

# **DS1891 Applicant/Vendor Disclosure Form** **FAQ's for Family Member Vendors**

## **General Form Questions for Family Member Vendors**

### **1. Why do I need to fill out this form?**

- a. This form is a mandated requirement directly from DDS in Sacramento and is tied to Medicaid Waiver funding for services. With the exception of individuals who are only vendored for SSI/SSP Restoration (service code 065), all vendors of the regional center must fill out this form, including those who utilize Participant-Directed Services (e.g. day care, respite, transportation, and nursing).
- b. You can find out much more information by going to the DDS website listed here:  
<http://www.dds.ca.gov/ProposedRegs/MedicaidIntegrity.cfm>

### **2. What if parts of this form do not apply to me?**

- a. If a family member vendor feels that a section of this form does not apply to them, they may put “none” in that section and initial to indicate this is their choice.

### **3. What if I have more than one vendor number?**

- a. For family member vendors with multiple vendor numbers ONLY: One form is permissible as long as the information on each form would have been exactly the same. If the information differs in any way, or if two parents in the same household are each vendored for services, one form for each vendor number is required.
- b. For all other vendors, one form must be filled out for each vendor number.

### **4. What if an individual is vendored for SSI/SSP Restoration (service code 065)? Do they need to fill out this form?**

- a. No, they do not need to fill out the DS1891 form.

### **5. What if I no longer want to be a vendor of the regional center?**

- a. If a vendor decides they no longer want to be a vendor of the regional center they can choose to deactivate their vendor number. The vendor must provide this request in writing to TCRC Resource Development. The request must include their name, current contact information and vendor number. Once the request is received, the vendor number will be deactivated and the vendor will not be required to complete the DS1891 form.

## **Specific Form Questions for Family Member Vendors**

### **6. Section 1A: Who is considered to be the Applicant/Vendor?**

- a. The vendored family member is the vendor and they would use their home address and phone number to complete this section.
- b. Each vendor has a vendor number and a service code assigned to them. Family member vendor-if you do not know your vendor number or service code(s), please contact your Service Coordinator.
  - A. Service codes that will apply to family member vendors are:
    - 1) 024-Reimbursement for Services per IPP
    - 2) 093-Parent Coordinated Personal Assistance Services
    - 3) 405-Day Care-Family Member (now Participant Directed Day Care)
    - 4) 410- Diaper and Nutritional Supplements-Family Member

- 5) 415-Nursing Service-Family Member (now Participant Directed Nursing)
- 6) 420-Respite Service-Family Member (now Participant Directed Respite)
- 7) 425-Transportation-Family Member (now Participant Directed Transportation)
- 8) 455-Participant Directed Day Care
- 9) 460-Participant Directed Nursing
- 10) 465-Participant Directed Respite
- 11) 470-Participant Directed Transportation

**7. Section 1B: What is a DBA?**

- a. This means “**Doing Business As**”. It is used where the business name is not the same as the business owner’s name. For example, John Jones may be “doing business as” Quality Dry Cleaning. Typically this will not apply for family member vendors. If this does not apply to a family member vendor, they may put “none” on the form and initial to indicate this.

**8. Section 1C: Do I have to provide a Medi-Cal number?**

- a. Typically family member vendors are not Medi-Cal providers. If this does not apply to a family they may put “none” and initial to indicate this. The vendor should not include a Medi-Cal number for the person served.

**9. Section 1D: Do I have to provide my Social Security Number on this form?**

- a. Yes, families need to provide the complete Social Security Number of the person who is vendored (the person who signed the vendor application). If a family member vendor has an EIN as well, that must also be included, but is not typical of most family member vendors.

**10. Section 1E: Am I considered a Sole Proprietor?**

- a. Yes, typically family member vendors would be considered a Sole Proprietor. However, if you feel this entity type does not apply to you, per DDS, you may put “NA” in that section and initial to indicate this is your choice.

**11. Sections 2-4:**

- a. Typically these sections will not apply for family member vendors. *However*, family member vendors must be the ones to determine if it applies to them, not TCRC. If a family member vendor determines it does not apply, they may put “none” on the form and initial to indicate this.

**12. Section 2A: Do vendors listed as sole proprietors have to list themselves again in this section?**

- a. No, typically sole proprietors would not have anything to list here.

**Please keep in mind--Failure to submit this disclosure statement could result in the denial of a request to become vendored or termination of a current vendorization.**

More information can be obtained from the website listed below, including the name and contact number of the DDS representative overseeing this project.

<http://www.dds.ca.gov/ProposedRegs/MedicaidIntegrity.cfm>

We strongly recommend that you visit this site as it provides more information in greater detail. Thank you.