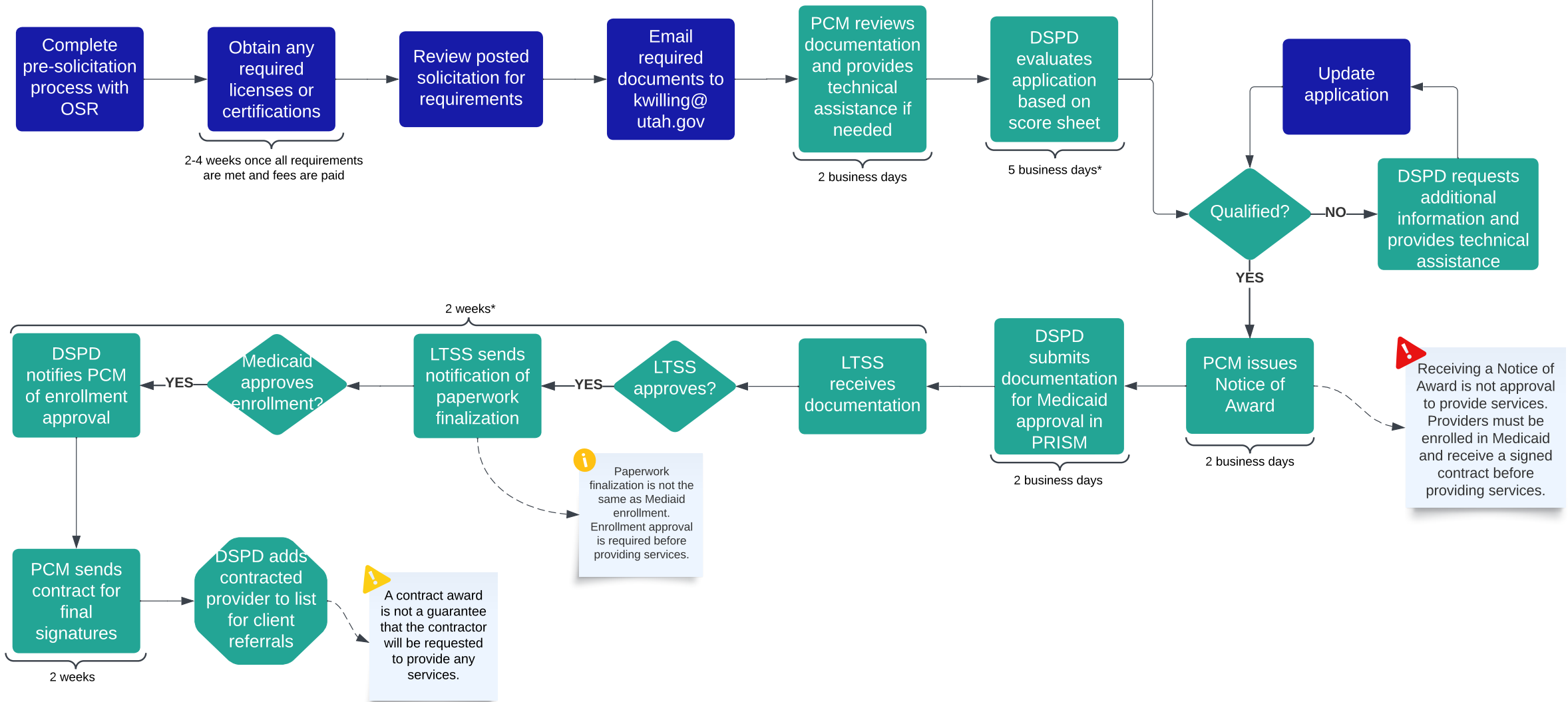


DHHS 91172 DSPD Services*
 *Services for DHHS clients including people with Intellectual Disabilities (ID), Related Conditions (ID.RC), and/or Acquired Brain Injury (ABI)



- Required Documentation**
- Attachment A: Data Sheet
 - Attachment B: Conflict of Interest Disclosure Statement
 - Attachment C: Form W-9
 - Completed in the legal name of the business entity or individual applying for this solicitation
 - Must be signed and dated within 6 months of submission date
 - Attachment D: Service Application Form
 - Include any additional required documentation for the Service Category for which you are applying
 - Attachment E: Business Associate Agreement
 - Attachment F: Medicaid Enrollment Documentation

- Acronyms**
- DHHS - Department of Health and Human Services
 - DSPD - Division of Services for People with Disabilities
 - LTSS - Long Term Services and Supports
 - OSR - Office of Service Review
 - PCM - Office of Procurement and Contract Management

- Other Resources**
- Pre-Solicitation
 - Application Instructions
 - Evaluation Scoresheet
 - Scope of Work (Effective 6/24/24) - Historical and Redlined Versions
 - DHHS Client Service Terms
 - Rate Table
 - Insurance Requirements
 - Award List
 - Questions and Answers (U3P)

- Workflow Tips**
- Blue, underlined text has a clickable link
 - Blue sticky notes give tips or important information
 - Listed time frames are standard for DHHS processes when all requirements have been met, but they are not guaranteed
- Do not download this workflow. Workflows are subject to change. Always reference the DHHS91172 site for the most up to date information.**

Workflow Key

- Applicant Action
- DHHS Action
- ◆ DHHS Decision
- DHHS Action - End of Workflow
- ⚠ Important Information

i *Due to a significant increase in the number of provider applications and limited DHHS capacity, there is a backlog of applications ready for evaluation. This is adding 4 - 5 weeks onto the standard timeline.