AGENCY BASED COMMUNITY BENEFITS – ABCB
PROVIDER APPLICATION PACKET CHECKLIST

Organization		Date	
Contact		Title	
Email Address		Phone No.	

THE FOLLOWING FORMS, COPIES AND OTHER DOCUMENTS ARE SUBMITTED AS PART OF THE APPLICATION PROCESS TO BECOME AN APPROVED AGENCY BASED COMMUNITY BENEFIT PROVIDER

Forms	
☐	ABCB Provider Application Packet Checklist - MAD 500A
☐	ABCB Scope of Work Service Summary Form - MAD 501A
☐	ABCB Statement of Financial Solvency - MAD 502
☐	ABCB Attestation Form - CMS Final Rule for HCBS - MAD 615
☐	ABCB Quality Assurance Form - MAD 741
☐	ABCB Program Assurances - MAD 899
☐	W-9
Copies of (*starred items, see below)	
☐	Current Business License(s) - **City/Council Business License showing application address**
☐	Current Department of Health License - **Adult Day Health, Assisted Living, Home Health Aide, Home Delivered Meals***
☐	Current State Professional Licenses - **Environmental Modifications, Behavior Support Consultation, Private Duty Nursing, Nursing Respite, Occupational Therapy, Physical Therapy, Speech Therapy, Home Delivered Meals***
☐	IRS Letter - **Employer Identification Number verification**
☐	IRS 501(c)(3) letter - **If not-for-profit**
☐	NMTRD Registration Certificate - **New Mexico 11 digit Tax Identification Number***
☐	Professional Liability Insurance Certificate - **Current Certificate of Insurance is required**
☐	Workers Compensation Insurance Certificate - **Current Certificate of Insurance is required**
☐	Dishonesty/Surety Bond - **Emergency Response, Environmental Modifications applications only**
☐	Letter from bank indicating financial solvency/credit status, or Agency bank account statement with personal identifiers blacked out

PROVIDER APPLICATION PACKET CHECKLIST (continued)

Organization Name:	
Copies of (continued) (*starred items, see below)	
☐	Articles of Incorporation - **if applicable**
☐	List of Board members with addresses, terms of service, and positions on Board- **if applicable**
☐	Verification of National Provider Identifier - **Adult Day Health, Assisted Living, Private Duty Nursing, Nursing Respite, Home Delivered Meals**
☐	Sample menu and information on Medically Tailored Meals available- **Home Delivered Meals**
☐	Current Food Safety Bureau/Department of Health inspection report- **Home Delivered Meals**
	*__Home Delivered Meals__ providers should provide their Food Safety Bureau/Department of Health License, Food Safety Bureau/Department of Health inspection report, and Tax Identification Number as required by the provider's state. Current Professional Licenses include a Dietitian/Nutritionist certification/license as required by the provider's state.
Information about Organization	
☐	Statement regarding Agency's mission and purpose
☐	Physical location, address and phone numbers for each service site or office
Written Description of Service Provision	
☐	Statement describing the agency's experience in providing the services for which the agency is applying, including a summary of the background and experience of staff members.
☐	Description of the agency's approach to delivering the specific Agency Based Community Benefit services requested, including staff orientation and training requirements.
☐	Description of staff qualifications, including copies of individual professional licenses, as appropriate.
☐	Description of methods used to communicate with staff, regarding the needs and service goals of the individual to be served.
☐	Copies of emergency and on call procedures

Authorized Signature		Title		Date	