Maryland
DEPARTMENT OF HEALTH

DDA Licensed and Certified Provider Renewal Self Assessment Tool

Date:

Agency Name:

Date of certification/license:

Purpose

The purpose of the provider assessment tool is for the provider to look at the documents required for renewal (Training Tracker, Quality Assurance Plan, Program Service Plan, General Ledger, Incidents, etc.), to assess their current standing, and look at remediation/Quality Enhancement strategies. This assessment is required when submitting a renewal packet.

Renewal Application Status

I. What is the current status of the renewal application?

- ☐ Not Started;
- ☐ In Progress – Working on the application;
- ☐ Submitted – Application has been submitted to the Regional Office;
- ☐ Additional Support Needed – Regional Office has requested more information or guidance to help complete the application;
- ☐ Action Required – Application has not been submitted on time or needs follow-up. I will work with the Regional Office to address and complete it:

II. Please list any updates needed for your renewal application. Examples include approved new services, changes in leadership or Board of Directors (BOD), new quality assurance goals, or a change of address, etc.

III. Highlight the changes (progress or improvements) your agency has made to support its internal efforts in completing the renewal process.

- Do you have any questions for the Regional Office regarding these changes?

IV. Identify any challenges that may be hindering your internal efforts to complete the renewal process.

- If challenges are noted, please describe any steps you have taken to address them.

V. Do you have any questions for the Regional Office related to these changes?

VI. Your renewal application should include the following. Does it?
Please use the space provided below each area to note your agency assessment of your current documents, any updates needed based on your assessment, the waiver amendment, and your business model decisions. Please indicate if you need Technical Assistance from the regional office:

A. **Program Service Plan (PSP)** - Have you added any new services? Do you wish to remove any services? Has your service delivery model changed?

B. **Quality Assurance (QA) Plan** - After reviewing your most recent Quality Assurance Report, do you need to make changes to your review process, measures, etc.? What remediation strategies have you implemented?

What is your quality improvement strategy? Share this assessment along with your remediation and quality improvement strategies, as applicable.

C. **Home and Community-Based Settings Rule Policy** - Please review and assess the current policy. Share your assessment of your agency (and sites) compliance, improvements, and any new strategies that you will be implementing.

D. **Incident Reporting Policy (IR)** - Please assess your recent incidents, trends, and compliance with the Policy on Reportable Incidents and Investigations (PORII). Share this assessment along with your remediation and quality improvement strategies, as applicable.

E. **Training Tracker** - Please assess and share your agency training trends, compliance, remediation, and quality improvement strategies. Are there areas of training that you need resources for?

F. **OTHER** -

1. **General Ledger compliance** - Did you submit your ledger in a timely manner? Did you submit audited financial statements at the same time as the General Ledger Tool every year? If not, what remediation and quality improvement strategies have you implemented?

2. **Billing -** Does your agency currently have an unresolved balance of funds owed to the DDA? If so, do you have an approved payment plan?

3. **State Employment Leadership Network (SELN) reporting (**for Meaningful day only) - Did you submit your data on time? What remediation and quality improvement strategies have you implemented?

4. **State Department of Assessment and Taxation (SDAT)** - Is your agency currently in good standing? Have you implemented any needed remediation or quality improvement strategies?

5. Are there any other concerns that DDA should be aware of? If so, what strategies are you taking to remediate them?

VII. Make sure to include all required documents in your renewal application to help it move smoothly through the review process.

- Checklist Renewal for Providers & DDA

Action Steps

☐ I do not need any assistance with my renewal application.

☐ I will complete and submit this tool by 90 days prior to my DDA certification/license approval expiration date.

☐ I have assessed my agency's compliance on the Community Settings rule, quality standards, financial stability, and other areas. I will address any issues or concerns with my renewal application and agree to submit it 60 calendar days before my certification expires.

☐ I would like to request a meeting with the regional office to discuss issues and strategies with concerns and challenges noted above.

☐ Providers must submit the DDA Licensed and Certified Provider Renewal Assessment Tool to the Regional Office within 30 days of receiving it and at least 90 days before the license expires.

Please note:

- If your application is not submitted at least 75 calendar days before your certification expires, the Regional Office will contact you to schedule an in-person meeting to discuss challenges and provide support.
- Providers must submit their renewal application at least 60 calendar days before their certification expires.
- If your application is not submitted at least 60 calendar days before your certification expires, the Regional Office will contact you to schedule a meeting with your Executive Director and Board President. During this meeting, you will be expected to develop remediation strategies and submit a proposed work plan with clear milestones and due dates, as required by COMAR 10.22.20.02.

If you have any questions, please contact your Regional Office Provider Services representative.

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