

# **Instructions for the Application for Alternative Community Services 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 ACS Waiver Standards to include:

1. Board of Directors (*ACS 102.A*)
2. Board Meeting Schedule (*ACS 102.G*)
3. Nepotism (*ACS 103*)
4. Conflict of Interest (*ACS 103.1*)
5. Board Training (*ACS 109*)
6. Eligibility Criteria, Readmission, Transition, Discharge (*ACS 111*)
7. Board Financial Oversight (*ACS 112*)
8. Personnel (*ACS 201*)
9. Pre-employment, Random and after Accidents Drug Screening (*ACS 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 1301.1.B.1*)
11. Staff Recruitment and Retention (*ACS 204*)
12. Access to Staff Files (*ACS 205.B*)
13. Student, Interns, Volunteers and Trainees (*ACS 207*)
14. Staff Training Professional and Administrative Staff and Managerial Staff (*ACS 300.1, 301.4, 302, 802.D.2*)
15. Individual Rights (*ACS 401*)(*Waiver Document G.2.a.ii*)
16. Confidential Billing, Utilization, Clinical, Administrative and Service Related Information, Operation of Internet Based Services (*ACS 402.B*)
17. Centralized Files, Staff access to Records (*ACS 402.D*)
18. Grievance Policy (*ACS 403, 403.B*)
19. Consumer Health Related Issues (*ACS 404A & B*)
20. Protection of Consumer Financial Interests (*ACS 405A*)
21. Incident Reporting, Including Follow-up (*ACS 406.C*)
22. Positive Programming, Non-Pervasive (*ACS 407.A*)
23. Positive Programming, Pervasive (*ACS 408.B*)
24. Emergency Basis Intervention (*ACS 409.1*)
25. Maltreatment and Corporal Punishment (*ACS 410.1*)(*Waiver Document G.2.a.i*)
26. Agency Intake (*ACS 502*)

- D.** Curriculum for staff development in accordance with the ACS 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.

<http://humanservices.arkansas.gov/dcf/Pages/old%20dcfsForms.aspx>

- H. Original Child Abuse Registry Check results for the Authorized Representative. Authorized Representative must complete form CFS-316 and submit it to Child Maltreatment Central Registry.  
<http://humanservices.arkansas.gov/dcf/Pages/old%20dcfsForms.aspx>
  
- 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.”  
[http://humanservices.arkansas.gov/ddds/ddds\\_docs/standards\\_for\\_conducting\\_CRC\\_DD\\_providers.pdf](http://humanservices.arkansas.gov/ddds/ddds_docs/standards_for_conducting_CRC_DD_providers.pdf) (page 13)
  - 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.”  
[http://humanservices.arkansas.gov/ddds/ddds\\_docs/standards\\_for\\_conducting\\_CRC\\_DD\\_providers.pdf](http://humanservices.arkansas.gov/ddds/ddds_docs/standards_for_conducting_CRC_DD_providers.pdf) (page 13)
  - 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:
 

1. employment records;	5. house payment records
2. payroll check stubs;	6. utilities bills or;
3. tax records;	7. school records
4. 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:

Division of Developmental Disabilities Services  
 P.O. Box 1437, Slot N-203  
 Little Rock, AR 72203-1437