



PROVIDER QUALIFICATION INSTRUCTIONS

APPLICATION TO PROVIDE DDDS HCBS SERVICES

I. INTRODUCTION

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) Lifespan Waiver. DDDS accepts applications on an open and continuous basis as required by Medicaid regulations.

Entities that wish to provide one or more HCBS services must be approved by DDDS. Entities seeking DDDS approval must complete the Application to Provide DDDS HCBS Services (hereafter referred to as the (“provider application”). In addition to the completed application, the requirements for each service are enumerated on the **Provider Requirements for DDDS HCB Services**.

Completion of the provider application does not guarantee DDDS approval. Approval of a provider to deliver DDDS HCBS services does not guarantee that waiver members will select a provider. Per Medicaid requirements, HCBS waiver participants have the right to choose their providers. During the application process, DDDS staff may provide information about the provider qualification process and waiver services but may not provide legal, technical, financial, or other business information. If approved, DDDS HCBS providers must also sign a contract and enroll with the Medicaid Agency to provide DDDS HCBS Waiver services. Approval by DDDS is a prerequisite for enrollment with the Medicaid Agency to deliver most DDDS HCBS waiver services. Providers will be asked to provide the qualification letter from DDDS during the enrollment process with the Medicaid Agency. Providers of DDDS HCB services may also be asked to sign a contract with DDDS in addition to the contract with the Medicaid Agency.

All information and supporting documentation specified in the provider application must be included with the application. Provider applications and related documents submitted to DDDS, become the property of DDDS and will not be returned to the applicant unless they are not complete and cannot be processed. DDDS is not responsible for making copies of provider applications. Applicants should retain a copy of all documents submitted.

II. DOCUMENTATION REQUIREMENTS

Current and new providers have different requirements for the supporting documentation that must be submitted in order to become qualified to provide day, residential, consultative, and supported living



services, in addition to the provider application document. Refer to applicable **Provider Supporting Documentation Checklist (for new or current providers)**.

A. Programs and Services

1. Submit a detailed description of your service delivery model for each Lifespan Waiver service that you are applying to provide. In the context of your service deliver model, you must also demonstrate your understanding and ability to comply with the DDDS Provider Standards for Home and Community Based Services (hereafter referred to as the “DDDS HCBS Standards”) separately for each service you are applying to provide. The DDDS HCBS Standards include all of the elements to comply with the Medicaid Home and Community Based Services Settings Rule including the requirements related to the provider’s role in person centered planning. The DDDS HCBS Standards are published on the DDDS website at the following link:

<http://dhss.delaware.gov/dhss/ddds/files/providerstds07012018.pdf>

2. Describe experience in providing services to persons with intellectual and developmental disabilities
3. Describe or provide evidence of your operational practices specific to your agency and the services proposed (i.e. proposed staffing patterns, staffing to supervisor ratios, and typical schedules and activities)
4. Describe how you participate in the person centered planning process as a provider and how you translate your part of the plan into the delivery of services
5. Include a sample of a consumer service plan (describe activities and strategies your agency uses to assist an individual to achieve their desired outcomes)
6. Provide letters of reference (2) from organizations or qualified entities that can attest to the current quality of your services

B. Service Integrity/Health and Safety

Please provide the following items:

1. Quality Assurance Plan
2. Medicaid Compliance Plan
3. Client Rights Policy
4. Internal Client Dispute Resolution Process
5. Emergency Operation Plan (for residential, day and employment services only)



6. Infection Control and Infestation Protocols (for site-based residential and day services only)
7. Procedures consistent with the DDDS Reportable Incident Policy regarding the reporting and investigation of suspected abuse, neglect, mistreatment, misappropriation of property and significant injury for DDDS clients receiving DDDS services
8. Personnel management policies including, but not limited to:
 - a. Recruitment
 - b. Pre-employment screening practices to include, at a minimum, child abuse and adult abuse registry checks and obtaining service letters in accordance with 19 Del. Code Section 708; and 11Del. Code, Sections 8563 and 8564
 - c. Orientation
 - d. Training
 - e. Performance Appraisal
 - f. Staff Competency
 - g. Supervision/clinical oversight
 - h. Discipline
9. Other documents or policies relevant to service provision including such items as:
 - a. The provider's mission and/or vision statement
 - b. Internal grievance/complaints system

C. Business Practices

1. Business Plan
 - a. Agency description (executive summary, vision/mission/values)
 - b. Organization and management –
 - i. Legal structure of business (sole proprietor or LLC, intend to incorporate as C or S corporation, general or limited partnership, etc.)
 - ii. Organizational chart: include any commonly controlled/affiliate organization, related party, significant contract, management service, and assignment relationships for all involved entities. Also include DE specific leadership roles and describe how each person's unique experience will contribute to the success of the agency. Also include the resumes or CVs of key members of your team.
 - iii. Composition of governing body
 - iv. Description of local advisory board including how parents and self - advocates are involved



- c. Market analysis for delivery of DDDS HCBS waiver services
 - d. Marketing strategy
 - e. Financial stability: include a notarized letter from a CPA firm attesting to the agency's debt to income liquidity ratio and a minimum of operating reserves for six (6) months or a line of credit for the same amount
 - f. Budget for each new service as indicated in application
2. Internal compliance and auditing system, including applicable schedules
 3. DE business license or 501(c)(3) status documentation

In addition to the requirements above, applicants for the following services must submit additional information as follows:

1. Behavior Consultation Agencies - Submit a sample Functional Behavioral Assessment and resulting Positive Behavioral Support Plan.
2. Nurse Consultant Agencies - Applicants must demonstrate that Nurse Consultants have the requisite knowledge to work with individuals with intellectual and developmental disabilities (I/DD), cognitive impairments, autism, mobility issues and concurrent mental health issues, in addition to the client's health challenges.

Additional requirements (if applicable):

- Prompt reporting of any merger or other corporate restructuring arrangements to reassess the qualification status of the changed entity
- Disclosure of any enforcement orders, violations, or sanctions related to any service or operation in which the applicant provider oversees