



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

PROVIDER APPLICATION MANUAL

An Applicant's Guide to the DDS Provider Application Process

Valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, achieving possibilities working together to support healthy, safe, and fulfilling lives.

WELCOME!

Thank you for your interest in applying to become an authorized provider of Home and Community Based Services (HCBS) with the Delaware Division of Developmental Disabilities Services (DDDS). The Division seeks to develop an adequate network of highest-quality providers to serve Delawareans who have intellectual and developmental disabilities. Provider agencies must demonstrate that they have the capacity and the infrastructure necessary to provide direct support to individuals with intellectual and developmental disabilities.

The Provider Application Manual outlines the requirements for applying to become an authorized provider for Lifespan Waiver (LSW) services and for Pathways to Employment (PTE) services. DDDS accepts applications on an open and continuous basis. Providers may request approval to provide Lifespan Waiver services and Pathways to Employment services in the same application.

Applying to become an authorized provider is a multi-phase process that may take several months. DDDS allows providers one (1) year from the date of initial application to complete these 4 phases. If, after 1 year the provider has not signed a contract with DDDS, has not requested an extension to the timeline from DDDS, and has not shown a good-faith effort to meet contracting requirements, the provider application will be closed, and the provider must start the process from the beginning if they wish to continue to seek authorization to provide services.

- Phase 1 consists of information gathering and watching informational sessions about the application process.
- Phase 2 consists of 2 activities:
 - Submit application
 - Attend Authorized Provider Committee interview
- Phase 3 consists of 3 activities:
 - Respond to a Request for Proposals (RFP) through the Division of Management Services (DMS)
 - Apply to become a Delaware Medicaid provider through the Division of Medicaid and Medical Assistance (DMMA)
 - Attend the DDDS's New Provider Orientation
- Phase 4 consists of contracting and final approval.

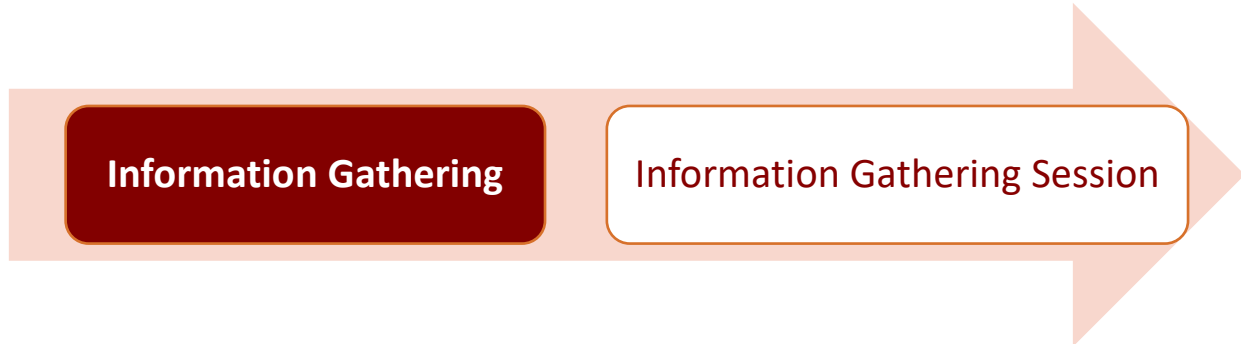
You may ask additional questions through our resource mailbox: DDDS.ProviderAuthCommittee@delaware.gov.

Note: The Division CAN NOT recruit, assist, or assign referrals to Authorized Providers. The Division shall only list the provider on the Authorized Provider Directory on the Division's web page.



DDDS is a member of The Community of Practice for supporting families of individuals with Intellectual & Developmental Disabilities ([Community of Practice](#)). Through this membership, DDDS works to enhance person-centered care for Delaware families and to introduce best practices to our provider network.

Phase 1- Information Gathering



Information gathering is the first step to becoming an authorized provider. During this step, the applicant should become familiar with the Division and the requirements to become an authorized provider. Note that different services have different requirements to become an authorized provider, and Lifespan Waiver requirements differ from Pathways to Employment requirements.

All information and requirements to become an authorized provider are on our web site:
<https://www.dhss.delaware.gov/ddds/>.

When an interested applicant visits the DDDS web site, scroll down to DDDS Supports and Services. Select Home and Community Based Services (HCBS) Providers to learn about Lifespan Waiver Services. Select Employment Supports to learn about Pathways services.

DDDS Supports and Services



Individuals and Families

DDDS supports individuals with developmental disabilities and their families by providing community resources and services. Look here for information about individualized resources and services according to the needs of the individual.



Home and Community Based Services (HCBS) Providers

Our provider network is the key to supporting individuals living their lives in the setting that suits them best. Find out more about how to become a provider in Delaware.



Information and Resources

Navigating state and federal programs designed to support you and/or your loved one can be difficult. Access additional information and resources available to help you navigate these services.



Home and Community Based Services (HCBS) Supports

DDDS supports individuals with intellectual/developmental disabilities living in diverse home and community settings. Find out more about the support services available and how to identify the supports needed to help you or your loved one live your best life

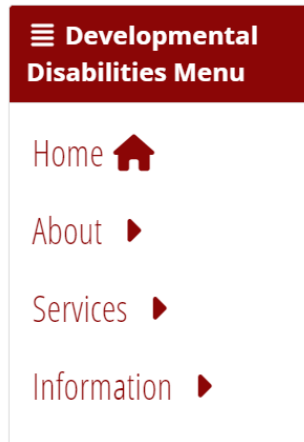


Employment Supports

Opportunities for vocational training and employment can be an important part of opening doors in your daily life. Find out more about resources and supports available to you in your community.



To Become a HCBS Provider in Delaware



The Division of Developmental Disabilities Services (DDDS) seeks to provide a robust network of qualified providers to deliver supports and services available under the DDDS Medicaid Home and Community-Based Services (HCBS) Waiver. DDDS accepts applications on an open and continuous basis as **required by Medicaid regulations**

To begin the process of becoming a provider in Delaware, the Provider Application Manual should be reviewed in its entirety. The information below, in conjunction with the manual, will assist applicants in moving through phases 1 and 2 of the 4 phase process.

Provider Application Manual

Click on a **phase** to get started.

Phase 1 A - Information Gathering

Phase 1 B - Information Gathering Session

Phase 2 - Submit Application

From the “To Become a HCBS Provider in Delaware” page, potential applicants can access all information required to become an authorized provider. Applicants should review the documentation that is relevant to the services for which they apply. In addition, each interested entity will need to read the following documents:

For all services:

- [DDDS Provider Standards](#)
- [Health Care Quality \(HCQ\) Neighborhood Home Regulations](#)
- [Health Care Quality \(HCQ\) Family Care Home Regulations \(Shared Living\)](#)
- [Essential Elements to a Medicaid Compliance Plan](#)
- **Request for Proposal (RFP) Process: a link to the RFP “[Home and Community Based Services for Individuals with Intellectual and Developmental Disabilities](#)” which contains instructions for submission.**
- [Delaware Medicaid](#)
- [Obtaining an NPI Number](#)
- [DDDS Policies](#)
- [Service Definitions](#)

For Lifespan Waiver services:

- [1915c HCBS Lifespan Waiver](#)
- [Provider Standards for Home and Community Based Services Provided under the DDDS Lifespan Waiver for Persons with Intellectual Developmental Disabilities](#)
- [DMAP Provider Manual](#)
- [University of Missouri-Kansas City Charting the Lifecourse Nexus](#)
- [Delaware Therap Home Page](#)

For Pathways to Employment services:

- [1915i Pathways State Plan Amendment](#)
- [Pathways to Employment Home and Community Based Services Provider Specific Policy](#)

Phase 1 - Information Gathering Sessions



After reading through the information outlined on the Division’s web site, potential applicants must view the recorded Information Gathering Session videos. The Information Gathering Session assists interested applicants to develop an understanding of the content required for a successful application. The DDDS website includes recorded [Information Gathering Sessions](#).

The “Overview” section consists of 12 sessions that providers can review at their convenience and as often as they wish. Most sessions are less than 10 minutes in length. Potential applicants should review all content in the “Overview” section plus the “HCBS Service Option” for the service(s) for which the agency is applying. The HCBS Service Option section includes services for the Lifespan Waiver and Pathways to Employment.

Overview:

- Overview
- Becoming a Medicaid Provider
- Community Settings Final Rule
- Community of Practice
- Creating a Successful Application
- Financial Requirements and Estimated Cost
- Opening Sites
- Authorized Provider Committee
- Referral Process
- Electronic Client Data Management System
- Electronic Health Record
- Electronic Training System

HCBS Service Options

- Assistive Technology | Home or Vehicle Accessibility Adaptations | Orientation and Mobility
- Behavioral Consultation | Nurse Consultation
- Day Habilitation | Community Participation | Prevocational Services
- Residential Habilitation | Medical Residential Habilitation
- Community Transition
- Personal Care | Respite
- Supported Employment (Individual or Group) | Career Exploration and Assessment
- Supported Living
- Benefits Counseling | Financial Coaching Plus

Phase 2 - Submit Application



Interested applicants should review the “Provider Qualification Instructions” manual or the “Provider Qualification Instructions – Non-Recurring Services” manual. The applicant must include all information and supporting documentation with its application. Appendix A in the manual displays a checklist of all documents that DDDS requires for a complete application. DDDS will return incomplete applications to the submitting agency. **The Division will not accept an incomplete application.**

The applicant must submit a Requirements Summary Checklist that includes each question number. The Requirements Summary Checklist must be in Word format. The applicant must answer the questions in the order found in the application. The applicant must create separate .pdf documents for each question.

Applicants must email the application to: DDDS.ProviderAuthCommittee@delaware.gov

Submit each section in order as a .ZIP file. The subject line must be in the following format:

<Company Name, Service applying for>

Example: ABC Agency, Residential Habilitation

Review Process:

1.) Initial Review: DDDS reviews the application to ensure that it is complete (contains all required elements) and that it is in the format stated in the “Requirements Summary Checklist”. If any components are missing, the Division will notify the applicant of its denial.

2.) Content Review: The Authorized Provider Committee reviews all complete applications. The committee assesses the provided content to determine the financial stability of the interested applicant, the proposed quality of programming, and the organizational structure. If the application does not meet the minimum scoring standard, DDDS returns the application with an e-mail and letter noting the identified deficiencies.

Phase 2 – Authorized Provider Committee Interview



After the content review is complete, the Authorized Provider Committee schedules a formal interview with applicants who scored 80 points or more on the proposal content. The Authorized Provider Committee interview is an interactive meeting intended to ask service specific questions of the interested applicant and to answer questions posed to the division. Committee members will score the formal interview using established criteria.

The agenda for the interview is as follows:

- Applicant presentation (maximum: 15 minutes in total) that includes the following content:
 - Overview of your organization, history of your organization, and services you provide (approximately 5 minutes)
 - Explanation of the service for which you are seeking approval and how you provide them specifically in Delaware, and how you plan to meet Delaware expectations and regulations (approximately 10 minutes)
- Questions and discussion with Committee (estimate: 45 minutes)

After the applicant interview, the Authorized Provider Committee scores the interview based on a maximum of 100 points and determines whether the interested applicant meets all the requirements to become a provider based on the combined scores of the application and the interview.

DDDS reserves the right to reject any application that scores 0 points on any question or sub-question or on any component of the interview.

If the Authorized Provider Committee determines the interested applicant is not eligible, DDDS will send a denial letter that includes the reason(s) for denial. The provider may submit a new/revised application after six (6) months of the date of the denial letter.

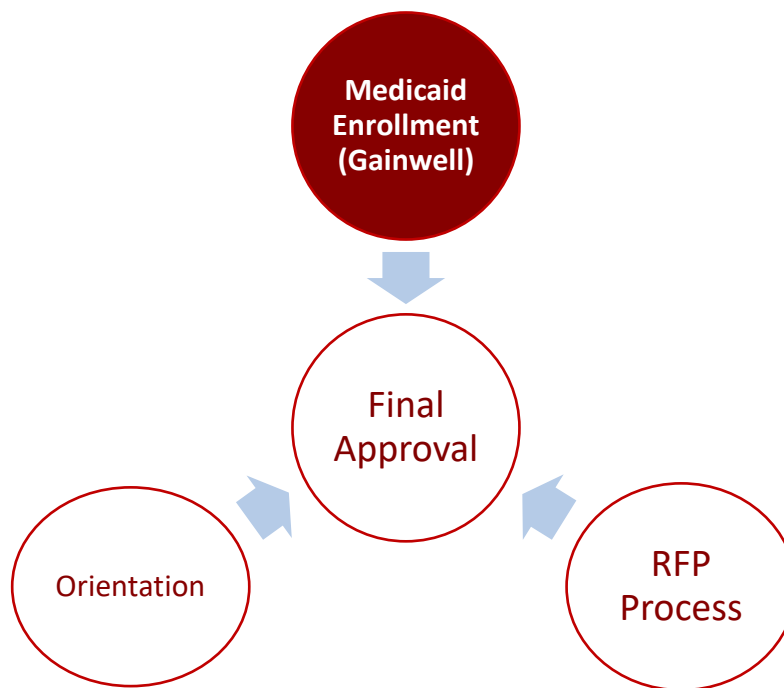
If the interested applicant receives approval, the Division will send notification that the provider has received Initial Authorization, marking the end of Phase 2.

The next steps include the following:

- Enrolling the become an Authorized Delaware Medicaid Provider
- Completing the Delaware Department of Health and Social Services (DHSS) Request for Proposals (RFP) process

Please note that the Initial Authorization **does not** permit the agency to recruit or accept service recipients. All steps in phase 3 must be complete prior to receiving final approval by the Division.

Phase 3 - Become an Authorized Delaware Medicaid Provider



All initially authorized providers must enroll to become an authorized Delaware Medicaid provider. The state of Delaware uses a web-based system operated by Gainwell. You should have the following documents available prior to enrolling:

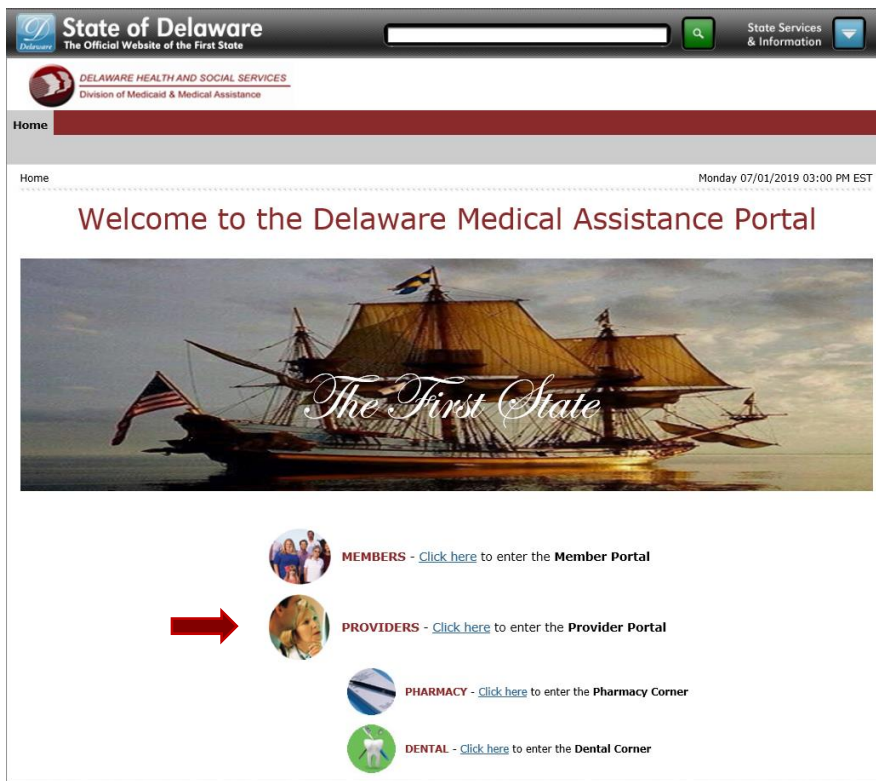
- Qualified Provider Authorization Letter issued by the Division
- Professional Licensing and business information

For additional guidance, visit the [“Enrollment Tips for Providers”](#) link on the Delaware Division of Medicaid and Medical Assistance website.

If the initially authorized provider needs assistance with becoming an authorized Delaware Medicaid provider, contact the call center at: 1-800-999-3371 between 8:00am and 4:30 pm EST.

Below is general guidance to navigate the Delaware Medicaid Assistance Portal:

Navigate to <https://medicaid.dhss.delaware.gov/> and click on the **Provider Portal**.



Select "Enrollment Application"

The screenshot shows the official website of the State of Delaware, specifically the Delaware Health and Social Services Division of Medicaid & Medical Assistance. The page is titled "Provider Enrollment" and contains four main sections: "Enrollment Application", "Resume Enrollment", "Enrollment Status", and "MCO-Only Provider Enrollment Application". A red arrow points to the "Enrollment Application" link, which is the first option in the list.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

[Home](#) > [Provider Enrollment](#)

Provider Enrollment

[Enrollment Application](#)
Initiate a new provider enrollment application.

[Resume Enrollment](#)
Resume an existing enrollment application that has not been submitted. This requires the Application Tracking Number (ATN) and Password from a previously initiated and saved application.

[Enrollment Status](#)
Check the current status of a submitted enrollment application. This requires the Application Tracking Number (ATN) from a previously submitted application.

[MCO-Only Provider Enrollment Application](#)
Streamlined provider enrollment application to conduct federally mandated screening activities in compliance with 42 CFR Part 455, subparts B and E and the 21st Century Cures Act. This provider enrollment application is required for initial and continual participation (registration) with Delaware Managed Care Organization (MCO) participating in DMMA's Medicaid program.

Click **Provider Enrollment**.

The screenshot shows the homepage of the Delaware Medical Assistance Portal for Providers. At the top, there is the State of Delaware logo and the text "The Official Website of the First State". Below this is the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and "Division of Medicaid & Medical Assistance". A search bar and "State Services & Information" dropdown are on the right. A "Home" button is on the left. The date and time "Monday 07/01/2019 03:20 PM EST" are displayed. A "Login" section on the left contains a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". A "Welcome to the Delaware Medical Assistance Portal for Providers" message follows, explaining the portal's purpose. Below this is a "What can you do in the Provider Portal" section with a description of services. A "Protect Your Privacy!" section is also present. A vertical menu on the left lists various links: "Manuals, Bulletins and Forms", "Provider Enrollment", "Trading Partner Enrollment", "How-To Corner", "Payment Error Rate Measurement", "Provider Incentive Program for EHR", and "Pharmacy Corner". A red arrow points to the "Provider Enrollment" link. To the right of the menu is a photograph of two healthcare professionals. Below the photo, "Call Center Hours!" are listed: "8:00 a.m. - 4:30 p.m." and "1-800-999-3371".

Complete all required information.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home

Home > **Provider Enrollment** > Enrollment Application

Monday 07/01/2019 04:21 PM EST

Provider Enrollment: Welcome

Welcome

Provider Enrollment

Thank you for your interest in becoming a provider in the Delaware Medical Assistance Program (DMAP) and welcome to the DMAP provider enrollment portal. This portal contains information for fee-for-service (FFS) healthcare providers that submit claims and ordering, referring and prescribing (ORP) providers that do not submit claims.

Did you know?

The Centers for Medicare and Medicaid Services (CMS) requires States to deny claims from providers who are not enrolled in the States Medicaid or CHIP programs. These claims include reimbursement for services rendered, prescriptions, referrals, and orders for lab work and tests. Enroll in the Delaware Medical Assistance Program (DMAP) today!

Ordering, Referring, & Prescribing (ORP) Providers

Ordering and Referring Providers are physicians or other professionals that only order or refer items or services for Medicaid beneficiaries. These providers do not submit claims for reimbursement for any services provided but are required to enroll solely for the purposes of ordering and referring services for Medicaid beneficiaries. Ordering and referring providers are required to complete a limited-capacity enrollment form so that DMAP may identify the providers who write only orders, referrals, and prescriptions. Enrollment is required so that payments can be made for claims related to client services. This requirement does not apply to providers who are enrolled with the Delaware managed care organizations.

High risk providers must successfully enroll in Medicare prior to enrolling with (DMAP).

NPI is only needed if applicable.

When a nurse has an APN license, the RN license is also required.

Please complete each step in the enrollment process. When you have completed all steps of the application, "submit" and "confirm" the application for further processing by the HealthCare system.

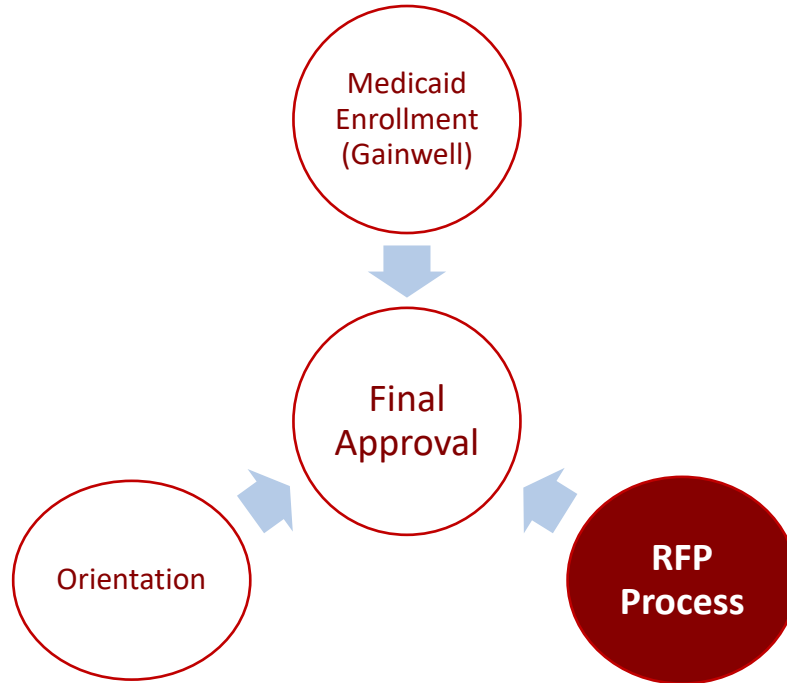
You will need the following information to complete your enrollment request:

- Application (this enrollment)
- Tax ID Card/Assignment Letter (W-9) (include as attachment)
- Provider Contract (noted on Agreement page)
- Business, Professional License, and/or Board Certification (include as attachment)
- Collaborative Agreement (Nurse Practitioner) (include as attachment)
- Drug Enforcement Administration (DEA) License, if applicable (include as attachment)
- Disclosure of Ownership and Control Interest Statement (entered on Disclosure page)
- Electronic Funds Transfer (EFT) Form (entered on EFT page)
- Electronic Remittance Advice (RA) Agreement (entered on ERA page)
- Delaware Title XIX Electronic Claim Submission Form (include as attachment)
- Institutional Fee or Hardship Payment Letter (include as attachment)
- Medicare Certification or Enrollment in another Medicaid State (include as attachment)
- NPI Assignment Letter (include as attachment)
- Home Health Agency providers must successfully enroll in Medicare prior to enrolling with DMAP.
- DME providers must successfully enroll in Medicare prior to submitting this DMAP enrollment application.
- Verification of enrollment and certification with Medicare or another State's Medicaid Program (or) CHIP.

Please click the **"Continue"** button to start the enrollment application.

[Continue](#) [Cancel](#)

Phase 3 – Respond to RFP



Under DEL C 69 Title 29 all entities who wish to contract with the state must submit an RFP. The link to the Division’s RFP is located below.

RFP “Home and Community Based Service for Individuals with Intellectual and Developmental Disabilities” is located at <https://dhss.bonfirehub.com/portal/?tab=openOpportunities>.

This is an open and continuous request for proposal. Applicants must submit proposals electronically through the Bonfire hub located at [Delaware Department of Health and Social Services \(bonfirehub.com\)](https://bonfirehub.com) per the directions in the RFP document. The DMS Procurement Office and DDDS review proposals once per quarter.

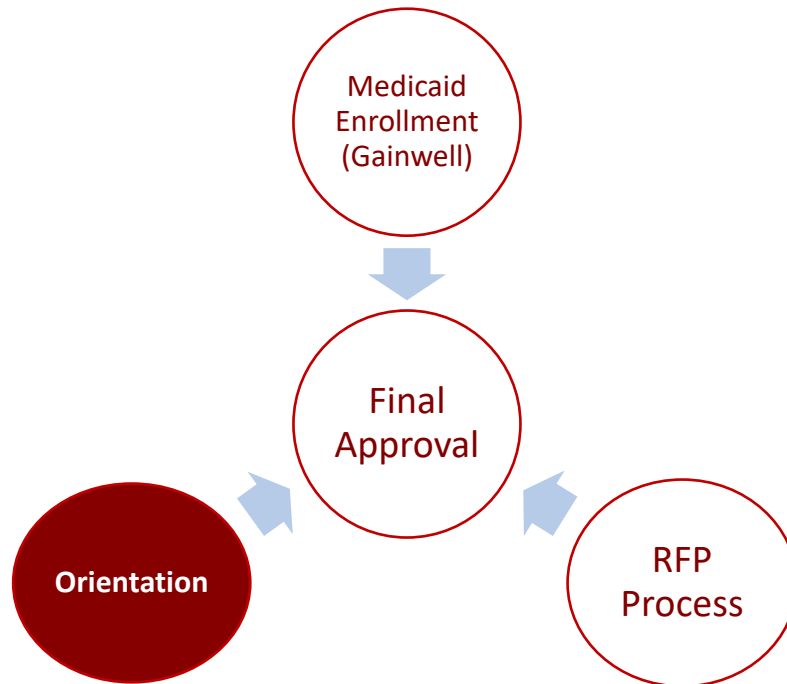
The State of Delaware reserves the right to deny any exceptions taken to the RFP requirements.

The Division of Management Services Procurement Office must initially accept all RFP bids. The Division of Developmental Disabilities Services must award the RFP before a service contract is issued.

Applicants may complete this step concurrently with enrolling to become an authorized Delaware Medicaid provider.

Agencies that receive DDDS approval as an authorized provider must successfully complete the DHSS RFP process within 2 full RFP quarterly cycles to retain DDDS authorization. Applicants that do not successfully complete the DHSS RFP process within 2 full RFP cycles must reapply to DDDS after six (6) months of the denial. If an applicant does not successfully complete an initial RFP and has not reapplied within two (2) full RFP cycles, DDDS will deny the application and the provider must wait six (6) months to reapply.

Phase 3 - Attend DDDS Orientation

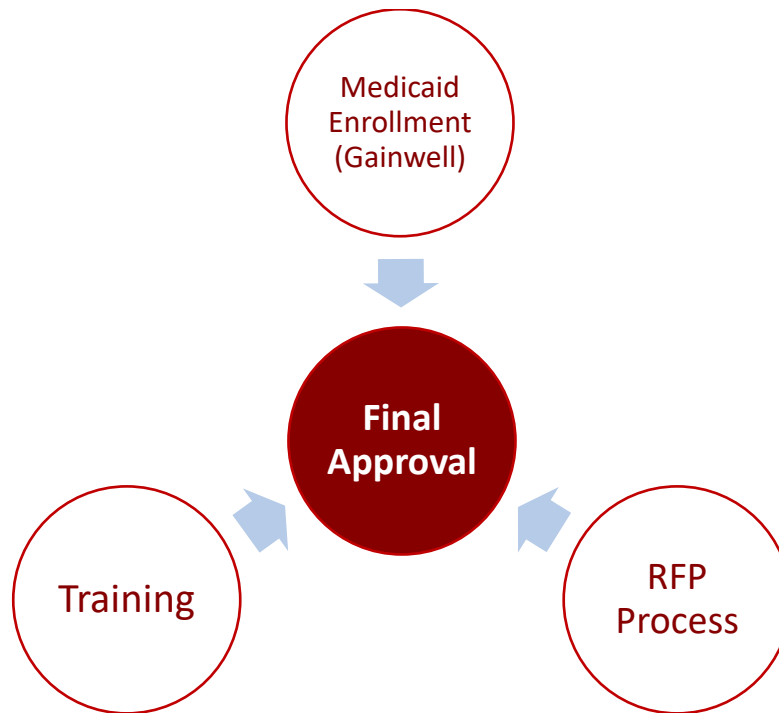


The initially approved provider must attend a Division orientation. DDDS will email the provider with an explanation of the virtual orientation program and an Orientation Checklist. The Orientation Checklist includes the contact information for scheduling individual orientation sessions with each OBSS business unit with which the provider will work. For issues with scheduling the orientation sessions, providers may contact DDDS_ProviderAuthCommittee@delaware.gov.

This orientation outlines the following:

- **DDDS Organizational structure**
- **Person Centered Planning:**
 - Community of Practice
 - Informed Choice
 - Provider Duties
- **Service Integrity and Enhancement:**
 - Quality Service Reviews
 - Opening new sites
 - Incident Reporting
- **Community Services:**
 - Referral process
 - Case Management
 - Training requirements
- **Electronic Systems:**
 - Client Data Management System
 - Electronic Incident Management System
 - Electronic Training System

4.) Final Approval



DDDS Office of Business Supports and Services:

Once the initially authorized provider obtains Delaware Medicaid approval, receives an RFP award notice, and attends the DDDS Orientation, the initially authorized provider must schedule an appointment with the DDDS Office of Business Supports and Services (OBSS). This meeting will consist of developing the division's contract and establishing billing rates.

To complete your registration as a new Supplier with the state of Delaware, you will need to go to the [eSupplier portal](#), click on the User Registration tile, and then click Register now under the Supplier section.

Final Steps:

- The Division sends the initially authorized provider an Authorization to Accept Referrals letter.
- The Division sends a New Provider/New Services announcement to Staff.
- The Division adds the new provider to the Provider Directory on the website.
- The Division adds the new provider to the distribution list.
- The newly Authorized Provider can now accept referrals.

If an authorized provider has contracted with OBSS and has not begun providing the contracted service within 18 months from the date of the contract, DDDS will remove that service from the provider's contract.

Providers must promptly report any merger or other corporate restructuring arrangements so that DDDS can reassess the qualification status of the changed entity