



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

## **Instructions for Completing the Developmental Disabilities Administration (DDA) Provider and Re-Enrollment Applications for DDA Approval as a Qualified Supports/Services Provider (QSP)**

All persons or agencies interested in providing services to DDA waiver participants must be approved by the DDA. Interested parties must complete the DDA Provider Application to render waiver services except when services are rendered to participants under the self-directed service delivery model and as authorized by the DDA. Applications must be signed and dated and will only be accepted from individual applicants proposing to render services and from agency Chief Executive Officers (CEO) or directors. Effective January 1, 2021, initial applicants and each individual or agency rendering support broker services to participants self-directing their waiver services must complete and submit a DDA Provider Application for an initial or a renewal approval to render these services.

The DDA Provider Application should be used by 1) All new applicants seeking approval to render waiver services, 2) Current providers seeking to renew their approvals to render waiver services, 3) Current providers seeking to render a waiver service(s) which has not already been approved, 4) Current providers seeking to serve participants in another waiver, and 5) Applicants seeking approval for demonstration or special projects as authorized under COMAR 10.22 administered by the DDA.

A DDA license is required for all providers who render supports and services in provider operated facilities and for Targeted Case Management (Coordination of Community Services) Providers. Unless otherwise specified, a DDA license is not required to render certified supports or services in DDA's Home and Community-Based Waivers. However, to be approved by the DDA as a QSP, a provider must meet all specific requirements. This document provides instructions for completing the DDA Provider Application.

1. Go to DDA's website, <https://dda.health.maryland.gov/Pages/providers.aspx> and review the following documents:
  - a) DDA Policy Application and Approval Processes for Qualified Supports/Services Providers in DDA's Home and Community-Based Waivers and/or Provider Re-Enrollment Application, as applicable;
  - b) Eligibility Requirements for Qualified Supports/Services Providers; and
  - c) Instructions for Completing DDA Provider and Re-Enrollment Applications.

2. Download:
  - a) The DDA Provider Application,
  - b) Qualified Support/Services Provider Agreement to Conditions of Participation, and
  - c) Provider Checklist.

Save a copy of each document to your computer. Submit the documents to your applicable region. If you do not have a computer, obtain copies of the DDA Provider Application, Qualified Support/Service Provider Agreement to Conditions of Participation, and Provider Checklist from your area's DDA Regional Office (also see instruction #14).

**Central Maryland Regional Office**

**1401 Severn St., Baltimore, MD 21230**

(Anne Arundel, Baltimore, Harford and Howard Counties and Baltimore City)

**Eastern Shore Regional Office**

**926 Snow Hill Road, Cottage 100 Salisbury, MD 21804**

(Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester Counties)

**Southern Maryland Regional Office**

**312 Marshall Ave., 7th Floor, Laurel MD 20707**

(Calvert, Charles, Montgomery, Prince George's and St. Mary's Counties)

**Western Maryland Regional Office**

**1360 Marshall Street, Hagerstown, Maryland 21740**

(Allegany, Carroll, Frederick, Garrett, and Washington Counties)

**\*Note – In addition to DDA Provider Relations Regional staff, applications from individual applicants and agencies proposing to render support broker or targeted case management services may be reviewed by DDA's Coordinator of Self-Directed Services and State Director of Coordination of Community Services respectively for approval.**

3. Request the required background check(s) and child protective service clearance(s) at least two (2) weeks prior to the submission of your application. **The DDA Agency Authorization number is 1500001484. The ORI number is MD003105Y. You must check "Government Licensing or Certification" on the Livescan Form.**

Criminal History Record Checks (CHRC) using the Criminal Justice Information System (CJIS) are required and must be **current** for an initial applicant and for a previously approved provider who is seeking to render supports and services in DDA's new Family Supports or Community Supports Waiver or seeking approval to render a **new** support or service to participants under DDA's

Comprehensive Waiver. An applicant's first line managers must also have CHRCs using the Criminal Justice Information System. If you are applying to render supports or services to children, Child Protective Services Clearances are required for the applicant and for managers and supervisors overseeing waiver services.

A current background check is defined as one received from the CJIS no more than 45 days after the date it was requested. In the event that the required background check(s) is not received by DDA headquarters within 30 days of the receipt of the provider application, the provider application will not be approved. Include receipts for criminal history checks and any results of follow-up contacts (i.e. name of contact, date and written documentation that criminal history checks have been sent to the Department/DDA).

Information on locations for obtaining criminal history and background checks can be found at <http://www.dpssc.state.md.us/publicservs/fingerprint.shtml>.

Visit <https://dhs.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background-%20Clearance%20Form.pdf> (form), <http://dhr.maryland.gov/documents/Child%20Protective%-20S-ervices/1279B%20Background%20Clearance%20Form%20Instructions.pdf> (instructions) or contact your area's local Department of Social Services for information to obtain Child Protective Service Clearances.

An applicant may not employ or contract with any individual or entity who is excluded from participation in any federal health care program. The Federal List of Excluded Individuals and Entities (LEIE) can be viewed at [http://oig.hhs.gov/fraud/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp). The State List of Excluded Medicaid Providers can be viewed at <https://exclusions.oig.hhs.gov/default.aspx>.

Pursuant to Health-General Article, §19-1901 through §19-1912, Annotated Code of Maryland, CHRC and background checks, and, if providing supports or services to children, Child Protective Service Clearances are required for all other staff, contractors, volunteers, and other persons who have or will have direct contact with waiver participants and before your agency approves these persons to render waiver services and supports. An applicant may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to participants. See COMAR 10.22.02.11B.

Except for the individual applicant or for an agency CEO or director and its managers and supervisors overseeing waiver services, the DDA Application does not require the actual submission of CHRC or background checks for other staff, contractors, volunteers, and other persons unless specifically requested. Your business/agency must certify that these checks with appropriate results have occurred for current staff, contractors, volunteers, and other persons who have direct contact with participants, and will occur for all others with appropriate results before any persons have direct access or render waiver services and supports to participants. You must attest to this by submitting

the Qualified Support/Services Provider Agreement to Conditions of Participation and verifying the applicable checks made by completing and submitting the Staff Criminal History Form.

4. Applications must demonstrate that individual applicants and applicant agency staff rendering and/or overseeing delivery of waiver services meet educational, license, certification, and experience requirements. CPR and First Aid trainings must be provided for individual applicants and agency staff. Licensed Providers and other Business/Agency applicants must complete the Agency Questionnaire and Information Form beginning on page 13. Licensed providers should also complete the Staff Training Form - COMAR 10.22.02.11C&D. Applicants for Children's Licensure should explain training, skills and experience in providing services to children, and differentiate children's needs from adult's needs. Applicants proposing to serve adults should explain training, skills, and experience in providing services for adults. Behavioral Support Provider applicants should identify training and experience in applied behavior analysis, completing functional analyses and/or functional assessment, and behavior plans, and attach examples of developed plans. Nursing Provider applicants should include training and experience in completing Health Risk Screening Tools, Nursing Assessments, providing Health Case Management, supervision of CNAs and CMAs, and treating individuals with chronic health care conditions. Please identify screening tools and assessments used. Finally, if you or your business has any distinct specialty services, supports and/or experiences which may differentiate your program from other providers serving individuals with developmental disabilities, please attest to such in resumes submitted.
5. Answer each question on the application by providing the information requested and complete each section required on the application. Text fields will expand as needed for electronic applications. If you are a single party proposing to provide waiver supports and/or services, only complete those sections required on the application for an individual applicant. If you are an entity employing one or more staff who will render the proposed waiver support and/or service, complete the sections providing required information as an agency.
  - All applicants must complete pages 1 to 11 and provide applicable attachments on page 12.
  - If you are an individual applicant, you can complete Section II or skip it and provide your resume. Agency applicants are required to complete Section II and provide resumes for their CEOs, directors, and all managers and/or supervisors overseeing waiver services.
  - An agency must also complete the Agency Questionnaire and Information Form on pages 13 to 15 and provide applicable attachments identified on page 16. You must submit a program service plan and quality assurance plan as required by COMAR 10.22.02 to demonstrate capacity to provide the supports and services in which you are seeking approval, and demonstrate financial capability to render services through the provision of all financial documents required.
  - An agency (initial or a renewal applicant) must complete the Governing Body (Board of Directors) Form, Staff Training, Criminal History and the Policies and Procedures Form.
  - If an agency is applying to provide any Organized Healthcare Delivery System (OHCDS) services, it must complete and submit an OHCDS Form with the DDA Provider Application;

- If an agency is applying as a residential child care provider (initial or renewal), it must provide information required on page 17.
6. Review the applicable Attachments List in the application and include all required documents. Required attachments are numbered and listed in **red font**.
  7. If a question does not apply to you or your agency, please write *not applicable* in the space provided for the response or check the “not applicable” box if one is provided.
  8. Complete the Organized Health Care Delivery (OHCDS) Form if you are seeking approval to provide OHCDS supports or services.
  9. If you are seeking an initial license or approval to have your license renewed, complete the Governing Body – Board of Directors Form, applicable Staff Training Form, Staff Criminal History Form, Staff Policies and Procedures Form, List of Licensed Site Locations Form and Addendum Application for Current License Form (to add a new site), if applicable. Also, comply with submission dates for policies and procedures and all other information required by the DDA and Office of Health Care Quality (OHCQ).
  10. Complete the application’s disclaimer and/or certification section(s) to attest to the accuracy of the information provided to the DDA and OHCQ (if applicable) in your application.
  11. Ensure that you have saved a copy of your completed application.
  12. Make sure you have reviewed and signed the application checklist to ensure that all required information has been provided. The use of the checklist is mandatory. Submit your completed application checklist with your application.
  13. Complete and sign the Provider Agreement to Conditions of Participation. Save a copy of this form for your files and submit the original form with your application.
  14. Submit your completed application with required attachments and the Provider Agreement to Conditions of Participation to [providerapplications.dda@maryland.gov](mailto:providerapplications.dda@maryland.gov). Indicate the applicable DDA Regional Office where you or the agency would like to provide services in the subject line of the email. If you and/or the agency would like to provide services in more than one region, indicate the region in which your or the agency’s headquarters is located. Please be advised that electronic application submission of the DDA Provider Application is the preferred method and may be the only method used during a State emergency or when determined by the DDA.
  15. If you have questions regarding application submission, submit them in an email to [providerapplications.dda@maryland.gov](mailto:providerapplications.dda@maryland.gov).