DDD CONFLICT OF INTEREST DISCLOSURE FORM

Provider agencies must comply with the Conflict of Interest provisions set forth in DDD's Waiver Provider Standards Manual, effective July 1, 2026. Pursuant to Section 3.3 of the Waiver Standards, Provider agencies shall not furnish Waiver services to a participant where a conflict of interest exists, unless such conflict is fully disclosed and appropriately mitigated. A conflict of interest exists if the agency, or any owner, officer, director, member, or partner of the agency: (1) is related to the participant by blood, marriage or adoption; (2) is financially or legally responsible for the participant; (3) has legal authority to make financial or health care decisions on behalf of the participant; or (4) holds a direct or indirect financial or controlling interest in any entity that is compensated to provide services to the same participant.

Provider agencies are required to disclose any potential conflicts of interest to DDD prior to the start of service delivery, and if appropriate, request a time-limited exception. Disclosure shall be made to DDD on the following Form. Should any information on this Form change during service delivery, the Provider must update DDD within 10 business days.

Section 1: Identifying Information
Legal Name (Provider Agency):
DBA Name (if different from Legal Name):
Name of Person Completing the Form:
Title:
Phone Number:
Email:
Street Address:
City, State, Zip Code:
Name of Participant Receiving Services:

Section 2: Conflict Disclosure

Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," provide additional information in the space provided below each question.

1. Are any owners, officers, directors, members, or partners of your agency related to the participant by blood, marriage, or adoption?

☐Yes ☐No

If Yes, provide the name of the owner, officer, director, member, or partner, their role in the agency, and their relationship to the participant.

_____

_____

2. Are any owners, officers, directors, members, or partners of your agency financially or legally responsible for the participant?

☐Yes ☐No

If Yes, provide the name of the owner, officer, director, member, or partner, their role in the agency, and the scope of their financial or legal responsibility for the participant.

_____

_____

3. Do any owners, officers, directors, members, or partners of your agency have legal authority to make financial or healthcare decisions on behalf of the participant (such as through a power of attorney)?

☐Yes ☐No

If Yes, provide the name of the owner, officer, director, member, or partner, their role in the agency, and the scope of their authority to make decisions on behalf of the participant.

_____

_____

4. Does the agency or any owner, officer, director, member, or partner of your agency hold a direct or indirect financial or controlling interest in any entity that is compensated to provide services to the same participant?

☐Yes ☐No

If Yes, provide the name of the owner, officer, director, member, or partner, their role in the agency, and their interest in the other entity providing services to the participant.

_____

_____

Section 3: Exception Request

If DDD determines that a conflict of interest exists, would you like to request a time-limited exception?

☐Yes ☐No

If Yes, provide the reason you are requesting an exception.

_____

_____

Section 4: Signature

I hereby certify that all information provided in this Form is true, correct, and complete to the best of my knowledge. I understand that any false information or omissions may result in non-compliance with the Waiver Standards.

Name (Print or Type):

Title:

Signature:

Date: