

**Check List for FICS Enrollment
Document Guidelines**

	Family and Individual Consultation and Support (FICS)
Application Requirement	
New Vendor	Yes
Existing Vendor	Yes
Provider Qualification	
Meets all applicable federal and state regulations	Signed Assurance Agreement
Meets and keep current all state licensing /certification requirements for service provision	
Understands and follows all applicable DMR policies and procedures	Signed Assurance Agreement
Is able to communicate clearly and effectively with individuals and their families	3 References from consumers/families
Protects the confidentiality of the individual and family's information	Copies of HIPAA and privacy policies and procedures
Operates a drug free workplace	Copies of policies on drugs and smoking (if agency vendor)
Bills only for services that are actually provided	Signed Assurance Agreement

	Family and Individual Consultation and Support (FICS)
Submits billing documents after service is provided and within 90 days	Signed Assurance Agreement
Accepts payment from DMR as payment in full	Signed Assurance Agreement
Will not discriminate against any employee, applicant for employment or participant because of race, age, color, religion, sex, handicap or national origin.	Copies of anti discrimination policies
Retains financial and statistical records for six years from date of service provision	Signed Assurance Agreement
Allows state and federal offices responsible for program administration and audit to review service records and have access to program sites	Signed Assurance Agreement
To comply with Department policies and procedures pertaining to the handling of individual funds as applicable to the service(s) provided	Copies of policies and procedures for handling individual funds
Assure it will carry sufficient general liability insurance;	Copies of insurance policies
To comply with State of Connecticut Ethics Protocols	Signed Assurance Agreement
When transporting a consumer as part of the service: The vehicle in which the transportation is provided must have valid license plates and at a minimum the state of CT required level of liability insurance Vehicles must be maintained in safe working order Consumers with special mobility needs shall be provided transportation in a vehicle adapted to those needs as required to facilitate adequate access to services If the vehicle is used to transport consumers in wheel chairs , it should be equipped with floor mounted seat belts and wheel chair lock downs for each wheel chair it transports	Copies of registration and insurance Signed Assurance Agreement

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Demonstrate in its policies and procedures that criminal background, Abuse and neglect (Registry) and driver's license checks are completed and updated as required for all direct service employees prior to employment	Copies of all policies on employee employment requirements
Demonstrate competence and knowledge of DMR policies and procedures all required DMR policies and procedures as they apply to the services	Copies of policies and procedures
Demonstrate that it can train Direct service/professional staff in required areas	Copies of all policies on employee training requirements
Demonstrate that it will sign a provider agreement with the individual and family	Signed Assurance Agreement
Assure it will not require a participant to sign an agreement that they will not change agencies as a condition of providing services	Signed Assurance Agreement
Demonstrate that it can submit incident reports as required by DMR policy	Signed Assurance Agreement
Demonstrate that it can make information about staff qualifications and training records and Direct Service staff's time and attendance records available to DMR	Signed Assurance Agreement

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Demonstrate that Service staff receive supervision	Copies of Supervisory staff schedule
Demonstrate that it can provide back up staff when the lack of immediate care poses a threat to the individuals health and welfare	N/A
Demonstrate that it will participate in individual's person centered planning	Signed Assurance Agreement
Demonstrate competence and knowledge of DMR policies and procedures in: abuse/neglect; incident reporting; human rights; confidentiality; handling fire and other emergencies, prevention of sexual abuse; knowledge of approved and prohibited physical management techniques; all required DMR policies and procedures as they apply to the services	Copies of training curriculum
Demonstrate that it can obtain adequate information necessary to meet the needs of the individual	Signed Assurance Agreement
Demonstrate that it can observe and report all changes which affect the individual and take action if necessary	Signed Assurance Agreement

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Demonstrate the capacity to: Assume responsibility Respond to emergency situations and follow emergency procedures	Signed Assurance Agreement
Assure that the in the delivery of services, specific service related activities as well as staffing are: Available and provided at any time as specified in the individual's Individual Plan. Delivered in a manner that takes into consideration the primary language of the consumer and their representatives as well as cultural diversity issues	Signed Assurance Agreement
Assure it will not sub-contract services	Signed Assurance Agreement
Participate in DMR training on Individual Support Procedures and self advocacy prior to providing the service.	Signed Assurance Agreement
Demonstrate commitment to Quality Improvement	Description or copy of the applicant's quality management plan
Demonstrate financial stability	Financial audit for the prior fiscal year For vendors who do not have a financial audit shall submit a business plan and personal financial statements of the Director or Chief Executive Officer Evidence of financial resources or a line of credit sufficient to cover estimated operating expenses for sixty days