

IN-HOME SERVICES PROPOSAL CHECK LIST

Read the information below carefully and follow the instructions. Sign and date the form. Return it with your proposal. It should be the first document in the packet.

Proposal Submission Requirements

All information listed in the appropriate Proposal for Contract must be submitted in order to be considered for a contract. The following preliminary requirements must be met or the proposal will be denied. The proposal must:

- ☐ Follow the current fiscal year Proposal for Contract;
- ☐ Is in the same order as the Proposal for Contract;
- ☐ Each policy and procedure must:
 - Be on a separate sheet of paper;
 - Include corresponding headings and numbering as the Proposal for Contract;
 - Be signed (printed and signed name) by an authorized representative of the entity;
- ☐ Includes the correct legal name of the entity throughout the proposal.
- ☐ Did not use plastic page protectors or bind the proposal in any way (three-ring binder, brads, etc.)

Required Documents

Check mark each box to indicate you have included the document(s) in your proposal packet.

- ☐ [IHS Provider Profile](#)
- ☐ [Service Area Commitment](#) (SAC) indicating the geographic areas (counties) the applying provider plans to serve.
- ☐ [Business Organizational Structure](#) (BOS) and all required documents as indicated by the section of the form completed
- ☐ Notification from the Internal Revenue Service of the business entity's Federal Employer Identification Number.
- ☐ Notification from the Missouri Department of Revenue of the business entity's Missouri Employer Identification Number.
- ☐ Current **Vendor No Tax Due letter** from the Missouri Department of Revenue. Information available at <http://dor.mo.gov/forms/943.pdf>. (DO NOT SUBMIT A CERTIFICATE OF NOT TAX DUE - not the same thing)
- ☐ Copy of EVV (Electronic Visit Verification or Telephony) contract. A quote is acceptable during the proposal process, but a contract must be in place prior to the final approval for participation. Refer to RSMo 208.909.1.
- ☐ Insurance and bonding
- ☐ National Provider Identification Number (NPI). Information is available at <https://nppes.cms.hhs.gov/>. You must register under the business name as an 02-Organizational Entity.
- ☐ Business license. If a business license is not required submit a statement of explanation.
- ☐ Lease agreement or deed for the office location.
- ☐ Business plan.
- ☐ Training plan
- ☐ Policies and procedures (see submission requirements above)
- ☐ Assurances
- ☐ Screening Documentation.

I, _____ hereby verify that I have followed the "proposal submission requirements" as outlined above and all of the information listed under "required documents" is included in my proposal packet. If it is not, I know that my proposal will be rejected and I will have to resubmit the entire proposal.

Signature _____ Date _____