

## **New Beginnings Enterprises, Inc. CDDO**

### **Affiliation Checklist**

Please submit the following information when requesting affiliation with the CDDO:

- Formal letter/email requesting affiliation listing the services you wish to provide and the counties you plan to serve in.
- A business plan addressing the areas listed below:
  - Organizational Chart
  - Organizational policies which must include:
    - Background checks of prospective and current employees. Must check at time of hire and have a policy or procedure to ensure staff maintain compliance with background requirements. The following checks must be completed: Adult Protective Services (APS), Child Protective Services (CPS), Kansas Department of Health and Environment (KDHE), Kansas Bureau of Investigation (KBI), KDADS Health Occupation Credentialing Division (HOC), Office of Inspector General (OIG), and Dept. of Motor Vehicles (DMV). DMV check is only required if transporting persons served.
    - Dispute resolution for persons served
    - Medicaid Fraud, Waste and Abuse policy that includes training for all employees
    - Emergency/crisis backup plan which may include emergency on-call availability
    - Policies submitted to KDADS QMS staff for licensing (if Day/Residential or TCM provider)
    - Policy on ANE Training and Reporting (specifically if non-licensed provider)
- Background checks (APS, CPS, KDHE, KBI, HOC and DMV (if transporting persons served) for officers of the organization and anyone handling funds.
- Three letters of reference regarding you or your organization (written in the past year).
- Certificate(s) of Insurance (ACORD Form 25) in the company's name with New Beginnings Enterprises, Inc. CDDO listed as additional insured for:
  - Worker's Compensation (\$500,000 minimum when applicable)
  - General Liability (\$1,000,000 minimum or \$300,000 for a Limited License)
  - Auto Liability (\$500,000 minimum if you or your staff will transport persons served)
- Certificate of Corporation in good standing with the Secretary of State.
- Business Associate Agreement.
- If you intend to provide Day or Residential Services, attach a copy of your license from the State of Kansas to provide services.
- If you intend to provide Financial Management Services (FMS), attach a copy of your contract with Managed Care Organizations (MCOs).