

Financial Management Services

**Agency Name:**

**Agency Contact Information:**

**Willing & Qualified**

**CAP Waiver Provider**

**Application**

**Financial Management Services**

**Enrollment as a Medicaid Provider**

1. **Approved NC Medicaid Provider Approval Letter or Application in Progress Status:**
	* Placed behind this section of the packet.
2. **Approved Enrollment as Atypical Provider in NC**
	* Placed behind this section of the packet.

**Agency Experience:**

1. **The number of years’ experience (minimum of 3) providing financial management services through both the Agency with Choice & Fiscal and Employer Agent.**
2. ***The number of years providing Employer Budget Authority*:**
3. ***The number of years providing Employer Authority:***

**Evidence of DOL Law Compliance.**

1. ***Discuss here or attach evidence – If attaching, list here and label documents “DOL Compliance”:***

**The Service Areas.**

1. ***States/programs you have served within the last three (3) years:***

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

1. ***The counties you are requesting to serve:***

**Documents should demonstrate experience with:**

* **Automated Standard Application of Payment**
* Placed behind this section of the packet.
* **Check Claims**
* Placed behind this section of the packet.
* **Electronic Fund Transfer (EFT)**
* Placed behind this section of the packet.
* **Electronic Fund Account**
* Placed behind this section of the packet.
* **International Treasury Service**
* Placed behind this section of the packet.
* **Invoice Processing Platform**
* Placed behind this section of the packet.
* **Judgement Fund**
* Placed behind this section of the packet.
* **Payment Application Modernization**
* Placed behind this section of the packet.
* **Prompt Payment**
* Placed behind this section of the packet.
* **Automated Clearing House**
* Placed behind this section of the packet.
* **Cash Management Improvement Act**
* Placed behind this section of the packet.
* **GFRS and FACTS I**
* Placed behind this section of the packet.
* **Government-wide Accounting**
* Placed behind this section of the packet.
* **Intergovernmental Reconciliation**
* Placed behind this section of the packet.
* **Standard General Ledger**
* Placed behind this section of the packet.
* **Internal Controls for Monitoring**
* Placed behind this section of the packet.
* **Background in Assisting Individuals in Hiring**
* Placed behind this section of the packet.
* **Experience in Creating Budgets**
* Placed behind this section of the packet.
* **Submitting Claims**
* Placed behind this section of the packet.
* **Reimbursement**
* Placed behind this section of the packet.
* **Employee Licenses and Certifications**
* Placed behind this section of the packet.

**References.**

1. ***Name, email address, phone number, and program or organization’s name:***
2. ***Name, email address, phone number, and program or organization’s name:***
3. ***Name, email address, phone number, and program or organization’s name:***

**Ability to Transact Business in the State of North Carolina**

1. **Internal Revenue Services (IRS) information that documents ability to transaction business in NC.**
	1. ***Employer Identification Number (EIN) or Federal Tax Identification Number:***
	2. ***Main office location in NC within a 50-mile radius from provider office to participant zip):***

**Documents:**

* **All Business Licenses and Certifications**
* Placed behind this section of the packet.
* **Tax Statement**
* Placed behind this section of the packet.
* **EFT Authorization**
* Placed behind this section of the packet.
* **Delegation of Authority Record**
	+ - Placed behind this section of the packet.

**Financial Stability**

1. **Solvency Statement.**
	1. ***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. **Consumer Direction (CD) Enrollment**
	* Placed behind this section of the packet.
3. **Filing IRS Required Documents**
	* Placed behind this section of the packet.
4. **Compliance with Department of Labor (DOL) Laws**
	* Placed behind this section of the packet.
5. **Conducting Background Checks and Confirming Employability**
	* Placed behind this section of the packet.
6. **Creating a Pay Rate That is Within Budget**
	* Placed behind this section of the packet.
7. **Employer/Employee Agreements**
	* Placed behind this section of the packet.
8. **Training and Coaching to Support Individuals to Direct Care (training provided to participant/caregiver not staff)**
	* Placed behind this section of the packet.
9. **Managing Critical Incidents**
	* Placed behind this section of the packet.
10. **Knowing the Signs of Fraud, Waste, Abuse and When to Make a Report**
	* Placed behind this section of the packet.
11. **Assuring Approved Service Hours Are Rendered Free from Seclusion or Restraint Unless Physician Ordered**
	* Placed behind this section of the packet.
12. **Rendering Services That are Free from Conflict**
13. ***If multiple business lines: An explanation of the separation of multiple business lines:***
14. ***If providing multiple Medicaid services: An explanation of the separation of service lines:***
15. ***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. **Payroll**
	* Placed behind this section of the packet.
2. **Customer Service**
	* Placed behind this section of the packet.
3. **Electronic Visit Verification (EVV)**
	* 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.**

**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.