

HOW TO AFFILIATE WITH THE CDDO: AN ABBREVIATED GUIDE

Send your written request to affiliate to:

BIG LAKES DEVELOPMENTAL CENTER, INC.
Community Developmental Disability Organization
Post Office Box 114
Manhattan, KS 66505
PH: (785) 776-2600
FAX: (785) 776-2610

OR, e-mail to: cddo@biglakes.org



**Upon receipt of your written request to affiliate,
the CDDO will send you a request for specific information including and not limited to:**

- ✓ Affiliate Contact Information Sheet
- ✓ Copy of applicable KDADS license pursuant to Article 63
 - ✓ Business Plan, as applicable
- ✓ Policies and Procedures applicable to affiliated service
- ✓ Certificate of Insurance to include General Liability, Professional Liability,
and Workers Compensation when applicable
 - ✓ W-9, as applicable
- ✓ Tax Withholding Compliance agreement (non-licensed affiliates only)
- ✓ CDDO Certificate of Background Check (non-licensed affiliates only)
 - ✓ Medicaid Provider Number notification letter copy
 - ✓ Other documentation as mandated by KDADS



Collect and send the requested information to the CDDO.



**Once your information is received, the CDDO will review it
and then contact you for a personal interview.**



**Following the personal interview, affiliation agreements are prepared and signed.
OR, the CDDO will issue a written determination as to why affiliation cannot proceed.**



**After the affiliation agreement is signed by both parties,
the new affiliate may submit their provider enrollment application to Kansas Medicaid.**

**THIS ENTIRE PROCESS MUST BE COMPLETED WITHIN 45 DAYS FROM THE
DATE A WRITTEN REQUEST TO AFFILIATE IS RECEIVED BY THE CDDO.**