

## **Harvey-Marion County CDDO**

Supporting increased independence, integration, inclusion, and productivity in individual homes and communities.

## **Harvey-Marion County CDDO Affiliation Requirements**

## Affiliation to Provide Specialized Medical Care

- Cover letter requesting affiliation
- Provider contact information: names, phone/fax numbers, e-mail
- KMAP Provider Number
- Certificate of Corporation with the Secretary of State (if applicable)
- Federal Tax ID number verification
- Business plan
- Three (3) letters of reference that describe the owner/operator's experience and abilities.
- Copies of required background checks for owner/operator.
- Certificates of Insurance:
  - Comprehensive General Liability with Harvey-Marion County CDDO named as additional insured (required)
  - Workers Compensation Insurance (required)
  - Motor Vehicle Liability Insurance (required for provider-owned vehicles if transportation services are provided)
- Policy on Required Background Checks, Policy/Procedure showing staff training requirements including abuse/neglect/exploitation, person centered support planning, health/safety, emergency preparedness, and grievance procedure
- Written description of how Specialized Medical Care will be provided (by an RN, or by an LPN under supervision of an RN)
- Written description of Capacity to provide specialized medical care in Harvey-Marion County CDDO area (initial number of individuals that can be served, plan to expand if needed, or plan to limit capacity to a certain number if applicable).