

Imagine!
Provider Application
Assurances/Requirements

Type 1 Provider	Type 2 Provider	Type 3 Provider	Type 4 Provider
Typical, generic providers with external licensure/oversight	Program Approved Service Agencies	Providers without external oversight, license-bill OHCDs	Providers of non-direct services
	<input type="checkbox"/> DDD Certification		
	<input type="checkbox"/> Medicaid Provider Number		
<input type="checkbox"/> W-9		<input type="checkbox"/> W-9	<input type="checkbox"/> W-9
<input type="checkbox"/> Background check, if individual <input type="checkbox"/> Verification of background checks, if not individual	<input type="checkbox"/> Verification of background checks conducted by PASA	<input type="checkbox"/> Background check* <input type="checkbox"/> 2 Reference checks* <input type="checkbox"/> Fingerprints* (if applicable)	<input type="checkbox"/> References
<input type="checkbox"/> Central registry of Child Protection Form (FMIN/CES/ASD)	<input type="checkbox"/> Central registry of Child Protection Form (FMIN/CES/ASD)	<input type="checkbox"/> Central registry of Child Protection Form (FMIN/CES/ASD)	
<input type="checkbox"/> Pinnacol declaration of I.C. status if applicable OR	<input type="checkbox"/> Pinnacol declaration of I.C. status if applicable OR	<input type="checkbox"/> Pinnacol declaration of I.C. status if applicable OR	<input type="checkbox"/> Pinnacol declaration of I.C. status if applicable OR
<input type="checkbox"/> Proof of Workers' Comp	<input type="checkbox"/> Proof of Workers' Comp	<input type="checkbox"/> Proof of Workers' Comp	<input type="checkbox"/> Proof of Workers' Comp
<input type="checkbox"/> OIG review	<input type="checkbox"/> OIG review	<input type="checkbox"/> OIG review	<input type="checkbox"/> OIG review (Medicaid only)
<input type="checkbox"/> Proof of license/certification	<input type="checkbox"/> Proof of license/certification	<input type="checkbox"/> Proof of license/certification	<input type="checkbox"/> Proof of license/certification
<input type="checkbox"/> Proof of insurances – liability	<input type="checkbox"/> Proof of insurances – liability	<input type="checkbox"/> Proof of insurances – liability	<input type="checkbox"/> Proof of insurances
<input type="checkbox"/> Proof of insurances – auto, if transporting consumers	<input type="checkbox"/> Proof of insurances – auto, if transporting consumers	<input type="checkbox"/> Proof of insurances – auto, if transporting consumers	
	<input type="checkbox"/> Proof of insurances – Surety (residential services providers)		
<input type="checkbox"/> DORA review-evidence of licensure, complaints			
<input type="checkbox"/> BBB, if applicable	<input type="checkbox"/> BBB, if applicable	<input type="checkbox"/> BBB, if applicable	<input type="checkbox"/> BBB, if applicable
<input type="checkbox"/> Verification of qualifications	<input type="checkbox"/> Verification of qualifications*	<input type="checkbox"/> Verification of qualifications	<input type="checkbox"/> Verification of qualifications
<input type="checkbox"/> Verification of citizenship	<input type="checkbox"/> Verification of citizenship	<input type="checkbox"/> Verification of citizenship	<input type="checkbox"/> Verification of citizenship
<input type="checkbox"/> Rate sheet, as applicable	<input type="checkbox"/> Financial Audit <input type="checkbox"/> Waiver of Audit requirement	<input type="checkbox"/> DDD or other minimum training requirements met (M/A/N/E, confidentiality, rights)	
<input type="checkbox"/> HIPAA Assurances	<input type="checkbox"/> HIPAA Assurances	<input type="checkbox"/> HIPAA Assurances	<input type="checkbox"/> HIPAA Assurances
<input type="checkbox"/> Contract/purchase order	<input type="checkbox"/> Contract (OHCDs)	<input type="checkbox"/> Contract (OHCDs)	<input type="checkbox"/> Contract/purchase order
	<input type="checkbox"/> Notarized signatures - contract		<input type="checkbox"/> Bonding (if, applicable)
	<input type="checkbox"/> Meets OHCDs qualifications (see OHCDs/PASA Procedures) <input type="checkbox"/> Provider Orientation *DDD will verify qualifications at the time of application/approval	*May include verification of background checks completed by provider agency, letters of recommendation	