New Agency Interest Application

Please keep in mind that approval obtained through this process does not authorize an agency to deliver OPWDD services to individuals. Each funded service requires its own authorization through agreement or contract with OPWDD and may require additional criteria which are not reviewed through this process. Agencies interested in providing Waiver Home and Community Based Services or Medicaid Service Coordination must also complete the appropriate application process associated with these services.

Please provide all of the requested information. Please submit information electronically to your DDSO representative.

Background

1. Please provide a copy of the agency's not for profit incorporation papers.

2. Please provide a brief history of the agency.
   a. **For an agency that is currently providing services, include:**
      i. the number of years the agency has been providing services,
      ii. the agency's location,
      iii. the types of services the agency provides,
      iv. the types of populations served,
      v. the number of people served,
      vi. Please complete the attestation on the last page of this application if there are currently no fiscal or program concerns. If the agency currently has fiscal or program concerns, please identify the problems and explain how the agency is working to resolve them.

   b. **For an agency that is brand new and not currently providing any services,**
      i. please explain why there is interest in providing services to individuals with developmental disabilities and
      ii. please include any experience the agency staff/board has had with people with developmental disabilities.

3. What are the agency's mission, long term goals, and objectives?

4. Please complete the attestation on the last page of this application if no board or staff member is on any of the Medicaid Excluded lists.

Program

1. a) What service(s) is proposed?

   b) How does the proposed service(s) fit in with OPWDD's mission, vision and values?

   c) Are there any special features which differentiate the service(s) from comparable services available to individuals in this region, county/counties or in other areas served by the Developmental Disabilities District Office (DDSO)?

2. What knowledge, experience and expertise does the agency possess that make it suitable to provide the service proposed?

3. a) Has the agency identified a population or individuals interested in receiving the proposed service(s)?

   b) If yes to question 3a above, how did the agency determine that the individuals were interested in receiving the services proposed from the agency?

4. What is the agency's plan to ensure the quality and effectiveness of the service(s) it provides?

5. What is the agency's organizational staffing plan? Include the following:
   - Number of staff by title; include staff/volunteers already working for the agency and any staff the agency plans to hire.
   - Job titles and written job descriptions, including required qualifications for administrative/human resources and, management staff. Include resumes for those already hired/working for the agency
   - Job titles and written job descriptions, including required job qualifications for staff who will be providing services (service coordinators, habilitation workers, clinicians, etc.) Include resumes for those already hired/working for the agency.
   - Attestation on last page of this application that agency has reviewed and verified credentials for all hired staff, including financial staff if agency has done so.

6. Please explain in detail how the agency will meet OPWDD's statutory and regulatory requirements. Please be sure to address the following: Incident Reporting (Part 624), Protection of Individuals Receiving Services, including Criminal Background Checks (Part 633), General Quality Control and Administrative Requirements (Part 635), and Corporate Compliance. (Please complete the attestation on the last page of this application stating that the agency agrees to comply with OPWDD regulations.)

7. Please submit an outline for a policy and procedure manual for the services the agency proposes to provide. (Before an agency begins providing services, it must submit a complete manual for OPWDD review.)

8. What are the agency's plans for future growth?

Governance

1. Who are the Board Members? OPWDD recommends that an agency have a diverse board that includes members with fiscal, legal, business, computer, and human services experience. Please include resumes that show the board members' qualifications and experience. (Please keep in mind that the Executive Director should not be a board member.)

2. Please indicate if any of the board members or supervisory/management staff have worked at or been board members of an agency that has been cited for waste, fraud, abuse, or wrongdoing or for which there have been allegations of waste, fraud, abuse, or wrong doing brought against it by OPWDD, OMH, Commission on Quality of Care and Advocacy for Persons with Disabilities, Office of the Medicaid Inspector General, Department of Health, the Attorney General's Office, law enforcement, or any other oversight entity. If yes, please indicate how the individual(s) was associated with the agency during the time the citations and/or allegations were made.

3. Please provide minutes from the agency's board meetings for the last three years or for as many years as the agency has been in operation if the agency has been in operation for less than three years.

4. Please indicate how often the agency's board meets.

5. Please provide a copy of the agency's bylaws.

6. Please indicate the board training the board has received. If no training has been received, please explain how the agency will ensure that the board receives appropriate board training.

Fiscal

1. Please submit the agency's financial plan or proposed financial plan and include the following:
   a) For existing agencies, please submit the agency's two most recent budgets with explanations for any variances, plus a proposed budget for the services the agency proposes to provide; for new agencies, please submit a proposed budget for the first year for the services the agency plans to provide, plus projected budgets for two additional years. In each case, please include the following: costs associated with personnel, fringe benefits, employee taxes, telephones, computers, insurance, space costs, travel, training, supplies, etc. In addition, please include the current compensation or intended compensation for the Executive Director and the three highest compensated administrative staff.
   b) Source and amount of start up funds for new agencies or cash reserves for existing agencies
   c) Detailed sources of operational funding.
   d) Plan to ensure adequate cash flow.
   e) Job titles and written job descriptions, including required credentials for fiscal staff not yet hired and for staff (board member/volunteer) already working. Include resumes for all those already working. (It is acceptable for a new agency to use a board member/volunteer; scoring will be based on the qualifications of the volunteer.) (It is also acceptable for an agency to use a CPA firm for some fiscal functions; however, if using a CPA firm, please list the functions the CPA is/will be responsible for and how frequently the CPA firm performs/will perform them.)
   f) How agency will report its financial status on a periodic basis.

2. Does the agency have any outstanding debts or disallowances through the OMIG or the IRS or any other oversight authority? If yes, please provide the amount owed and a fiscal plan that shows how the money will be repaid.

3. Describe the agency's accounting system, including the accounting software that will be used and the policies that will be in place for salaries, fringe benefits, travel expenses, bank reconciliations, separation of functions, etc.

4. For agencies currently providing services, has the agency filed the Federal Form 990? If so, please submit copies from the last three years or for as many years as the agency has been in operation if the agency has been in operation for less than three years.

5. For agencies currently providing services, has the agency distributed certified financial statements? If so, please submit copies from the last three years or for as many years as the agency has been in operation if the agency has been in operation for less than three years; if this is the agency's first year in operation, please submit a Profit and Loss statement with a CPA's attestation of its accuracy.

Agency Attestations

1. **I attest that no board or staff member is on any of the Medicaid Excluded lists.**

_____ _____

Board President Signature **Date**

2. **I attest that this agency has no current fiscal or program concerns.**

_____ _____

Board President Signature **Date**

3. **I attest that the board and staff are knowledgeable about the regulations that are applicable to the services the agency proposes to provide and will comply with these regulations so as to ensure the safety and wellbeing of the individuals served.**

_____ _____

Board President Signature **Date**

4. **I attest that the educational and experiential qualifications of each staff person have been verified.**

_____ _____

Board President Signature **Date**

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5. **I attest that all the information provided in this application is true and that the information was reviewed and approved by the agency's board of directors.**

_____ _____

Board President Signature **Date**