

Developmental Disabilities Administration (DDA) Policy

<http://dda.health.maryland.gov/Pages/home.aspx>

Effective: October 1, 2017

Application and Approval Processes for Qualified Service Providers in DDA's Home and Community-Based Waivers

I. Background

The DDA's Service Delivery System evolves as the needs of Marylanders with developmental disabilities change. DDA's supports and services are increasingly focused on supporting individuals who live at home or in their communities of choice and their community integration. The DDA maximizes supports and services for individuals' community living and participation by receiving Medicaid funds from the Centers for Medicare and Medicaid Services' approval of its Applications for 1915(c) Home and Community Based Waivers (HCBW). DDA's most comprehensive waiver, Community Pathways, was instituted more than 30 years ago.

Maryland's current demographics reveal an aging population of family members and other caretakers supporting individuals with developmental disabilities living at home, including some who are school-aged. Many of these individuals are on DDA's waiting list. Yearly trends show that DDA supports and services will be sought by other individuals with developmental disabilities who have not begun the process to access DDA-funded services.

The DDA recognizes that making supports and services readily available to unserved individuals and to their personal caretakers, will not only support those persons, but create a lower demand for comprehensive Community Pathways Waiver (CPW) services. As a result, the DDA has established its Community and Family Supports Waivers (CSW and FSW) for individuals who meet criteria for developmental disability (set forth in Maryland's Annotated Code, Health-General Article, §7-101(f)) and whose level of service needs have been assessed. Eligible participants in the FSW must be in school and receive supervision and educational services through the Individuals Disabilities Education Act. Just like the CPW, supports and services in DDA's two new support waivers will supplement other government and private resources to meet the needs of these individuals.

II. Applicability

This policy applies to all applicant providers seeking (1) initial approval to provide services under DDA's Home and Community-Based Waivers; and (2) to renew their approval and/or license, or to add new services. This policy also applies to certain vendors authorized to provide goods and services to participants in these waivers. Additionally, this policy applies to DDA staff and its contractors who have oversight in developing, reviewing or approving participants' plans and budgets, and authorizing funding for the supports and services identified in them.

III. Policy

DDA's Home and Community-Based Waivers make services and supports from Qualified Service Providers (QSPs) readily available to eligible waiver participants. QSPs can be DDA licensed or approved providers who are non-licensed/non-certified, Organized Health Care Delivery Systems (OHCDS), family members, neighbors, friends, and/or other supporters. The DDA makes information accessible on its website and implements a uniformed evaluation process for those interested in becoming a QSP. For licensed providers, the DDA implements a joint evaluation process with the Office of Health Care Quality (OHCQ). All individuals and agencies have the right to apply and receive a fair review of their applications regardless of the applicant's race, ethnicity, religion, gender, sexual orientation, disability, age, or other legally prohibited factor.

DDA QSPs are Medicaid providers. QSPs must be approved by DDA first, then enroll in the Medicaid Program in accordance with its required processes. Licenses are granted to QSPs using DDA and OHCQ review and approval processes ("licensed QSP"), while non-licensed, non-certified QSPs are approved using DDA's sole review and approval processes ("approved QSP").

Once enrolled, QSPs must have their licenses and/or approvals renewed by DDA before they expire. A one (1) year approval is granted to DDA licensed and approved QSPs who have rendered supports and services to waiver participants less than five (5) years. A three (3) year approval is granted to DDA approved non-licensed, non-certified QSPs who successfully renew their applications and who have rendered supports and services to waiver participants for five (5) or more years. Prospective providers, those QSPs renewing their approvals to render supports and services, and those seeking approval to render new services and supports must submit their applications to DDA's Provider Relations for review and approval processes denoted in this policy. Completion of the provider application does not guarantee that DDA will authorize approval for an applicant to render funded supports and services.

IV. Purpose

This policy: (1) Provides specific requirements for completion and submission of initial and renewal applications for prospective and current providers seeking to become a licensed or approved QSP to render services, supports, or goods under DDA's Home and Community-Based Waivers; (2) Provides definition and eligibility requirements for QSPs regarding each service or support rendered or in which DDA approval or a license is sought; and (3) Delineates actions taken by the DDA following receipt of an applicant's information.

V. Covered Supports and Services

“*Assistive Technology*” means an item, piece of equipment, or product which is used to maintain or improve an individual’s functional abilities enhance interactions, support meaningful relationships, promote ability to live independently, and meaningfully participate in their community.

“*Behavioral Supports*” mean services which assists participants who, without such supports, are experiencing, or are likely to experience, difficulty in community living as a result of behavioral, social, or emotional issues. Behavioral supports include Behavioral Assessments, Behavioral Consultations, and Brief Support Implementation of Services.

“*Career Exploration Services*” mean time-limited services which use systematic instruction and other teaching methods that help participants to learn skills to work in competitive, integrated employment. Career Exploration services can be facility-based or non-facility-based and provided in a small or large group. This is a licensed service.

“*Community Development Services*” mean services provided in a variety of settings in the community which aid a participant to develop and maintain skills related to community membership through engagement in community-based activities with people without disabilities.

“*Community Living-Enhanced Supports*” mean augmented supports provided to participants who exhibit challenging behaviors or have court-ordered restrictions which aid in their development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and support the safety of the participant and others. This is a licensed service.

“*Community Living-Group Home Support*” means services which provide a participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a licensed community residential setting. This is a licensed service.

“*Day Habilitation Services*” mean services provided in a variety of settings in the community or in a facility owned or operated licensed provider agency which provide the participant with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, vocation, and socialization through application of formal teaching methods and participation in meaningful activities.

“*Employment Discovery and Customization Services*” mean time-limited services (usually 6 months) provided to assist a participant to identify and develop customized employment options which works towards competitive, integrated employment for the participant. These services will be encompassed in Employment Services during DDA’s phase in of new services.

“*Employment Services*” mean flexible supports which help a participant to identify career and employment interests, and find and keep a job. Employment Services include six (6) focus areas:

1) Discovery, a process which assists the participant in finding out who they are, what they want to do, and what they have to offer; 2) Job Development which supports finding a job for the participant which includes customized employment and self-employment; 3) Ongoing Job Support which provides various supports a participant may need to successfully maintain their job; 4) Follow-Along Support which provides periodic supports after a participant has transitioned into their job; 5) Self-Employment Development Supports which assist a participant who would benefit from resource ownership or small business operation; and 6) Co-Worker Employment Support which provides needed supports to a participant onsite when an employer has identified that an onsite job coach.

“Environmental Assessment” means an on-site assessment with the participant at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in participant’s home.

“Environmental Modifications” mean physical modifications (based on an assessment) to a participant’s home designed to support the participant’s efforts to function with greater independence or to create a safer, healthier environment for the participant.

“Family Caregiver Training and Empowerment Services” mean services which provide education and training that addresses the family/caregiver’s unique needs.

“Family and Peer Mentoring Supports” mean the provision of mentors who have the shared experiences as the participant and/or his or her family members and who assist by guiding the participant and/or his family members to navigate informed connections to community resources and to engage in community life.

“Fiscal Management Service” means a person who assists a participant self-directing his or her services with a directed budget by processing and paying invoices for goods and services, tracking and reporting the budget’s disbursements and balances, collecting timesheets and processing support workers’ payroll, withholding, and filing of applicable federal, state and local taxes, providing periodic reports of expenditures and the status of the participant’s budget, and performing other fiscal duties.

“Housing Supports” mean time-limited supports to help participants to navigate housing opportunities, address or overcome barriers to housing, and secure and retain their own home.

“Individual and Family-Directed Good and Services” mean purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the person-centered plan, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, state plan services, or another source.

“Live-In Caregiver Supports” mean designated supports which assist persons who are unrelated and who reside in the same household as a participant, and the participant holds the rights of tenancy.

“Participant Education, Training, and Advocacy Supports” mean training programs, workshops and conferences which help the individual develop self-advocacy skills, exercise his or her civil rights, and acquire skills needed to exercise control and responsibility over other support services.

“Personal Supports” mean individualized supports provided to waiver participants in their own homes, or family homes, to acquire the skills necessary to maximize their independence.

“Remote Electronic Monitoring Services” mean services which provide oversight and monitoring within a participant’s home through an off-site electronic support system in order to reduce or replace the amount of staffing a participant needs.

“Respite Care” means short-term care intended to provide both the family and participant in the FSW with a break from their daily routines of providing daily caregiving responsibilities, while providing the individual new opportunities, new experiences and facilitating self-determination.

“Nursing Support Services” mean services provided by a Registered Nurse (RN), RN Case Manager, and/or RN Case Manager Delegating Nurse to participants which focus on health safety and practices which reduce or prevent adverse outcomes. Nursing Support Services include performance on goals for participants’ quality health outcomes and include Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation.

“Shared Living Supports” mean services which provide coordination, oversight and monitoring of Host Homes for participants.

“Support Broker” means a person who acts an agent for a participant self-directing his or her services by assisting the participant and his or her family to make informed decisions about what will work best for the participant, including what training, staff, services and supports are consistent with the participant’s needs and unique circumstances. A support broker may also assist with day-to-day employee management and decision-making, consistent with the participant’s plan.

“Supported Employment Services” mean services provided to a participant a minimum of four (4) hours per day, which include a variety of supports to help the participant identify career and employment interests, as well as to find and keep a job paid by a community employer.

“Supported Living Services” mean a variety of individualized services which enable a participant to live in a house or apartment or with others and assist the participant to: 1) Learn self-direction and problem-solving related to performing activities of daily living and instrumental activities of daily living required for the participant to live independently; and 2) Engage in community-based activities of the participant’s choosing within the participant’s personal resources.

“Transition Services” mean services funded for allowable experiences related to the participant moving from an institutional setting or a community residential provider to either: 1) A private residence

in the community for which the participant or his or her legal representative will be responsible, or 2) Another community residential provider site.

“Transitional Employment Services” mean time-limited services in facility and non-facility-based settings which use systematic instruction and other teaching methods that help participants to learn skills to work in competitive, integrated employment.

“Transportation” means providing non-medical assistance, training and transport to a participant and the participant’s family caregiver so the participant can access community activities in his or her own community.

“Vehicle Modification Services” mean adaptations or alterations to a vehicle that is the participant’s or the participant’s family’s primary means of transportation.

VI. Additional Definitions

“Adequately trained” means staff has attended and participated in required orientation, courses, *curriculums*, and/or teaching/mentoring experiences, and are proficient in carrying out their assigned job tasks.

“Community Coordination Services” (CCS) means case management services provided to a participant which include: 1) Development of the participant’s plan, 2) Referrals and related activities, and 3) Monitoring and follow-up activities. Community Coordination Services for waiver participants are funded under the Medicaid State Plan. Community Coordination Services are also referred to as Targeted Case Management Services. This is a licensed service.

“Medical Day Care Services” mean medically supervised day program services provided to participants who are 21 years or older, attend a minimum of four (4) hours per day and who receive health, nursing, physical therapy, occupational therapy, assistance with activities of daily living, nutrition, social work, activity program, and transportation services as needed. Medical Day Care Services for waiver participants are covered under the Medicaid State Plan. This is a licensed service.

“Qualified Support/Service Provider” means a provider who used application and approval processes in this policy and authorized by the DDA to render support, services and goods under the DDA’s Home and Community-Based Waivers.

“Eligible waiver participants” means individuals who meet waiver specific criteria including technical, medical and financial requirements and have been approved by DDA for admission to one of its Home and Community-Based Waivers.

“Self-Directed Waiver Services” means the participant directs his or her services with Support Broker, Fiscal Management and Community Services Coordination supports and a budget established within the waiver cap.

“*Traditional Services Delivery*” means services that are provided exclusively from DDA-licensed providers.

“*Waiver cap*” means the maximum amount of funding that an individual can receive under the waiver in which he or she has been admitted.

VII. Procedures:

A. Applicants

To apply to be a QSP, applicants must do the following:

1. Go to DDA’s website, <https://dda.health.maryland.gov>, download and review the following information:
 - a. Eligibility Requirements for Qualified Service Providers in DDA’s Home and Community-Based Waivers;
 - b. The DDA Provider Application;
 - c. Qualified Support/Service Provider Agreement to Conditions of Participation;
 - d. Provider Checklists; and
 - e. DDA Policy – Application and Approval Processes for QSPs in DDA’s CSW and FSW.
2. Attend orientation sessions when provided by the DDA.
3. Review the *Application and Approval Processes for QSPs in DDA’s Home and Community-Based Waivers’ Policy* before completing and submitting the application.
4. Submit information in an application with an understanding of each of the following requirements:
 - a. Only the DDA-established DDA Provider Application form can be used. (The DDA will not review information submitted in another fashion).
 - b. A single party proposing to provide services is considered to be an individual applicant. An entity employing two or more persons to provide the proposed service is considered to be a business agency. Certain sections of the provider application apply only to an individual applicant while other sections apply to a business agency. (Applicable sections for each are identified accordingly throughout the application).
 - c. Information on the application must be legible and in blue or black ink.
 - d. All applicants must demonstrate that they meet general application and business agency requirements, if applicable, to render supports or services. Applicants must also meet specific support and service requirements for service categories identified in the *Eligibility Requirements for Qualified Service Providers in DDA’s Home and Community-Based Waivers*. (Please note: There may be additional requirements from participants self-

directing their services to ensure that a QSP and his or her employees are adequately trained).

- e. The applicant must demonstrate a capacity to provide the service or support for which the DDA license or approval is sought.
 - f. Applicants can apply for approval to render more than one support or service;
 - g. Applicants must complete the DDA Provider Application in its entirety. The DDA requires use of the *Provider Checklist* to verify all required information is in the packet. This *Provider Checklist* form must be completed and submitted with the application. The DDA will not process applications until all required background checks are received. Also, the DDA will disapprove applications which lack required information.
 - h. Applications and all accompanying information are considered to be the property of DDA. Information is stored in confidential files.
 - i. Applicants should not send original copies of licenses, certifications, and other documents. Applicants should maintain a copy of their application and other documents for their files before submitting it to DDA's Provider Relations staff.
 - j. In addition to submission of required criminal background and child protective clearance check information from applicants, DDA staff may also complete checks from federal and Maryland records (i.e., the Maryland Medicaid Exclusion List, etc.), sex offender registry information, federal registries (i.e., The Federal List of Excluded Individuals/Entities, The Federal list of Excluded Parties as maintained by the System of Award Management (SAM.Gov)); and federal criminal history record information from law enforcement entities throughout the United States. Information in criminal background, child protective clearance, or other reports shall only be disclosed to an applicant who is the subject of the report and in accordance with applicable law.
 - k. Materials and documents on file from previous or rejected applications will not be reviewed, considered, or accepted as part of prospective provider's reapplication or renewal process.
 - l. Applicants should not make inquiries regarding the status of their applications until 30 days after the mailing or submission of it unless there has been no acknowledgment of receipt from the DDA.
5. Applicants must submit their applications via email with the appropriate region identified in the subject line to providerapplications.dda@maryland.gov. Applications can also be submitted through U.S. Postal Service to the Developmental Disabilities Administration, Attention - DDA Provider Relations staff, 4th Floor, 201 W. Preston Street, Baltimore, Maryland 21202;

A QSP needs a license from DDA and OHCQ to provide the following services: Community-Living Group Home and Group Home Trial Experiences, Community Living Enhanced Supports and Enhanced Supports Trial Experiences, Day Habilitation Services, Facility-Based, Large Group or Small Group Vocational Services, and Coordination of Community Services. A DDA license cannot be transferred to another agency.

Some services require that QSPs have certifications in their specialty areas, such as Support Brokers and those providing certain Employment Services. Also, QSPs can be an OHCDs under COMAR 10.22.20.

Some waiver participants' individual plans may not require providers to have a DDA license or a certificate to render Behavioral Supports, Community Development Services, Employment Discovery and Customization Services, Family and Peer Mentoring Supports, Family Caregiver Training and Empowerment Services, Housing Support Services, Nursing Services, Participant Education, Training, and Advocacy Supports, Personal Supports, Remote Monitoring Services, Respite Care Services, Shared Living, Supported Living. However, DDA or Financial Management Services (FMS) approval is required to render services or supports for individuals self-directing their services. Finally, family members, neighbors and friends committed to providing care to a waiver participant and meeting eligibility requirements in the *Eligibility Requirements for Qualified Service Providers in DDA's Home and Community-Based Waivers* may render services or supports if they have been approved by the FMS for participants self-directing their services.

If a DDA-Approved or licensed provider agency changes its name, address, facilities, CEO, Board Members, or makes any significant changes to its organizational structure, the QSP must: 1) Inform the DDA in writing of the change(s); 2) Advise if any facilities or the agency/organization's structure has changed and the nature of the changes, and 3) For name changes, submit articles of incorporation that were filed with the State Department of Assessment and Taxation. Upon receipt of this information from a QSP, the DDA will advise if an addendum DDA Provider Application must be completed. The QSP must also notify the Office of Health Services of the change so information can be changed in the Medicaid Management Information System. If a licensed provider, the QSP must also notify the OHCQ.

Completion of the provider application is solely the responsibility of the applicant. In addition to this policy, the applicant must review the application and eligibility requirements to render supports and services in which approval is sought and become familiar with them. The applicant must serve participants within each authorized person-centered plan. For participants in the Community Supports or Family Supports Waivers, the total amount of funded services may not exceed each waiver's respective cap. Applications must reflect that the applicant and all of the applicant's employees, if applicable, meet eligibility requirements. The DDA does not provide business information or any assistance (i.e. legal, technical, or financial) to aid applicants in qualifying as a waiver provider. However, the DDA Provider Relations staff does provide technical assistance and ongoing support to providers in DDA's waivers once they are approved to render services and supports.

Applicants must request or obtain criminal background checks from the Criminal Justice Information System-Central Repository (CJIS) or from Criminal Background Check entity pursuant to Health-General Article §19-901 and, if serving a minor, Family Law Article §5-560 no more than 45 days prior to the submission of their provider applications to DDA. DDA does not pay fees associated with the applicant and applicant staff's criminal background checks. Results from criminal background checks are required for all applicants and for a business applicant's executive and program directors, managers and supervisors when an application is submitted. Applicants must also ensure that criminal background checks are obtained using DDA's Authorization and ORI numbers.

The DDA Agency Authorization # is 1500001484 and the ORI # is MD003105Y. These numbers can also be provided from CJIS upon an applicant's request. An applicant may not employ or contract with any individual who has a criminal history which would indicate behaviors potentially harmful to individuals.

Also, applicants may not employ or contract with any individual or entity who are excluded from participation in any federal health care program. Applicants should review the Federal List of Excluded Individuals and Entities (LEIE) at http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp when evaluating prospective staff for employment. The State List of Excluded Medicaid Providers can be viewed at <http://dhmh.maryland.gov/oig/SitePages/related-links.aspx>.

Applicants must submit (1) results from required criminal background or a receipt(s) for requested background checks, along with verification from the name of a follow up CJIS contact and the date confirming the mailing of criminal background checks to DDA; and (2) exclusion list checks with their applications. In the event that DDA receives an application without the required criminal background and exclusion checks, the application will be rejected.

Information received from background checks will be used by DDA solely for the purpose of evaluating the prospective provider's application and it will not be disseminated outside the Department of Health except in accordance with applicable law.

The FMS for participants self-directing services shall ensure that prior to the delivery of supports, services and goods, each QSP meets the eligibility requirements to render the support or service, and agrees to meet regulatory requirements protecting participants' rights and health and safety. The FMS sends the applicable documents to the Regional Provider Relations designee.

Should the DDA deny an applicant's initial, renewal, or a special request to render supports and services to an individual(s) under its Home and Community-Based Waivers, the DDA shall disclose, in writing, the reason(s) for the denial. Following review of information in the denial, an applicant may submit additional information to demonstrate that he or she meets the requirements to render the support(s) or service(s) in which approval is sought. The applicant must submit the additional information within 30 business days from the date of the denial letter. In addition, the applicant has due process and appeal rights set forth in Section IV of this policy.

B. Roles of DDA Provider Relations staff

Director of Provider Relations - The Director of Provider Regions is responsible for the overall operations of the Provider Relations Unit, primarily addressing the regulation and implementation of developmental disabilities licensed and approved provider regulations and policies.

Designated Application Reviewers - DDA delineates application reviewers. Application reviewers have experience in interpreting regulations and DDA policies. Application reviewers evaluate prospective providers' initial applications and those requesting to renew licensure and approval to provide supports and services to waiver participants. Application reviewers send letters to applicants regarding results of reviews and issue approvals to providers.

OHCQ – OHCQ issues licenses to applicants following approval from the joint DDA and OHCQ review processes.

Support Staff - Support Staff provide administrative support, serving as the first contact for inquiries regarding prospective and renewal provider applications, working in conjunction with DDA Provider Relations staff to ensure that providers' initial and renewal applications are tracked, relevant information is entered in DDA's data base, and that applicants' files are maintained in compliance with the Department's Records policy.

C. Processes Implemented by DDA Provider Relations staff

1. Receipt of an application

For each application received via email or U.S. Postal delivery, DDA Support staff shall complete the following tasks:

- a. Place a date stamp on the front page;
- b. Establish a file folder;
- c. Enter relevant information in DDA's database;
- d. Send an acknowledgement letter or email to the applicant within 3 days;
- e. Provide the application file folder to the assigned reviewer after the letter or email has been sent;
- f. Track and continue to enter information pertaining to the flow of the application, including dates, reviewers, results from reviews, and correspondence received from and sent to the applicant; and
- g. Send a letter to the applicant regarding closure of an application and file, as appropriate.

2. Review of application

Upon receipt of an application file folder from DDA Support staff, the assigned reviewer shall:

- a. Evaluate the applicant's request within 30 days.
- b. Within two weeks, review each section of the application determining compliance to eligibility standards using the Eligibility Requirements for Qualified Service Providers and the applicable *Provider Rater form*;
- c. Ensure required criminal background check(s) have been obtained and results meet requirements for protection of participants;
- d. Ensure Child Protective Clearance has been obtained and results meet requirements for protection of participants if applicant requests to provide supports and/or services to children;
- e. Ensure that the applicant is not on the State's Exclusions' List and federal Exclusions Lists, as applicable;
- f. Ensure that applicants with DDA licenses, or those applying as OHCDs, agencies or other businesses are in good standing with the Maryland Department of Taxation and Assessment; and
- g. If deemed necessary, request an additional review from the Director of Provider Relations or designee to support findings that the applicant meets or does not meet required eligibility standards.

3. Approval or disapproval of application

For applications submitted directly to DDA from applicants seeking to render supports and services in DDA's Home and Community-Based Waivers, Provider Relations staff reviewers shall:

- a. Issue an approval or a disapproval letter to the applicant within 5 days following a determination,
- b. Ensure that an applicant's *approval letter* includes the following information:
 - i. The QSP's point of contact, business name, if applicable, and address;
 - ii. The chief executive, owner or administrator's name and address as designated in the application;
 - iii. The DDA provider number;
 - iv. The supports, services and/or goods in which the QSP has been approved to render in the CSW and/or FSW to participants;
 - v. Start and end dates for the time period that the approval covers, and
 - vi. The DDA responsible administrator's signature.
- c. Ensure that an applicant's *disapproval letter* includes the following information:
 - i. The QSP's point of contact, business name, if applicable, and address;
 - ii. The chief executive, owner or administrator's name and address as designated in the application;
 - iii. The support, services and/or goods identified in the application in which approval was sought and denied;
 - iv. The reason(s) for the denial;
 - v. If it is the applicant's first denial, notification that additional information can be submitted for a second review within the time frame delineated, as appropriate;
 - vi. The notification will also advise the applicant that the application will be closed if the information is not received within the established time frame and,
 - vii. If it is the applicant's second review and denial, the DDA will also notify the applicant of his or her due process rights.

Following DDA approval to render a licensed service, the applicant should follow OHCQ policy and submit policies and procedures and all other required information for the next phase of the joint licensing process.

DDA staff reviewers shall return the applicant's file to Support staff for data entry, filing and tracking of information, and file maintenance.

The FMS will notify applicants seeking to render supports and services to waiver participants self-directing their services within five (5) days regarding approval or disapproval of their applications.

4. QSP Renewal Applications:

- a. A QSP renewal application to render supports and services in DDA's Home and Community-Based Waiver is due 60 days before the approval expires;

- b. Application submission, receipt, review, and approval processes are the same for renewals; and
- c. QSPs who do not submit renewal applications within established time frames shall be notified by support staff that their approval to render supports, services, and/or goods will or has expired. Accordingly, the provider's approval as a QSP in DDA's Home and Community-Based Waivers is terminated and the provider's eligibility for Medicaid payments ceases on the termination date.

VIII. Applicants Appeal Rights

If the DDA denies an applicant's application for approval, the applicant has the right to appeal the DDA's denial pursuant to COMAR 10.22.02-.03 and 10.01.03.

If the DDA approves the applicant to render supports and services as a QSP:

- A. The DDA retains the right to inspect the QSP for compliance with applicable requirements pursuant to Maryland Annotated Code, Health-General Article § 7-909 and applicable regulations; and
- B. The DDA retains the right to suspend, revoke, deny renewal of the QSP's approval or institute sanctions, or take other disciplinary action in accordance pursuant to Maryland Annotated Code, Health-General Article § 7-910 and applicable regulations.

If the DDA takes disciplinary action against an approved QSP, the QSP shall have the due process rights set forth in with Maryland Annotated Code, Health-General Article § 7-910 and COMAR 10.22.03 and 10.09.36, as applicable.

Legal References

Health-General Article, §2-1-4(b), 15-103, 15-105, 7-703, 7-708 and 7-904, Annotated Code of Maryland
COMAR 10.09.26, 10.09.36, 10.22.02, 10.22.06, 10.22.10, and 10.22.20.

Reference Materials

DDA Community Supports and Family Supports Waivers - 2017 Federal Applications to the Center for Medicare and Medicaid Services.

DDA's Community Pathways Waiver - 2018 Renewal Federal Application to the Center for Medicare and Medicaid Services.

Revised 12/11/2017