

**Appendix GG - Application Checklist Table
Documents required by the CVO**

Use the checklist table below to gather the documents you will be required to attach to your online application based on the specialty listed on your application. The Credentialing Verification Organization (CVO) and the DCH provider specialist who reviews your application reserve the right to request additional documents as needed to determine if you are fully qualified to be approved as a Georgia Medicaid provider of the service under which you are applying.

Yes = the document is required and must be uploaded with the application

No = the document is not required for your specialty

SPECIALTY indicated on the application in the SPECIALTY INFORMATION section. <i>If you are applying to be an out of home respite provider in a personal care home under Alternative Living Services or in an Adult Day Health Center, please include Out of Home Respite as a specialty on the application.</i>								
Required Documents for CVO Review <i>Specialties</i>	Personal Support Services and Skilled Nursing (PSS/SN) <i>Specialty-197 and 249</i>	Alternative Living Services – Group and Family Model (ALS-G and ALS-F)- <i>Specialty-010</i>	<i>Adult Day Health (ADH)- Specialty 005</i>	<i>Home Delivered Meals (HDM)- Specialty 086</i>	Emergency Response Services (ERS)- <i>Specialty 064</i>	Case Management (CM)- <i>Specialty 030</i>	Home Delivered Services (HDS)- <i>Specialty 087</i>	Structured Family Caregiver (SFC)- <i>Specialty 030</i>
State of Georgia License or Permit, issued by the Dept of Community Health’s Healthcare Facility Regulation Division (HFRD). Provisional licenses are not accepted. If skilled nursing is specified as a specialty on the application, Nursing must be an approved service on the license.	Yes, Current and minimum of 9 months previous	Group Model – YES, a Personal Care Home Permit for 7 to 24 beds. Family Model - NO, a letter explaining they are a contractor and do not have a state permit.	Yes, and must indicate Adult Day HEALTH Center on the Permit.	No	No	No	Yes, a GA Home Health License	No
Current, unexpired Business License	Yes	Yes	Yes	Yes	Yes, if they have an office in Georgia	Yes	Yes	Yes, if they have an office in Georgia
Secretary of State Certificate of Good Standing or Existence	Yes	Yes	Yes	Yes	No	Yes	Yes	No

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IRS form 575c, 147c, or SS4 as proof of Federal employer ID number (FEIN)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Liability Insurance Certificate minimum of 1,000,000 coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Workers Compensation Insurance Certificate	Yes	No	No	No	No	No	Yes	No
Copy of RN License for lead RN	Yes	Yes	Yes	No	No	Yes	Yes	Yes – must have at least one Georgia licensed RN on staff
Notarized, signed affidavit attesting to 12 months of service experience	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
IRS Form W-9 signed, with FEIN only (no SSN)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Signed and Dated Standard Assurance (Appendix RR, Attachment B)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Signed and Dated Civil Rights Assurance (Appendix RR, Attachment C)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Signed and Dated Letter of Understanding (Appendix RR, Attachment D)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

SPECIALTY indicated on the application in the SPECIALTY INFORMATION section.

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Signed and Dated Letter of Agreement (Appendix RR, Attachment E)	No	Yes	No	No	No	No	No	No
Signed Electronic Funds Transfer Agreement (EFTA)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Voided check or bank letter as proof of bank routing number and bank account number	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Title III or Social Services Block Grant funding contract with a Georgia Area Agency on Aging to provide meal services	No	No	No	Yes	No	No	No	No
Case Management Certification Document	No	No	No	No	No	Yes	No	No
ServSafe Certificate	No	No	Yes	No	No	No	No	No

Additional documents to be provided to the EDWP Enrollment Unit/Waiver Unit when requested	PSS/SN	ALS-G	ALS-F	ADH	HDM	ERS	CM	HDS	SFC
Notice of Intent to Apply (Appendix FF of the EDWP (CCSP and SOURCE) General Services Manual)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
HFRD County Approval Letter	Yes	No	No	No	No	No	No	No	No
Resumes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fire Inspection Reports	No	Yes	No	Yes	No	No	No	No	No
AAA Consults	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Policy and Procedures	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Alzheimer's Disclosure-if applicable	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Business plan	No	No	Yes	No	No	No	Yes	No	Yes
Sample contract	No	No	Yes	No	No	No	No	No	No
Business license, Ga or other state	No	No	No	No	No	Yes	No	No	Yes
List of services including fall detection	No	No	No	No	No	Yes	No	No	No
Applicable Food permit (licensed for 24 or more), HD Inspection, Contract with caterer	No	No	No	Yes	No	No	No	No	No
Survey clear (x 3 years) of deficiencies or accept POC (601.1D)	Yes	Yes	Yes	Yes	No	No	No	No	Yes

NOTE: If the application is CVO approved, the Waiver Unit specialist will contact you via the e-mail address listed on the online application. A request for any additional documents needed to complete the application, with a deadline for submission of the requested documents of no less than 2 weeks from the date of notification will be given. DCH reserves the right to request any documents deemed necessary to ensure your qualifications as a provider of the service under which you filed your application.