



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

Developmental Disabilities Administration

Bernard Simons, Deputy Secretary

**Community Pathways MEDICAID WAIVER  
PROVIDER/STAFFING AGENCY VENDOR  
Statement of Assurances and Compliance**

**For the provision of supports/staff to participants on the Maryland *Community Pathways*  
Home and Community Based Service (HCBS) Medicaid Waiver  
FOR OUT-OF-STATE PROVIDER AGENCIES & IN/OUT-OF-STATE  
STAFFING AGENCIES**

Name of *Self-direction Community Pathways* Waiver Participant: \_\_\_\_\_

**Part 1. PROVIDER/STAFFING AGENCY INFORMATION**

**Provider/Staffing Agency Vendor Information**

\_\_\_\_\_  
Legal Name (of agency)

\_\_\_\_\_  
DBA (Doing Business As) if applicable

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Phone

( ) \_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
CEO/Administrator

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

**Type of Provider Entity (Check):**

Agency/Corporation \_\_\_\_\_  
Federal ID Number

Other (specify): \_\_\_\_\_

**Type of Agency (check all that apply):**

Temporary Staffing Agency  
Staffing Agency  
Nursing Staff Agency  
Respite Provider

Camp  
Supported Employment Provider  
Other  
(specify): \_\_\_\_\_

**Part 2. MINIMUM QUALIFICATIONS FOR PROVIDER/STAFFING AGENCIES**

All Provider/Staffing Agency Vendors providing staff to *Community Pathways* Waiver participants must be approved by the Developmental Disabilities Administration as part of the participant's Individual Plan and Budget. All Provider/Staffing Agency Vendors must abide by all of the provisions listed in their state licenses (if applicable), the Statement of Assurances and Compliance and all other specified provisions as required by the Maryland Department of Health and Mental Hygiene and the Developmental Disabilities Administration.

**General Agency Requirements**

- a. Must be a recognized legal entity authorized to do business in the State of Maryland or the State in which incorporated.
- b. Must submit proof of Articles of Incorporation, Certificate of Incorporation, Organization, or Articles of Authority upon the request of the Department of Health and Mental Hygiene and the Developmental Disabilities Administration.
- c. Must comply with any applicable federal, state, county, municipal regulations that govern the operations of the agency; all laws, regulations, and policies of the federal Centers for Medicare and Medicaid and the Maryland Department of Health and Mental Hygiene; and any applicable licensure or certification requirements.
- d. Must provide assurances that appropriate and comprehensive insurance is in force.
- e. Must provide assurances that any individual employed or contracted by the agency meets all standards and requirements of the *Community Pathways* Waiver including:
  - i. Criminal Background Checks (fee for criminal background checks cannot be charged to the waiver participant).
  - ii. CPR and First Aid Certification.
  - iii. Medication Technician Certification (for waiver participants requiring medication administration by staff) under the direction of a Delegating Nurse as governed by the Maryland Board of Nursing or, in a State other than Maryland, the equivalent governing body. See [www.mbon.org](http://www.mbon.org).
- f. Must provide assurances that any individual employed or contracted by the agency meets all requirements for the specific services provided to the participant including training specific to the needs of the waiver participant.
- g. Must provide copies of all applicable criminal background checks, licenses, training certifications, timesheets, or any other records pertaining to the participant's *Community Pathways* Waiver services, upon the request of the Maryland Department of Health and Mental Hygiene and the Developmental Disabilities Administration.
- h. As necessary, have a backup staffing plan in place to ensure participant coverage, and procedures in place to notify participants and their Support Brokers of any schedule changes.
- i. Must comply with all IRS requirements governing the classification of support staff as independent contractors vs. employees, and assure compliance with all state and federal tax laws and regulations.

**General Individual Requirements**

- a. Must demonstrate an ability to read and write adequately to complete required activities and meet service requirements.
- b. Must demonstrate the ability to understand, read and write adequately to provide the services according to the Individual Plan for the participant.
- c. Must possess interpersonal skills necessary to work productively and cooperatively with a participant of the *Community Pathways* waiver.
- d. Must be in adequate physical health.
- e. Must be willing and able to accept on-going training as required or necessary.
- f. Must submit to a Criminal Background Check.
- g. Must submit to the Provider/Staffing Agency Vendor verification of all licenses, certifications, trainings, experiences, or degrees required by the *Community Pathways* Waiver.
- h. Must show proof, if an RN supervising Medication Technicians, to the Provider/Staffing Agency Vendor of Delegating Nurse status per Maryland Board of Nursing regulations or, in a State other than Maryland, the equivalent governing body.

**Part 3. *Community Pathways* Medicaid Waiver Provider/Staffing Agency  
Vendor Statement of Assurances and Compliance**

Check off the assurances before signing. Signatures must be from an individual authorized to sign for the Provider/Staffing Agency.

1. Provider/Staffing Agency assures that, if approved, the Provider/Staffing Agency complies and will maintain compliance with all requirements as specified in this application, and all applicable state and federal statutes, regulations and licensure requirements for the approved service(s).

2. Provider/Staffing Agency assures that, if approved, the Provider/Staffing Agency will provide only those Medicaid Home and Community Based Service(s) which have been authorized in the *Community Pathways* Waiver participant's Individual Plan and Budget, and do so in accordance with this agreement and all of its requirements.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The Statement of Assurances and Compliance must be attached to the *Community Pathways* Waiver participant Individual Plan and Budget (or Plan and/or Budget Modification) for approval.

**Unsigned/Undated applications will be returned.**