



# **Developmental Disabilities Administration**

## **DDA Provider Application Questions and Answers Webinar**

**April 23, 2018**

# Responses to Questions

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1. *What application form should be used for an applicant who is applying for a DDA license for the first time?*

Please use the DDA Provider Application, revision date February 27, 2018, and other applicable forms which are posted on DDA's website at [dda.health.maryland.gov/Pages/providers.aspx](http://dda.health.maryland.gov/Pages/providers.aspx).

2. *Should I use the current DDA Provider Application when completing my license renewal?*

Yes, the current DDA Provider Application is the official application for providers' license renewals along with the forms listed below. These forms are also posted on DDA's website. In addition to the current application, please complete and submit the following along with your provider application:

- a. Staff Criminal History form;
- b. Staff Training form;
- c. Governing Body/Board of Directors form;
- d. Policies and Procedures; and
- e. List of Licensed Site Locations form.

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You should also complete the OHCDS Application form and Addendum for a Current License, as applicable.

\*All initial and renewal applicants must also complete and submit the Provider Agreement to Conditions of Participation and the Provider Checklist forms.

3. *Will the next DDA license issued by Office of Health Care Quality only reflect those services which are rendered in facilities operated by providers?*

Yes.

4. *Will provider application processes be the same during Calendar Year 2019?*

No. This year, once approved, a provider will be re-enrolled to render waiver services funded by the Medical Assistance Program using new billing codes. However, new application procedures will follow so that a provider can bill for services at each licensed site the provider operates.

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Licensed provider approvals for services which do not require a license have been aligned with OHCQ license renewal dates. OHCQ will have access to information in your re-enrollment application for your license renewal this calendar year.

Therefore, for this year only, you will need to provide updated information to DDA and/or OHCQ 60 days before your DDA approval for unlicensed and licensed services expires. You will not have to complete a DDA Provider Application twice this year. Instructions will be forthcoming regarding this one-time procedural change. In Calendar Year 2019, you will return to completing the full application for your renewal, however you will not be required to send certain previously submitted information which has been maintained in DDA's files.

*5. What criminal history or criminal background check information is required for providers and their staff in the DDA Application? Also, what Child Protective Services Clearances are required?*

A- For new provider applicants, current criminal history and background checks are required from CJIS for the CEO or Executive Director and the provider's first line

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managers. The provider must also submit the Provider Agreement to the Conditions of Participation attesting that he or she will ensure criminal history or background checks in compliance to Health-General Article, §19-1901, Annotated Code of Maryland for all provider staff, volunteers, Board Members, contractors, and/or subcontractors who have direct contacts with participants.

If the provider renders services to children, a Child Protective Services Clearance letter from the local DSS is required for each of the same.

B. For current licensed providers seeking approval to become Supports Waivers Providers, the same is required for the CEO or Executive Director and each provider's first line managers who has oversight for the services in which approval is requested. The CEO or Executive Director must also submit the Provider Agreement to the Conditions of Participation attesting that he or she will ensure criminal history or background checks for all provider staff, volunteers, Board Members, contractors, and subcontractors who have direct contacts with waiver

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participants in compliance to Health-General Article, §19-1901, Annotated Code of Maryland. If the provider renders services to children, a Child Protective Services Clearance letter from the local DSS is required for each of the same.

C. For a current licensed provider seeking approval to render new services or to re-enroll in the same services the provider currently renders, a criminal history check is required for the CEO or Executive Director and for each first line manager with oversight for the new or current services. The provider must also submit the Provider Agreement to Conditions of Participation attesting that he or she will ensure criminal history or background checks for all provider staff, volunteers, Board Members, contractors, and subcontractors who have direct contacts with Comprehensive waiver participants in compliance to Health-General Article, §19-1901, Annotated Code of Maryland.

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D. If a licensed provider is seeking a license renewal, the provider must also complete the Staff Criminal History form and provide criminal history or background check information for all employees, volunteers, and board members.

*6. If a provider is licensed to render Day Habilitation Services, but did not check that approval is being sought for these services, will the provider have to submit an addendum application?*

No, DDA regional evaluators will compare your current license to the services you check on your application in which approval is sought. When there is a discrepancy, the DDA regional evaluator will contact you to ensure that the omission was intended. If you indicate the omission was a mistake, you will be asked to submit in writing that you are seeking approval for the service omitted and any required documentation to support that eligibility requirements are met. The regional staff evaluator will add this supplemental information to your application.

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*7. Are nursing services included in the residential rate or should I check this service on the application for approval since my agency currently renders delegated nursing services to Community Pathways participants?*

Nursing services are not included in the residential rate, so providers who render delegated nursing and other nursing services covered by DDA's waivers should seek approval for these services.

*8. Where can eligibility requirements be found for Targeted Case Management Agencies?*

In addition to general and business/agency requirements found on page 4 of the Eligibility Requirements for Qualified Service Providers and in the DDA Provider Application posted on DDA's website, COMAR 10.09.48.05, 10.09.36.02 and 10.22.09.06 specify requirements for Targeted Case Management Providers.

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## 9. *Once an approval letter is sent to an applicant what happens next?*

- For a current provider (licensed or DDA Approved) with a Medical Assistance Provider Number, the designated DDA Headquarters staff member completes a form generated by Office of Health Services which identifies the services approved by the DDA regional office evaluator along applicable billing codes for the Medicaid Management Information System. These actions constitute the provider's re-enrollment to provide the Medicaid funded services in DDA's waivers.
- Initial applicants who have been approved to render services which do not require a license and without Medical Assistance Provider Numbers are instructed to complete the Medical Assistance Provider Application and to submit them to DDA's Headquarters staff for review. Following review, the Medical Assistance Provider Application is forwarded to OHS as appropriate.
- An initial applicant who is seeking to render a licensed service is instructed to contact the OHCQ and continue the next phase of the licensing process.

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For a licensed provider, the DDA approval letter and relevant renewal information is placed in the provider's folder. For licensing renewals this calendar year, OHCQ staff will review this information along with the updated information necessary to process your new license. Providers must submit all updated information 60 days before their licenses expire.

*10. Where can I find requirements for compliance to the Community Settings Rule (CSR)?*

CSR requirements can be found in COMAR 10.09.36.03-1 which became effective February 28, 2018. They can also be found on DDA's website in the Frequently Asked Questions. Effective January 1, 2018, all DDA new license sites must comply with this regulation and 42 CFR 441.301(c)(4). Licensed providers sites which were approved previous to January 1, 2018 must meet the CSR on or before March 17, 2022.

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*11. Can my agency render day habilitation facility services to participants in DDA's Community Supports Waiver if it does not meet the CSR?*

No. All provider operated day sites in which services are rendered to participants in DDA's Community Supports Waiver must be in compliance to the CSR.

*12. How will DDA determine if my licensed sites are in compliance to the CSR?*

DDA and OHCQ will make site visits and assess a provider's site(s) compliance to the CSR. OHCQ will continue to evaluate new sites and current sites during annual inspections and/or investigations. DDA regional staff will visit providers' sites to validate compliance to the CSR. More information regarding regional staff site visits will be forthcoming.

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*13. Is my agency's staffing plan or organizational chart necessary information in my provider application?*

Yes. DDA needs this information to determine your agency's capacity to render services to waiver participants. In addition to consideration of this information, DDA will also consider how many participants are currently receiving the services and the additional number of participants for which the services are proposed.

*14. Can a criminal history check from CJIS be accepted for a CEO or Executive Director or a provider's first line managers if DDA's Agency Authorization and/or ORI numbers were not used?*

No. Use of these numbers ensure that DDA receives updated report information from CJIS on an ongoing basis.

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*15. Should I update my agency's program service plan (PSP) to include the new services in which I am seeking approval?*

Yes, your agency's PSP should include all of the services which will be rendered and it must comply with requirements in COMAR 10.22.02.08 and those in the DDA Provider Application.

*16. Will DDA staff complete my Medical Assistance Provider re-enrollment using the new billing codes once I am approved by DDA to render services in DDA's Waivers? Yes if the following is met:*

- a. You have been approved by DDA to render specific services which are identified in your approval letter;
- b. You or your agency currently has a Medical Assistance Provider Number; and
- c. Your agency has a current licensed issued by the OHCQ for facility operated services.

# Additional Questions

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