

Required Attachments Checklist

Personal Care & In- Home Respite Services

<input type="checkbox"/>	Current Certificate of Completion of Mandatory Provider Orientation.
<input type="checkbox"/>	Current Administrative Code Part 208 Training Certificate
<input type="checkbox"/>	Most recent national fingerprint criminal background check results for all staff.
<input type="checkbox"/>	Most recent Office of Inspector General (OIG) check results for all staff.
<input type="checkbox"/>	Most recent Mississippi Nurse Aide Abuse Registry check results for all staff.
<input type="checkbox"/>	Agency organizational chart including names of all staff for each position.
<input type="checkbox"/>	Federal Employer Identification number approval letter with effective date. Dates must be legible.
<input type="checkbox"/>	A copy of the provider's most current filed tax return for the business along with confirmation verifying it was filed. Examples of acceptable forms of confirmation include: 8879 form from a tax preparer or 9325 form from the IRS with the submission identification (SID) number
<input type="checkbox"/>	Itemized Personal Care Service Agency Expense Report reflecting all income and expenditures for each month for the past 12 months. Note, these expenses should be the exact dollar amount and not the same each month.
<input type="checkbox"/>	Business Privilege Tax License for each office location verifying you have been established for six (6) months.
<input type="checkbox"/>	Detailed job descriptions for the Compliance Director, personal care attendants and supervisors that include the educational requirements, work experience, job duties and responsibilities.
<input type="checkbox"/>	Resumes for agency's signatory authority(ies), management team and supervisory staff to include qualifications, work experience including dates of employment, job duties and responsibilities, and education.
<input type="checkbox"/>	Current, original, signed letters of support from three (3) clients or their caregiver located in MS that can verify your agency's work in providing personal care service. Must include contact information for verification purposes.
<input type="checkbox"/>	Attach a detailed list fully disclosing, the names, address, and phone numbers of any individual maintaining ownership or financial interest in the agency/organization from the period which care services will be provided.
<input type="checkbox"/>	Documentation showing agency has established and is maintaining a business line of credit either a financial institution licensed to conduct banking or other Financial Deposit Insurance Corporation (FIDC) or National Credit Union Administration (NCUA) insured financial institution. The approval amount for the business line of credit must be enough to cover operational costs/expenditures for at least three (3) months at all branch locations.