



## Checklist to Become a MA ATR Provider

ORGANIZATION INFORMATION	
Organization Name:	New England Center for Arts and technology, Inc.
City:	Boston, MA
CHECKLIST	
<input checked="" type="checkbox"/>	Complete, sign, and return the <b>ATR Participating Provider Authorization Application</b> <i>Be as descriptive and precise as possible! Clearly define what services you would like to provide, giving details about where, when, length of the service, etc. The more details you provide, the easier it will be for us to process.</i>
<input checked="" type="checkbox"/>	Complete, sign, and return the MA ATR <b>Provider Rate Sheet</b> <i>Make sure to check off or circle those services you plan on providing.</i>
<input checked="" type="checkbox"/>	Complete, sign and return the <b>W-9</b> form for your organization
<input type="checkbox"/>	Complete, sign and return the form about your <b>Bank Information</b>
<input type="checkbox"/>	Complete, sign, and return the <b>Participating Provider Agreement</b>
<input checked="" type="checkbox"/>	Print out, complete, and return copies of the signed <b>Confidentiality Pledge</b> for each staff person who will access the WITS system and for each staff person who will have access to confidential information in any form about MA-ATR clients. The provider must keep the original signed Confidentiality Pledge(s) on file. Provider must submit a copy of all Confidentiality Pledges to MDPH/BSAS. <i>Keep original Confidentiality Pledges in your files.</i>
<input checked="" type="checkbox"/>	Complete and return the <b>Provider Staff Authorization Form</b> <i>(Note- the names on this form must match the names on the Confidentiality Pledges)</i>
<input checked="" type="checkbox"/>	Return the <b>Summary Audit Letter</b> for your organization from the most recent fiscal year-end audit.
<input checked="" type="checkbox"/>	Return the last <b>Fiscal Year Operating Budget</b> for your organization.
<input checked="" type="checkbox"/>	Return the current <b>Fiscal Year-to-Date Operating Budget</b> for your organization.
<input type="checkbox"/>	Return (only if applicable) any <b>Discharge Paperwork after Bankruptcy</b>
<input checked="" type="checkbox"/>	Return the <b>Articles of Organization</b> from the MA Secretary of State
<input checked="" type="checkbox"/>	Return confirmation of your <b>Professional and Commercial General Liability Insurance</b> <i>(Some providers may need to carry additional insurance including workers compensation)</i>
<input checked="" type="checkbox"/>	Return a written document ensuring compliance with current <b>Criminal Offender Record Information Act: DPH CORI Regulations (101 CMR 15)</b>

RECOVERY COACH PROVIDERS ONLY

- Return a list of the staff names that have completed **Recovery Coach training**. List names and the specific training attended.

CHILD CARE PROVIDERS ONLY

- Return a copy of your current **License with EEC**.

OTHER

- If your organization is licensed by another regulatory body, return a copy of the current license.
- Return copies of any licenses or documents that are relevant to the service you propose providing. Please describe as needed.

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- Read the **Confidentiality Agreement**  
*Keep in your files.*

- Read the **Standard Terms and Conditions**  
*Keep in your files.*

- Read the **Provider Manual**  
*Keep in your files.*

- Complete this check list form, sign, and return it along with all of the above materials. Mail this packet to:

Steve Keller, ATR Program Associate  
AHP: Advocates for Human Potential  
490-B Boston Post Road  
Sudbury, MA 01776

Signature \_\_\_\_\_ Date \_\_\_\_\_