

Checklist for Providers Renewing DDA Approval (Certification & Licensure, if applicable)

Please **respond yes, no or n/a** to the following supplemental information for renewal of DDA certification to render services in DDA's Waiver and for OHCQ re-licensure, if applicable. Forward to your Regional Office

RENEWAL APPLICATION INCLUDES	Yes/No	N/A	DDA Received
1. Have you updated and submitted your DDA application form? Use the application form that was last revised in October 2025 and answer all questions appropriately.			
2. Have there been changes to your Administrative Office address since you submitted your last application?			
3. Have there been changes made in your business' structure since you submitted your last application? If yes, please provide updated information with your renewal application.			
4. Does your organizational chart include all managers names, emails, position titles of the people in those positions? Please submit a current organizational chart. (Not applicable to individual providers)			
5. Have new CEO/First Line managers completed a background check? If yes, please attach the CJIS check results. (Not applicable to individual providers)			
6. Does your agency serve children? <i>Reminder that children are defined as any individual under the age of 21 in DDA services.</i>			
7. If your agency serves children, has new staff and new first line manager(s) had Child Protective Clearances? If yes, please attach a copy of CPS clearance results. please attach. (Not applicable to individual providers)			
8. Since last update have you, your agency or anyone in your agency been barred from doing business with Medicaid or on any exclusion lists? If yes , please include relevant documentation.			
9. Have there been any changes to your Governing Body/Board of Directors since your last renewal? Please submit Board of Directors form** with all information requested, and add term beginning and end dates for each member. (Not applicable to individual providers)			

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10. Are you or your Agency still registered and in good standing with SDAT? If not , please explain the circumstances and correction plan on a separate document, and be aware we cannot process a renewal while you are not in good standing.			
11. Have you or your Agency filed taxes since your last application, and has it remained in good standing with the IRS? If yes , attach Form 990/1120. If not , please explain the circumstances in a separate document and attach.			
12. Do you or your Agency have current liability and automobile insurance? Please attach insurance documents verifying current coverage.			
13. Have you or your Agency acquired any in-State or out of State contracts since your previous application? If yes, please explain.			
14. Have there been any significant changes in the budget or financial documents which were previously submitted? If yes , please provide updated budget and/or financial documents and explain the changes.			
15. Is your Program Service Plan (PSP) current? Does it <u>include all services</u> for which you are seeking approval and meet all of the requirements specified in COMAR? If yes , please attach a copy of your current PSP approval letter from the DDA. If not , please submit your revised PSP for approval. (Not applicable to individual providers)			
16. Is your Quality Assurance Plan (QAP) current and does it meet all of the requirements specified in COMAR? If yes , please attach a copy of your current QA approval letter from the DDA. If not , please submit your revised QA Plan for approval. (Not applicable to individual providers)			
17. Do you provide/are you approved for any Organized Health Care Delivery Services? If yes , submit a signed OHCDs application.**			
18. Have all staff completed a background check? Attach a copy of your staff criminal history list. ** (Not applicable to individual providers)			
19. Have all staff completed mandatory training? Attach a copy of your staff training tracking form. ** (Not applicable to individual providers)			

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20. Is your OHCQ site list accurate? If not , submit your OHCQ site list <u>with notes</u> to indicate closed sites, corrections to addresses, corrections to the type of service provided, and/or new or existing sites that are missing from the list.(Not applicable to certified- only or individual providers)			
21. Submit the Policies and Procedure form. ** If policies have changed, also submit updated policies as applicable. (Not applicable to individual providers)			
22. Have you submitted Community Settings Rule Policies and Procedures (CSR P&Ps) for your Residential and Non-Residential services? <i>(If applicable)</i> If not , please submit a copy. (Not applicable to certified-only or individual providers)			
23. Have you submitted your Conflict of Interest policy? <i>(PolicyStat requirement for providers with any meaningful day service)</i>			
24. Submit your annual Conditions of Participation form.**			
25. Please provide updated copies of licenses, evidence of completed training and/or certifications for relevant contracted or hired staff (ie. Clinicians, Agency Nurses, new Employment staff, etc.)			