

## Medicaid Application Checklist

For organizational purposes only. Does not replace official state Medicaid guidance or requirements.

Category	Item / Task	Status	Deadline	Notes
Agency & App Details	Agency Name	<input type="checkbox"/>		
	State / Medicaid Program	<input type="checkbox"/>		
	Application Type (Initial/Reval)	<input type="checkbox"/>		
	Primary Contact Name	<input type="checkbox"/>		
Provider Enrollment	NPI Status (Type 2)	<input type="checkbox"/>		
	Enrollment Form (CMS-855/State)	<input type="checkbox"/>		
	Ownership Disclosure (5%+)	<input type="checkbox"/>		
	Management Disclosure	<input type="checkbox"/>		
Licensure & Site	State Home Care License	<input type="checkbox"/>		
	Accreditation (CHAP/ACHC/JCAHO)	<input type="checkbox"/>		
	Site Visit Prep Completed	<input type="checkbox"/>		
	Professional Staff Credentials	<input type="checkbox"/>		
Tax & Business	Tax ID / EIN (IRS CP-575)	<input type="checkbox"/>		
	W-9 (Signed & Dated)	<input type="checkbox"/>		
	EFT/Direct Deposit Authorization	<input type="checkbox"/>		
	Articles of Incorporation	<input type="checkbox"/>		
Service & Compliance	Program-Specific Attestations	<input type="checkbox"/>		
	OIG/SAM Exclusion Screenings	<input type="checkbox"/>		
	Staff Background Checks	<input type="checkbox"/>		
	EVV Compliance Verification	<input type="checkbox"/>		
Approver name:				
Approver signature:				
DATE:				