



# Developmental Disabilities Administration

## **Instructions for Completing the Developmental Disabilities Administration Qualified Services Provider Application and Provider Renewal**

All persons, agencies, or other business entities interested in providing services to Developmental Disabilities Administration (DDA) waiver participants must be approved by the DDA. Interested parties must complete the DDA Provider Application to render funded services. Applications must be signed and dated and will only be accepted from an individual proposing to directly render a service(s) or agency Chief Executive Officers or Directors.

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) that have not already been approved.
4. Applicants seeking approval for demonstration or special projects as authorized under Code of Maryland Administrative Regulations 10.22, administered by the DDA.

This document provides instructions for completing the DDA Provider Application.

1. Go to the DDA's website, <https://dda.health.maryland.gov/Pages/providers.aspx>, and review the following documents: 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;
2. Eligibility Requirements for Qualified Supports/Services Providers; and Instructions for Completing DDA Provider and Re-Enrollment Applications.
3. Download:

- a. The DDA Provider Application,
  - b. Qualified Support/Services Provider Agreement to Conditions of Participation, and
  - c. Provider Checklist.
4. Save a copy of each document to your computer.

**Note** – In addition to DDA Provider Services Regional staff, applications from agencies proposing to render Targeted Case Management (Coordination of Community Services or CCS) may be reviewed by the DDA’s State Director of Coordination of Community Services for approval.

5. Request the required background check(s) and child protective service clearance(s) at least two (2) weeks before the submission of your application. **The Developmental Disabilities Administration Agency Authorization # is 1500001484. The ORI # is MD003105Y. You must check “Government Licensing or Certification” on the Livescan form.**
  - a. Criminal History Record Checks using the Criminal Justice Information System (CJIS) are required. They must be **current** for an initial applicant and for a previously approved provider who is seeking to render supports and services or approval to render a **new** support or service to participants under the DDA’s Comprehensive Waiver. An applicant’s first line managers must also have a Criminal History Record Check using the Criminal Justice Information System.
  - b. If you are applying to render support or services to children, Child Protective Services Clearances are required for the applicant and for the applicant’s first-line managers.
  - c. A current background check is defined as one received from the CJIS no more than 45 days after the date it was requested. If the required background check(s) is not received by the 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).
  - d. Information on locations for obtaining criminal history and background checks can be found at <http://www.dpscs.state.md.us/publicservs/fingerprint.sht>.

- e. Please complete the [Child Protective Services Background Clearance Form](#) using the [Child Protective Services Background Clearance Form Instructions](#) or contact your area's local Department of Social Services for information to obtain Child Protective Services Clearances.
  - f. 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://mmcp.health.maryland.gov/Documents/Maryland%20Sanctioned%20Providers/State%20of%20MD%20Sanctioned%20Providers%202.23.18.pdf>
  - g. Pursuant to Health-General Article, §19-1901 through §19-1912, Annotated Code of Maryland, Criminal History Record Checks 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 business/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 that would indicate behaviors potentially harmful to participants. See Code of Maryland Administrative Regulations 10.22.02.11B.
  - h. Except for the applicant and first line managers, the DDA Application does not require the actual submission of Criminal History Record Checks 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.
6. Applications must demonstrate that an individual and agency staff rendering and/or overseeing delivery of waiver services meet educational, license, certification, and experience requirements.
- a. CPR and First Aid training must be provided for individual applicants and agency staff.

- b. Licensed Providers and other Business/Agency applicants must complete the Business/Agency Questionnaire and Information Form beginning on page 13.
  - c. Licensed providers should also complete the Staff Training Form- Code of Maryland Administrative Regulations 10.22.02.11C&D.
  - d. Applicants for Children's Licensure should explain training, skills, and experience in providing services to children, and differentiate children's needs from adults' needs.
  - e. Applicants proposing to serve adults should explain their training, skills, and experience in providing services for adults.
  - f. 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.
  - g. Nursing Provider applicants should include training and experience in completing Health Risk Screening Tools, Nursing Assessments, providing Health Case Management, supervision of Certified Nursing Assistants and Certified Medication Technicians, and treating individuals with chronic health care conditions.
  - h. Please identify screening tools and assessments used.
  - i. 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.
7. 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 a business or agency.
- a. All applicants must complete pages 1-11 and provide applicable attachments on page 12.
  - b. If you are an individual applicant, you can complete Section II or skip it and provide your resume. Agency applicants are required to skip Section II and

provide resumes for their Chief Executive Officers, Directors, and all Managers and/or Supervisors overseeing waiver services.

- c. An agency must also complete the Agency Questionnaire Form on pages 14 to 17 and provide applicable attachments identified on page 18. You must submit a program service plan and quality assurance plan as required by Code of Maryland Administrative Regulations 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.
  - d. An agency (initial or renewal applicant) must complete the Governing Body (Board of Directors) form, Staff Training, Criminal History, Organized Healthcare Delivery System application form (if applicable), and the Policies and Procedures form.
  - e. If an agency is applying to provide any Organized Healthcare Delivery System services, the agency must complete and submit an Organized Healthcare Delivery System form with the DDA Provider Application.
  - f. If an agency is applying as a residential child care provider (initial or renewal), they must provide the information required on page 19.
8. Review the applicable Attachments List in the application and include all required documents. Required attachments are numbered and listed in red font.
9. If a question does not apply to you or your business or agency, please write not applicable in the space provided for the response or check the “not applicable” box if one is provided.
10. Complete the Organized Health Care Delivery form (OHCDS) if you are seeking approval to provide Organized Health Care Delivery services.
11. If you are seeking an initial license or approval to have your license renewed, complete the
- a. Governing Body – Board of Directors Form;
  - b. applicable Staff Training Form;
  - c. Staff Criminal History Form;
  - d. Staff Policies and Procedures Form;
  - e. List of Licensed Site Locations Form; and

- f. Addendum Application for Current License Form (to add a new site), if applicable.
  - g. Also, comply with submission dates for policies and procedures and all other information required by the DDA and Office of Health Care Quality (OHCQ).
- 12. Complete the application's disclaimer and/or certification section(s) to attest to the accuracy of the information provided to the DDA and Office of Health Care Quality (if applicable) in your application.
- 13. Ensure that you have saved a copy of your completed application.
- 14. 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.
- 15. 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.
- 16. 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/the business or agency would like to provide services in the subject line of the email.
- 17. If you and/or the company or agency would like to offer services in more than one region, indicate the region in which your/business's headquarters is located. All applications must be submitted electronically. No hard copy mail submissions will be accepted.
- 18. If you have questions regarding application submission, submit them in an email to [providerapplications.dda@maryland.gov](mailto:providerapplications.dda@maryland.gov).