

# **Instructions for the Application for Community and Employment Supports Waiver Provider Certification**

1. Full legal name of the organization seeking certification.
2. Full legal name of the person designated as the Authorized Representative of the Organization.
3. Authorized Representatives title within the organization.
4. Mailing address for the Organization.
5. Physical address, if different from the business address.
6. Telephone number and fax number for the organization applying for certification.
7. E-mail address for the Authorized Representative.
8. Federal Employer Identification Number (EIN) assigned by IRS.
9. The date the application is submitted to DDS.
10. Services must be provided throughout the year.
11. If applicable, current board members' names, addresses and beginning and end date for each member's term on the board.
12. Mark service or services the organization intends to provide to consumers.
13. The following items must be attached to the application:
  - A. Articles of Incorporation.
  - B. By-Laws.
  - C. Policies and Procedures for the organization developed in accordance with the CES Waiver Standards to include:

1. Board of Directors (*CES 102.A*)
2. Board Meeting Schedule (*CES 102.G*)
3. Nepotism (*CES 103*)
4. Conflict of Interest (*CES 103.1*)
5. Board Training (*CES 109*)
6. Eligibility Criteria, Readmission, Transition, Discharge (*CES 111*)
7. Board Financial Oversight (*CES 112*)
8. Personnel (*CES 201*)
9. Pre-employment, Random and after Accidents Drug Screening (*CES 201.3, 602.A.7, 802.A.7, 802.B.3, 1402.A.7, 1604 and 1802.A.7*)
10. Staff's name appears on either the Child or Adult Maltreatment Registry (*202.B.2.a and (301.1.B.1)*)
11. Staff Recruitment and Retention (*CES 204*)
12. Access to Staff Files (*CES 205.B*)
13. Student, Interns, Volunteers and Trainees (*CES 207*)
14. Staff Training Professional and Administrative Staff and Managerial Staff (*CES 300.1, 301.4, 302, 802.D.2*)
15. Individual Rights (*CES 401*) (*Waiver Document G.2.a.ii*)
16. Confidential Billing, Utilization, Clinical, Administrative and Service Related Information, Operation of Internet Based Services (*CES 402.B*)
17. Centralized Files, Staff access to Records (*CES 402.D*)
18. Grievance Policy (*CES 403, 403.B*)
19. Consumer Health Related Issues (*CES 404A & B*)
20. Protection of Consumer Financial Interests (*CES 405A*)
21. Incident Reporting, Including Follow-up (*CES 406.C*)
22. Positive Programming, Non-Pervasive (*CES 407.A*)
23. Positive Programming, Pervasive (*CES 408.B*)
24. Emergency Basis Intervention (*CES 409.1*)
25. Maltreatment and Corporal Punishment (*CES 410.1*) (*Waiver Document G.2.a.i*)
26. Agency Intake (*CES 502*)

**D.** Curriculum for staff development in accordance with the CES Waiver Standards.

**E.** Program description to include: the organization's mission statement; description of the services to be provided; and the admission, transition, discharge and exit criteria of consumers.

**F.** Copy of the notification of assignment of Federal EIN.

**G.** Original Adult Abuse Registry Check results for the Authorized Representative. Authorized Representative must complete form APS-0001 (\*) and submit it to the Adult Protective Services.

(\*) <https://humanservices.arkansas.gov/wp-content/uploads/APS-0001.doc>

**H.** Original Child Abuse Registry Check results for the Authorized Representative. Authorized Representative must complete an online Central Registry Request form (\*\*) and upload it to the Child Maltreatment Central Registry (\*\*\*)

(\*\*) [https://ardhs.formstack.com/forms/dcfs\\_central\\_registry\\_request\\_v2](https://ardhs.formstack.com/forms/dcfs_central_registry_request_v2)

(\*\*\*) <https://ardhs.quickbase.com/db/bqq7fmaad?a=nwr&nexturl>

**I.** Copy of DDS Determination Letter for the Authorized Representative's AR State Criminal Background check. The Authorized Representative must complete for DDS-5088 (\*\*\*\*). For "Type of Provider" mark "Other: New provider Applicant."

(\*\*\*\*) [https://humanservices.arkansas.gov/wp-content/uploads/State\\_5088.pdf](https://humanservices.arkansas.gov/wp-content/uploads/State_5088.pdf)

1. If the authorized Representative has not lived in Arkansas continuously for the five years prior to the date of application, proceed to J.

**J.** Copy of DDS Determination Letter for the Authorized Representative's FBI Criminal Background check. Authorized Representative must complete for DDS-5088 (\*\*\*\*\*). For "Type of Provider" mark "Other: New Provider Applicant."  
(\*\*\*\*\*) [https://humanservices.arkansas.gov/wp-content/uploads/FBI\\_5088.pdf](https://humanservices.arkansas.gov/wp-content/uploads/FBI_5088.pdf)

**1.** An FBI check is not required if the Authorized Representative has lived in Arkansas for more than five years prior to the date of application. Verification can be established by submitting one of the following:

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <b>1.</b> employment records;   | <b>5.</b> house payment records; |
| <b>2.</b> payroll check stubs;  | <b>6.</b> utilities bills or;    |
| <b>3.</b> tax records;          | <b>7.</b> school records         |
| <b>4.</b> rent payment records; |                                  |

**14.** Indicate whether the organization will offer services statewide or in a specific County or Counties.

Return the completed application and all requested documents to:

DHS St. Francis County  
C/O Lynn Davenport  
1200 East Broadway Ave.  
P.O. Box 899  
Forrest City, AR 72336-0899

Phone: 870-261-6668